

IPFA/PEI 32nd International Workshop on Surveillance and Screening of Blood-borne Pathogens

20 - 21 May 2026 | Bilbao, Spain

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Panel Discussion

Preparing for the next threat: horizon scanning and coordinated responses in blood services

New infectious threats to blood safety rarely emerge as transfusion events. Instead, they appear as unusual clinical clusters, vector spread, or travel-related cases. Recent examples include Zika virus, mpox, and SARS-CoV-2, where blood services had to act before transfusion transmission risks were fully understood.

Effective horizon scanning requires surveillance of epidemiological data, vector distribution, and scientific signals. Additionally, rapid translation of these signals into shared risk assessments are needed.

→ Panel question:

How should blood services practically conduct horizon scanning? What signals should trigger action, who should assess them, and how should global blood organisations coordinate timely and proportionate responses?

Blood donors in infectious disease surveillance: beyond blood safety

Blood donors form a large, continuously sampled, and generally healthy population, making them a valuable resource for infectious disease surveillance beyond transfusion safety.

The key question is no longer whether blood donors can be used for surveillance, but how this can be done systematically and inform public health.

→ Panel question:

How can blood donors be systematically used for infectious disease surveillance? For which pathogens or agents does this add the greatest value (such as respiratory viruses in the community or infections relevant to recipients like HHV-8 in organ transplantation)?

Moving toward rational and cost-effective donor screening policies: Eliminating low-value care in transfusion medicine

Health care systems are under increasing pressure and must transform. With changing demographics and finite resources, we can no longer test, treat, and do everything as we do today. Prioritisation and value-based decision-making are unavoidable. The Choosing Wisely movement calls for reducing low-value care-interventions with little or no benefit relative to their cost. In blood banking, infectious disease safety has traditionally been guided by the precautionary principle. While effective, this approach may also sustain practices with limited or no evidence of benefit. For example, chikungunya virus has never been associated with documented transfusion transmission, yet precautionary testing or deferral strategies are still considered or applied in some settings.

→ Panel question:

Is it time to systematically identify and phase out low-value testing? Which pathogens will we test for in the future, and which will we leave out?