Annual emerging infection surveillance report for 2025

January 2026

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Document purpose

The following report summarises the infectious disease surveillance work carried out in 2025 by the Emerging Infection Report (EIR) review subgroup of the Standing Advisory Committee on Transfusion Transmitted Infection (SACTTI). This activity is aimed at monitoring for emerging and re-emerging infections which hold potential risk of transmission though substances of human origin (SoHO) and assessing them for necessary action.

Key points of interest

- This year, autochthonous transmission of Chikungunya virus (CHIKV) in mainland EU/EEA required close monitoring, risk assessment and several changes to travel-related deferrals involving France and Italy. The clusters of CHIKV observed in France were preceded by a large outbreak in the French overseas (Indian ocean) territories of Réunion and Mayotte (March 2025). Overall, in tropical regions, CHIKV case numbers were about 30% lower in 2025 than in 2024.

- A large outbreak of West Nile Virus (WNV) in the Latina and Campania regions of Italy, of over 700 cases, was notable. A WNV positive English blood donor who had travelled to Italy was identified by pooled NAT screening. Many WNV affected regions in Europe had pre-existing GDRI entries. However, areas with newly reported activity such as Île-de-France (France) and Alicante (Spain) required ongoing monitoring to assess for possibility of sustained transmission.

- Following the detection of fragments of WNV genetic material in pooled UK mosquito (*Aedes vexans*) samples taken in 2023 and reported in 2025, enhanced surveillance of vectors, animals and humans has been unremarkable, with the estimated probability of a human outbreak of WNV in the UK remaining very low (UKHSA, 2025).

- The Usutu virus (USUV) risk assessment was updated in 2025 and accompanied by a new Position Statement, with no recommended changes to donor selection or testing. Risk mitigation is offered by travel deferrals, and screening for the genetically related WNV, but close surveillance for epidemiological changes in the UK will continue.

- Oropouche virus (OROV) has caused nearly 13,000 infections in the Americas since enhanced monitoring began in 2023, with a small number of imported cases in Europe (Germany, Austria, France), including the UK (n= 3, all unrelated cases returning from Rio de Janeiro state, Brazil). Several reports indicate that the emergence of a reassortant strain may have enhanced the transmissibility and pathogenicity of the virus. The teratogenic potential of the virus following vertical transmission is a subject of ongoing investigation and monitoring.

- Rat hepatitis E virus (HEV) emerging zoonotic *Rocahepevirus*, initially described in an organ recipient with hepatitis in Hong Kong in 2018, has been identified in humans and rats in Spain. Rat HEV will remain on the watchlist of pathogens for 2026 until more is known about infection in humans, the modes of acquisition and the transfusion transmission potential.

- A review of the risk assessment for Ebola virus (EBOV) in 2025 supported the harmonisation of deferrals across all SoHO donations. The risk of exposure to these filoviruses is controlled by permanent exclusion of affected donors and their partners, as well as time-limited geographical deferrals in case of exposure in an endemic country. A case of Lassa fever, after travel to Nigeria, was identified in the UK in 2025. An infection with this virus would also lead to permanent exclusion of a SoHO donor, owing to the albeit less well-documented risk of virus persistence.

- Other arthropod-borne infections which raised alerts include:
    - Crimean-Congo haemorrhagic fever (CCHF): cases reported in Spain (3) and Greece (2). The CCHF cases in Greece's Thessaly region were reported as 'unusual' as the area previously had no reported cases or known virus circulation. Transfusion transmissibility is theoretical for CCHF.
    - An uncommon case of severe autochthonous *Babesia divergens* was noted in an immune competent English female, with other European babesiosis cases reported in Italy, Hungary and the Netherlands. Transfusion-transmitted babesiosis has still not been documented in Europe in the last ten years. A possible NAT-negative (mini pool of 16) transfusion-transmitted *Babesia microti* case was reported for the first time in the USA. The risk assessment is due for review in 2026.

Methodology of surveillance and assessment of potential infectious risks

The structure of the surveillance process is centred on a monthly online meeting to review Emerging Infections Reports (EIR) compiled by the NHSBT/UKHSA Epidemiology Unit. The detailed process and procedure as to how the reports are compiled is described in Appendix 2.

The JPAC Position Statement 'Surveillance: Preparedness for emerging infectious agents' describes the processes in place to review the EIRs, data analysis, risk rating, and mechanisms to trigger necessary actions.

