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\*Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia (2009 Joint United Nations Programme on HIV/AIDS HIV population prevalence estimates among persons aged 15-49 years ranged from 1.2% to 24.8%; additional information available at <http://www.aidsinfoonline.org>). PEPFAR has directly funded national blood transfusion service activities in all 14 countries through CDC cooperative agreements.

†Persons who donate blood solely for altruistic reasons and who receive no compensation. Designation of voluntary nonremunerated status is determined by blood center staff members based on national blood policy.

‡National blood transfusion services screen donated blood for markers of HIV infection, which include HIV antibody, and in many countries, p24 antigen. Blood units collected by blood services in South Africa and Namibia are additionally subjected to individual HIV nucleic acid testing. For the purposes of transfusion safety, a reactive result on a screening test excludes a unit from transfusion. For this report, the term "reactive" is used because the additional testing required to confirm a result as positive is not routinely performed by all blood services.

§Based on the 2010 revision of the United Nations Population Division census estimates. Available at [http://esa.un.org/unpd/wpp/unpp/panel\\_profiles.htm](http://esa.un.org/unpd/wpp/unpp/panel_profiles.htm).

||The five key elements of WHO recommendations are: (1) establishment of a nationally coordinated blood transfusion service supported by a legislative framework; (2) collection of blood exclusively from voluntary nonremunerated donors; (3) implementation of universal, quality-assured HIV, hepatitis B and C, and syphilis screening of donor blood; (4) promotion of safe and appropriate use of blood and reduction of unnecessary transfusions; and (5) adoption of quality systems covering the entire transfusion process from donor recruitment to follow-up of recipients. A quality system covers all aspects of blood transfusion, from the recruitment and selection of blood donors to the transfusion of blood and blood products to patients. Key elements include organizational management, standards, documentation, training, and assessment. Additional information available at <http://www.who.int/bloodsafety/quality>.

¶The revised United Nations Population Division census estimates result in slight variations in whole blood unit collections per 1,000 population per year for 2003-2007 from the previous 2008 *MMWR* report.<sup>2</sup>

#Data on establishment of a national blood policy and enactment of legislative framework supporting the national blood policy in each of the 14 countries are available at <http://www.cdc.gov/globalaids/mmwr>.

\*\* Tanzania and Nigeria established a national blood transfusion service in 2004. The first year for which 12 complete months of data were available was 2005. ††Angola, Cambodia, Cameroon, Dominican Republic, Democratic Republic of Congo, Ghana, Kazakhstan, Kyrgyzstan, Lesotho, Mali, Malawi, Swaziland, Tajikistan, Ukraine, Uzbekistan, and Zimbabwe.

## Announcements: Clinical Vaccinology Course— March 9-11, 2012

MMWR. 2011;60:1655

CDC AND SEVEN OTHER NATIONAL ORGANIZATIONS are collaborating with the National Foundation for Infectious Diseases (NFID), Emory University School of Medicine, and the Emory Vaccine Center to sponsor a Clinical Vaccinology Course to be held March 9-11, 2012, at the Hyatt Regency Chicago in Chicago, Illinois. Through lectures and interactive case presentations, the course will focus on new developments and concerns related to the use of vaccines in pediatric, adolescent, and adult populations. Leading infectious disease experts, including pediatricians, internists, and family physicians will present the latest information on newly available vaccines and vaccines in the pipe-

line, as well as established vaccines whose continued administration is essential to improving disease prevention efforts.

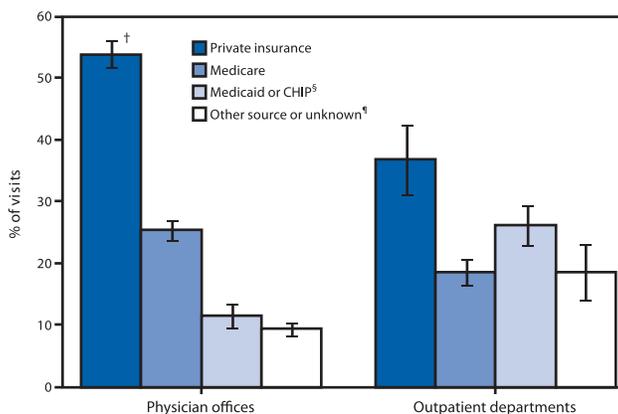
This course is designed specifically for physicians, nurses, nurse practitioners, physician assistants, pharmacists, vaccine program administrators, and other health professionals involved with or interested in the clinical use of vaccines. It also will be of interest to health-care professionals involved in the prevention and control of infectious diseases, such as federal, state, and local public health officials. Course participants should have a knowledge of or interest in vaccines and vaccine-preventable diseases.

Continuing education credits will be offered. Information regarding the program, registration, and hotel accommodations is available at <http://www.nfid.org>, or by e-mail ([idcourse@nfid.org](mailto:idcourse@nfid.org)), fax (301-907-0878), telephone (301-656-0003, ext. 19), or mail (NFID, 4733 Bethesda Avenue, Suite 750, Bethesda, MD 20814-5228).

### QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

#### Patient Visits\* to Physician Offices and Outpatient Departments, by Payment Source — United States, 2009



\* Estimates based on sampled visits to office-based physicians and hospital outpatient department clinics for ambulatory care.

† 95% confidence interval.

§ Children's Health Insurance Program.

¶ Includes self-pay, workers' compensation, and all other insurance types.

In 2009, an estimated 1,038 million visits were made to physician offices and 96 million visits to hospital outpatient department clinics for ambulatory care. Visits by patients to a doctor in a physician's office were more likely (54%) to be covered by private insurance than by Medicare (25%) or Medicaid (12%). Visits to outpatient departments showed a different payment source pattern: 37% of patients were covered by private insurance, 19% by Medicare, and 26% by Medicaid.

Sources: CDC's National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey.

MMWR. 2011;60(45):1559