



Prioritize Blood Donation as a National Imperative

Every two seconds in the U.S, someone needs blood. Blood transfusion is one of the most common medical procedures performed in this country, with blood needed to treat patients with acute care needs as well as for ongoing disease management, including cancer, inherited blood disorders, cardiovascular and orthopedic surgeries, and organ and marrow transplants. The very short shelf life of platelets (5-7 days) and red blood cells (21-42 days) and diversity of the patients being treated, requires a continuous supply of diverse, volunteer donors and donations, regardless of the time of year, weather, or other challenges affecting the collection of blood components. Promoting the need for additional blood donors to ensure the availability of blood at all times must become a national priority.

- **Demographic shifts challenge the U.S. donor base** with the aging of the World War II and baby boomer generations that have supported the blood supply for decades, and millennials and younger donors failing to donate at similar rates. Currently, about 60 percent of blood donations are made by people over 40 years old, and of these, 75 percent come from people over the age of 50.
- **Less than five percent of those eligible, actually donate blood.** The average donor gives less than two times each year despite the ability to donate more frequently. Safety interventions have resulted in increased donor deferrals and further reduced the supply of critical blood components.
- **A diverse pool of donors is essential** to provide frequently transfused patients, such as those with sickle cell disease, and those with rare blood types, with precisely matched blood components. Patients benefit when there is a robust inventory of blood components from donors with similar ethnic profiles.
- **Blood centers more than 33,000 units of blood every day** to ensure there is a robust supply of blood at the ready for both day-to-day needs as well as disaster preparedness. This blood can only come from a diverse pool of volunteer donors as blood cannot be manufactured.
- **When disaster strikes, it is the blood already “on the shelf” that saves lives.** Because it takes 24-48 hours to process and test a donated unit of blood, a sufficient supply of blood must already be available to respond to any disaster situation, either natural or man-made. While donating blood following a disaster may seem prudent, it is the blood on the shelf, donated days before these events, that saves lives. Proper messaging around this is critical.