The EIR review meetings are attended by the Chair and Deputy Chairs (Scientific and Clinical) of SACTTI, a member of SACTTI with expertise in organ donation safety, and a blood safety senior scientist from the NHSBT/UKHSA Epidemiology Unit.

The team reviews each spreadsheet file entry in the EIR as to the need for further review, comment and/or action, according to a 'traffic-light' system (see Table 1).

Actions may include:

- the requirement for SACTTI to perform a risk assessment
- changes to the Geographical Disease Risk Index (GDRI) based on patterns of transmission of specific infectious agents (e.g. start and end of outbreaks, spread to new areas)
- additional information to be sourced for SACTTI discussion or action
- monitoring for additional reports and data

Summary of activities

In 2025, 760 individual EIR entries were reviewed. A collection of illustrative figures demonstrating the range of infectious diseases and numbers of entries is presented in Appendix 1.

All necessary changes to the GDRI are executed through the Chair of SACCSD, with whom the Chair of SACTTI liaises closely throughout the year.

In 2026, the EIR review group will maintain vigilance for new or re-emerging pathogens and continue with a similar methodology. However, it will also consider changes that have the potential to increase efficiency, particularly in view of the growing numbers of entries that require revision throughout the year.

Chikungunya virus (CHIKV) and Dengue virus (DENV)

Once again, arthropod-borne viruses accounted for a significant proportion of EIR meeting activity, particularly in the latter half of the year, with clusters/outbreaks of locally acquired CHIKV and DENV in France and Italy reaching a threshold requiring changes to the GDRI. In contrast to the European DENV activity of 2024, CHIKV was the dominant *Aedes*-borne virus in mainland Europe, with the first notification occurring in May which is much earlier than usual. Once conditions became favourable, CHIKV cases in France were predictable, as a significant outbreak of CHIKV occurred in the French overseas territory of Réunion and subsequently in neighbouring Mayotte (Indian Ocean) in March 2025. New regions with CHIKV risk for 2025 include Corsica, Dordogne, Charente and Isère in France, and Modena and Verona in Italy. Although pre-existing DENV flags in parts of France offered an overlapping deferral (i.e. travel risk would be applied), CHIKV specific changes to the GDRI were required for accuracy of virus epidemiology and reporting, for example in the French departments of Alpes-Maritimes, Bouches-de-Rhône, and Hérault.

West Nile Virus (WNV)

WNV activity in Europe during the summer mosquito season was above the decade-long average, although still lower than that observed in 2018, 2022, and 2024, and was monitored closely. The longstanding WNV NAT screening of UK blood donors within 28 days of travel to Italy during May to November led to the first ever confirmed detection of a WNV positive blood donor. This case was concluded to be linked to a large outbreak of WNV in the Latina and Campania regions, which saw over 700 cases. All 14 WNV affected countries reported activity in previous years, and some (e.g. Italy and Greece) had pre-existing 'whole country' flags in the GDRI. Some regions reported small case numbers without evidence of sustained WNV transmission (e.g. n=1 in Alicante, Spain). The clinical picture and severity of human WNV infection in Europe was similar to previous years with a mortality of approximately 7%. The notable detection of fragments of WNV genetic material in a mosquito (*Aedes vexans*) pool collected in the south-east of England in 2023 and reported in 2025 did not herald further detectable WNV activity in mosquitos, animals, birds or humans across England .The probability of a human outbreak of WNV in the UK is currently considered to be very low (UKHSA, 2025).

Usutu virus (USUV)

USUV, reportedly less pathogenic than its close relative WNV, has been repeatedly detected in the south-east of England since 2020, and with a recent study identifying a mechanism for overwintering of USUV in *Culex pipiens* mosquitos, it is likely USUV is now endemic in the south-east of England. The USUV risk assessment was updated in 2025, accompanied by a new Position Statement, with no recommended changes to donor selection criteria or testing. Overlapping geographic risk, and genetic relatedness of the viruses facilitating ('cross') detection of USUV by current WNV assays, offers mitigation for overseas acquired infections. Epidemiology of USUV in UK will be monitored by SACTTI and partner organisations (Human Animal Infections and Risk Surveillance (HAIRS) group, UKHSA) in an ongoing fashion.

