



America's Blood Centers®
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1717 K Street NW, Suite 900, Washington, DC 20006

Tel: 202-393-5725 | Fax: 202-899-2621

www.AmericasBlood.org

November 27, 2023

Office of the Secretary
Department of Health and Human Services

Re: Document 0990-0313-60D Agency Information Collection Request: National Blood Collection & Utilization Survey (NBCUS)

Dear Ms. Funn:

The NBCUS continues to serve as a vital tool in assessing ongoing trends in the U.S. blood supply. As the only source of comprehensive data on blood collection and usage available for both public and private stakeholders, the report supports benchmarking and surveillance, ongoing research, regulatory needs, disaster planning, and national security concerns. One of the recommendations in the 2020 U.S. Health and Human Services (HHS) “*Adequacy of the Blood Supply-Report to Congress*” is that “we must invest in a data infrastructure that allows us to make the best decisions across the entire blood supply chain, from blood donation to patient care”. ABC greatly appreciates OASH and CDC recognition “that automated, real-time data upload would be beneficial and will continue to explore possibilities of streamlining data collection” (Reference: August 26, 2021, OASH/CDC response letter to ABC’s NBCUS comments).

To provide greater value to the blood community and the U.S. government for this critical public health benefit, we request methods to facilitate more-timely publication of NBCUS results. Given the importance of the information, coupled with the complexity of gathering the data in support of the information, a solution to fully automate the process must be identified and adopted. Until such time when an automated solution is available, a method to publish a preliminary report of the results minus the analysis after the AABB Annual Meeting needs to be identified and implemented.

ABC looks forward to future collaborations with the OASH and CDC focused on the need for a more robust data infrastructure for the blood supply that reduces the burden on blood centers while leading to more actionable data. We request CDC continue to work with the blood community to identify the best mechanism to obtain these data recognizing the current blood center work effort related to the NBCUS.

We stand ready to partner in future NBCUS endeavors and thank you for the opportunity to comment.

Sincerely,

Kate Fry, MBA, CAE
Chief Executive Officer

ABC Comments/Recommendations for Future NBCUS

We recommend:

1. The addition of a question to Section C to determine the number of platelet and plasma transfusion recipients. Currently, only the number of RBC transfusion recipients are tracked (in questions C2b-C3a).
2. The inclusion of donors 65+ in the US general population number when calculating the % of Americans who donate blood. Donors 65+ represent 16.5% of the US donor base, and the current calculation includes donors aged 16-64 only.
3. Adjusting the age ranges (referred to in question B7- “During 2021, how many **allogeneic whole blood and apheresis red blood cell donations** combined were successfully collected from the following donor age groups?¹”) to the following benchmarks which are being used by most of the nation’s blood centers. The below alignment (shaded in gray) would be extremely helpful with all blood centers working tirelessly to increase the number of younger donors as the current US blood donor base ages:

15, 16, 17, 18, 19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79

4. The addition of the following question: “During 2021, how many allogeneic whole blood and apheresis red blood cell donors presented/registered to donate from the following donor age groups? (This includes successful and unsuccessful donations and deferrals).” This new question focuses on individual donors whereas question B7 focuses on donations. The age ranges would be the same as listed in recommendation #3.
5. The addition of the following question: “Of the number of single donor platelets that were collected, how many were labeled as variable/low dose?” This new question will capture the actuality of the current platelet inventory and provide insights into how well the variable (low dose) platelets is helping fill the inventory gap.
6. Rephrasing Question B2j to provide clarification for the different categories of whole blood derived plasma products. Plasma is a very generic term and includes transfusable plasma (FFP, PF24, liquid, convalescent) as well as recovered plasma sent for further manufacture. The benefit of an aggregated number is unclear. We recommend rephrasing the question as follows: During 2023, from the whole blood collection procedures recorded in B2a, how many plasma units (i.e., transfusable plasma only) were successfully prepared (i.e., separated from a unit of whole blood) by your institution?
7. Question B3, “During 2021, for each product, what was the total number of allogeneic units (non-directed and directed combined) discarded for?” This question asks for “Abnormal Infectious Disease Results” data. It does not ask for “number of repeat reactive and confirmed positive first time and repeat allogeneic donors by infectious disease marker type”. We could not find the request for these data elsewhere in the survey. We recommend

Supporting Statement A under Section 16 be revised as it appears the needed data is not requested in the 2021 NBCUS.

8. Rewording Question B4 by adding the word “registered” as a synonym to the word “presented” as follows, “During 2023, how many people presented/registered to donate including successful and unsuccessful donations, and those who were deferred?” This addition will provide clarity as these words may be used interchangeably in the blood industry.
9. Add a question to determine the number of donations made as directed and autologous products. This will be consistent with respect to the questions for allogeneic donations.
10. Asking for the number and percentage of scheduled blood drives that were cancelled in 2023. The number is only relevant when placed in context. In addition to knowing the number/percentage of drives cancelled, knowing the number of donors this represents would be very beneficial for historical and future planning.
11. In reference to Question B17, “Did your facility experience a shortage of any blood product,” we recommend going beyond a “yes” or “no” question. Follow-up questions should be added to determine specific products and, in the case of red blood cells, which types (e.g., O Pos, O Neg) were in short supply.
12. The addition of a question to determine the number of RBC that were distributed. This would be in line with the question for platelet distribution. Also, for consistency, we recommend adding a question to ascertain the number of platelet products (apheresis and whole blood derived platelets) collected. This would be in line with the questions about RBC collection.