Rat hepatitis E virus (HEV)

Rat HEV, an emerging zoonotic virus of the *Rocahepevirus* genus, identified as a cause of hepatitis in a solid organ transplant recipient in Hong Kong in 2018, is only distantly related to HEV-A genotype 3 (*Paslahepevirus* genus) and will not be detected by the current universally applied HEV NAT donor screening assays. The virus has been detected in humans, rodents and pigs in Spain, with a suggestion of local transmission. Further information on the relevance of this virus for blood safety is anticipated, and the situation will continue to be monitored.

Oropouche virus (OROV)

The previously noted upsurge of OROV in Latin America, which expanded beyond its previous zone of endemicity (Amazon basin) to cause outbreaks in Brazil, Bolivia, Colombia, Peru and Cuba, was the subject of ongoing review in 2025. With almost 13,000 cases reported in the Americas, a small number of imported cases have been reported in Europe (Germany, Austria, France) with three imported cases documented in the UK. Several reports indicate that emergence of a reassortant strain may have enhanced the pathogenicity of the virus. There is ongoing concern and investigation into the potential for teratogenicity and sexual transmission. Further developments will be monitored in 2026 but due to the overlapping areas of endemicity, the current donor selection for other arthropod-borne viruses offers significant mitigation. Additionally, mosquito/vector studies have raised doubts over vector competence in Europe for local establishment of OROV.

Viral haemorrhagic fever (VHF)

VHF outbreaks linked to Ebola virus, Sudan virus and Marburg virus continued to occur in the African continent. The risk of exposure to these filoviruses is controlled by permanent exclusion of affected donors and their partners, as well as time-limited geographical deferrals. A review of the risk assessment for EBOV in 2025 supported the harmonisation of deferrals across all SoHO donations.

Mpox

The emergence and spread of clade 1a and clade 1b Mpox were kept under monthly review in 2025, with no need to change safety measures. As of September 2025, the World Health Organization (WHO) declared that Mpox clade 1 no longer meets the criteria for a public health emergency of international concern (PHEIC), initially declared in August 2024.

Influenza A (H5N1) virus

Influenza A (H5N1) virus, affecting poultry, wild birds, and other mammalian hosts including humans, raised concerns worldwide in 2024 and was again under close surveillance in 2025. There is still no evidence of transfusion or sustained human-to-human transmission, and public health risk is estimated to be low in both the USA and Europe.

Malaria

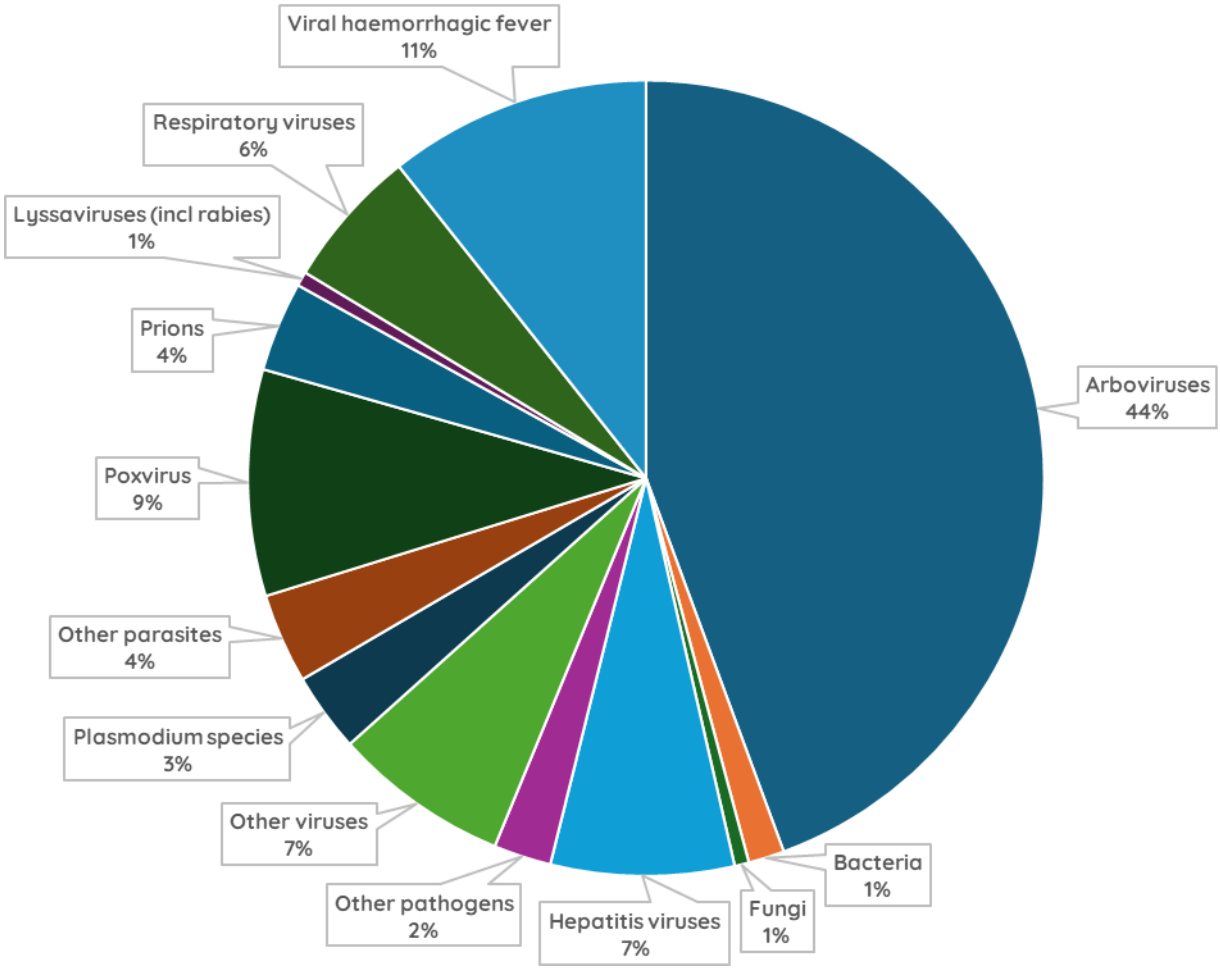
On a positive note, Timor Leste was declared malaria-free by WHO.

Table 1: Colour key to the analysis of entries in the EIRs

Risk assessment	**Colour**	**Decision/action**
Very low	White	No further action required at this time beyond the formal recording of the analysis and any subsequent recommendations for further or on-going review.
Likely very low and/or insufficient information at this time	Grey	Minor changes to the GDRI. If it is a new infectious agent, maintain awareness and gather additional information before taking any other action.
Low	Green	No specific additional action at this time. Maintain awareness.
Potential risk	Amber	Potential risk present. Although a potential risk, the reports are currently either ad-hoc cases or increasing spread of known risk. Close watching brief for changes in incidence and spread of infectious agent. Ongoing review of the situation, which may be dealt with in the first instance by the Professional Director of JPAC and chairs of relevant SACs, but which may subsequently require action from SACTTI.
Potential risk	**Red**	Risk present and a full SACTTI risk assessment is required, together with possible immediate action. SaBTO involvement may be required. If immediate action is required, this to be discussed initially between Professional Director of JPAC and the Chairs of relevant SACs.
n/a	Blue	Relevant for organ donation.

Appendix 1: Illustrative trends from the monthly EIRs (Jan to Nov 2025)

Figure 1: Overview of EIR entries reviewed



Entries as percentage of all reports reviewed (n = 680).

The figure shows that arboviruses dominate EIR entries, followed by VHF and Poxvirus.

To categorise each reported agent, inconsistent or variant labels from the 'Agent or disease' tab in each month's EIR were normalised into a single canonical name. This process included resolving inconsistencies in synonyms and abbreviations. If a label contained multiple agents, it was either split into separate standardised agents or assigned to the primary agent.

Once standardised, each agent was grouped into a high-level family based on biological classification and reporting categories. These categories considered pathogen type, transmission route and clinical syndrome grouping. These groupings are given below.

Arboviruses
Arbovirus (generic entry)
Bagaza Virus
Chikungunya virus
Dengue virus
Eastern Equine Encephalitis virus
Japanese encephalitis virus
La Crosse virus
Murray Valley encephalitis virus
Oropouche virus
Powassan virus
St Louis Encephalitis virus
Tahyna virus
Tick-Borne Encephalitis virus
Toscana virus
Usutu virus
Venezuelan Equine Encephalitis virus
West Nile virus
Yellow Fever virus
Yezo virus
Zika virus

Bacteria
Bacteria (generic entry)
Borrelia burgdorferi
Clostridium botulinum
Brucella species
Erlichia species
Leprosy
Syphilis
Mycobacterium tuberculosis

Fungi
Emergomyces europaeus
Scedosporium species
Trichophyton indotineae
Yeast fungaemia

Hepatitis viruses
Hepatitis A virus
Hepatitis B virus
Hepatitis C virus
Hepatitis D virus
Hepatitis E virus
Rat Hepatitis E virus

Lyssaviruses (incl rabies)
Australian bat lyssavirus
Rabies virus

Other pathogens
Undiagnosed/unknown
Various (entries about policy, planning, risk, strategy)

Other viruses
Cytomegalovirus
Hantavirus
Human immunodeficiency virus
Herpes simplex virus
Human Herpes virus type 8
Parvovirus 4
Lymphocytic Choriomeningitis Virus
Nipah virus
Hepatitis A virus / Parvovirus B19
Severe fever with thrombocytopenia syndrome

Other parasites
Babesia
Echinococcus species
Leishmania species
Toxoplasma gondii
Trypanosoma brucei
Trypanosoma cruzi
Trypanosoma evansi

Plasmodium species
Plasmodium species

Poxviruses
Borealpox virus
Monkeypox virus

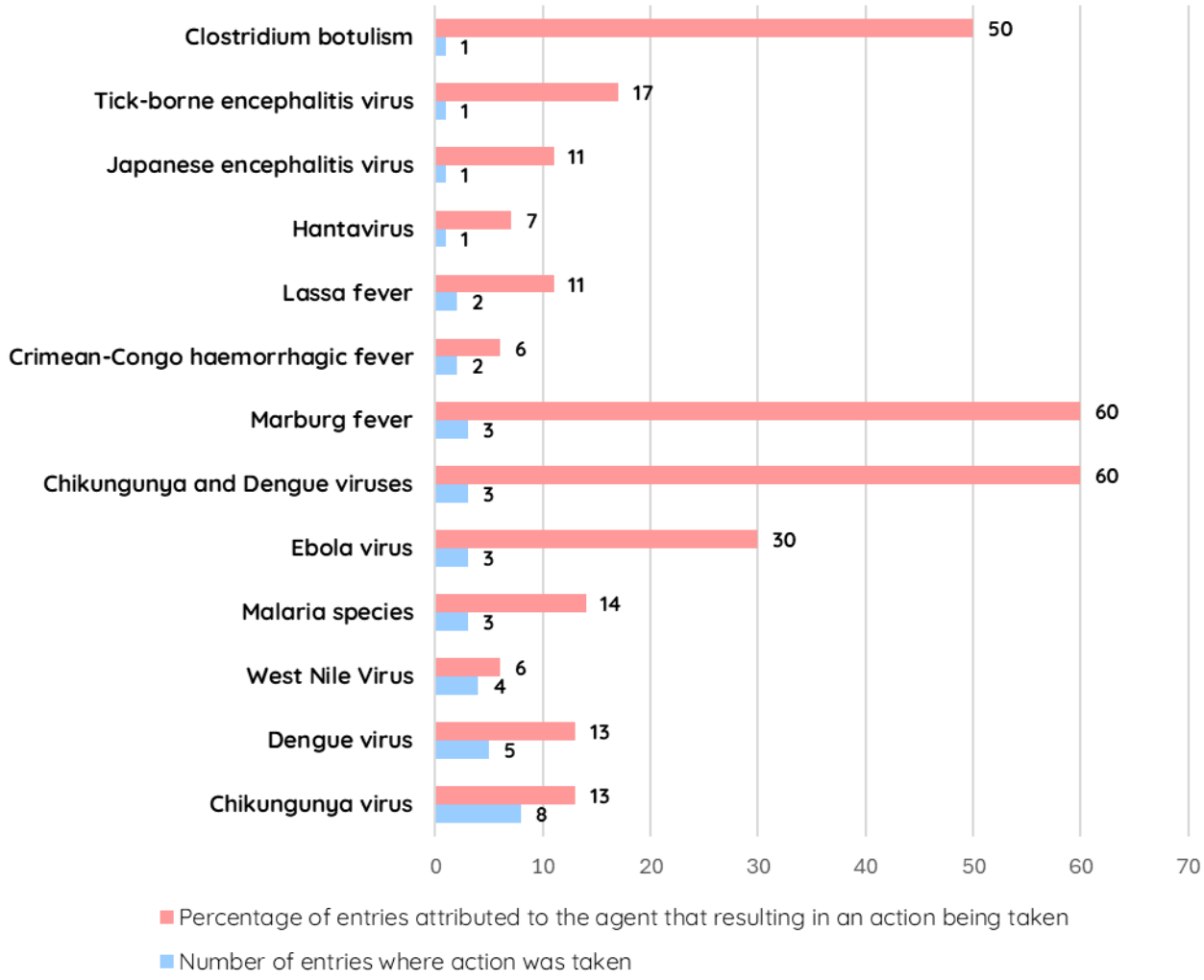
Prions
Cerebral amyloid angiopathy
Chronic Wasting Disease
Creutzfeldt-Jakob Disease

Respiratory viruses
Influenza A
Measles
Middle East Respiratory Syndrome Coronavirus
Respiratory virus (undiagnosed/novel)
Severe Acute Respiratory Syndrome Coronavirus

Viral haemorrhagic fever
Argentine haemorrhagic fever
Chapare haemorrhagic fever
Crimean-Congo Haemorrhagic fever
Ebola virus
Lassa fever
Marburg Virus
Rift Valley fever
Viral haemorrhagic fever

Figure 2: Monthly EIR entries where an action was taken

Figure 2 shows a consolidated view of how frequently actions were required across all monitored infectious agents and diseases. This demonstrates where the EIR review team's attention is being focused and where escalation or intervention is subsequently occurring.



Summary metric	Number
Total EIR entries	680
EIR entry with action taken	37
EIR entry with no action taken	643
Number of different agents (or groups of agents) in EIR	90
Number of agents/groups with ≥1 Action	13
Overall action rate	**0.054**

Agent	Action	Total entries	No actions	Action rate
Chikungunya virus	8	60	52	0.133
Dengue virus	5	39	34	0.128
West Nile virus	4	65	61	0.062
Plasmodium species	3	22	19	0.136
Ebola virus	3	10	7	0.3
Chikungunya & Dengue viruses	3	5	2	0.6
Marburg virus	3	5	2	0.6
Crimean-Congo haemorrhagic fever	2	33	31	0.061
Lassa fever	2	19	17	0.105
Hantavirus	1	14	13	0.071
Japanese encephalitis virus	1	9	8	0.111
Tick-borne encephalitis virus	1	6	5	0.167
Clostridium botulism	1	2	1	0.5

Overall, only a small subset of agents triggered actions, with the majority generating ‘no action’ or ‘noted/monitor/for information’ assessments. The agents with the highest number of actions represent risks requiring either escalation, communication with SACCSD/JPAC or updates to risk assessments and deferrals.

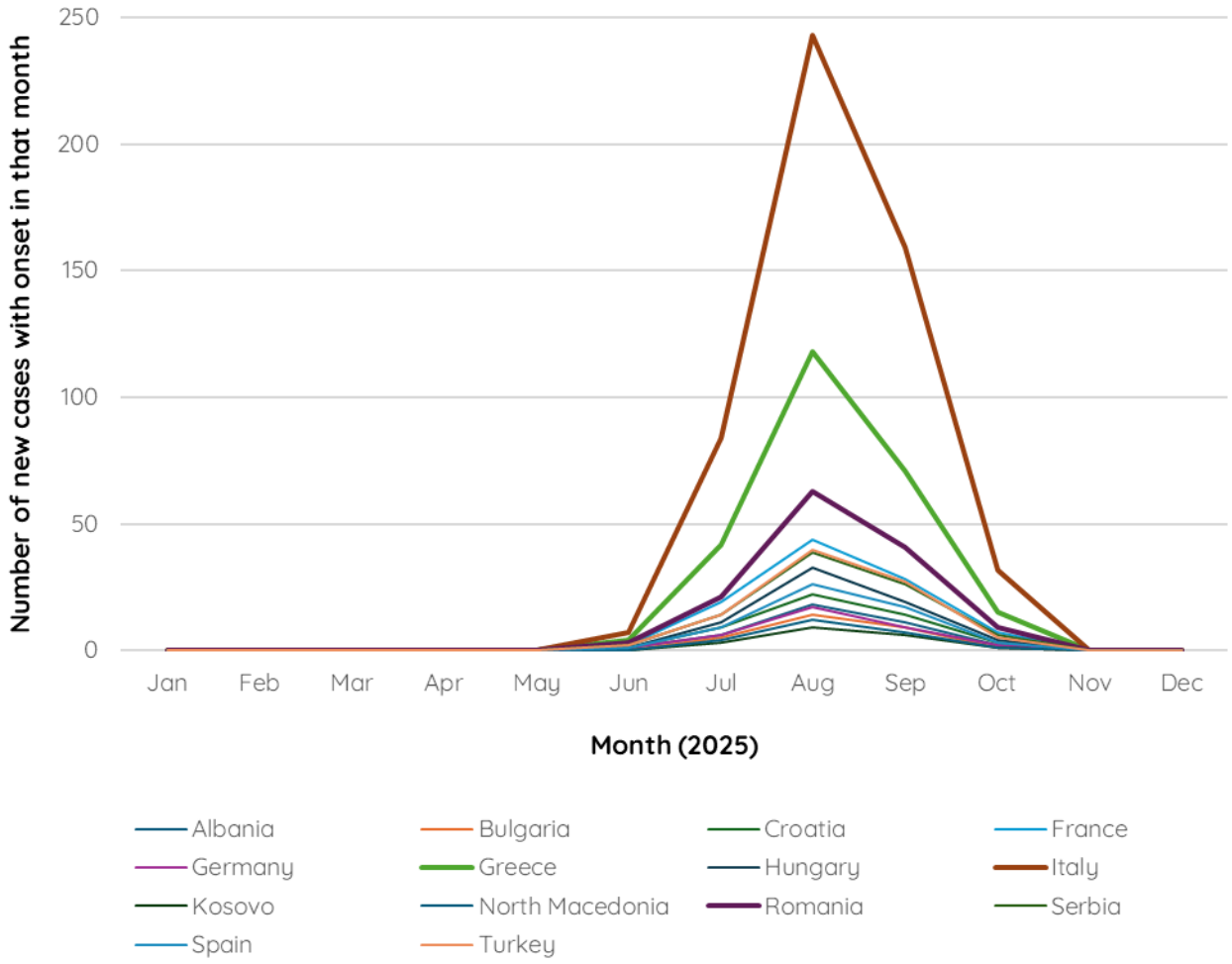
Arboviruses (specifically Chikungunya, Dengue, West Nile viruses) are the most action-intensive group.

Viral haemorrhagic fever (caused by Ebola, Marburg, Lassa viruses) trigger fewer entries but proportionally more required actions.

Most other agents are categorised as monitor only.

To note - a large proportion of the EIR entries are informational updates which very rarely require an action.

Figure 3: WNV human cases in Europe by month, 2025



Source of data: ECDC West Nile Virus seasonal surveillance (EpiPulse)

Appendix 2: Review of EIR sources 2025

Prepared by Qanisha Hall and Claire Reynolds

08 January 2026

Purpose

The purpose of this appendix is to provide feedback to SACTTI on the joint NHSBT/UKHSA Epidemiology team's review of sources used in the monthly Emerging Infections Report (EIR). This review of sources is performed annually to meet the recommendation of the 2021 audit of the UK blood services horizon scanning process carried out by the Government Internal Audit Agency (GIAA). This report will feed into the SACTTI annual report for JPAC (main document).

This report looks at sources used in 2025 (January to November) to inform the EIR. The EIR is produced as detailed in the JPAC Position Statement 'Surveillance: Preparedness for emerging infectious agents'.

This document aims to:

1. Review and document sources used and their relevance to the monthly EIR
2. Confirm UKHSA EpiIntel sources used and any changes that may impact on relevance and timeliness for items of interest to the UK blood services
3. Document feedback for improving the surveillance system
4. Document any changes to sources and process for producing the EIR

Summary

UKHSA EpiIntel reports form the foundation of the blood service monthly EIR. The UKHSA Emerging Infections and Zoonoses Team (EIZ) continually refine their use of the WHO EIOS platform, and their EpiIntel daily and weekly reporting continue to be an important resource which provided a large number of useful updates.

Close working with UKHSA has provided early updates on WNV surveillance: the joint team were part of the WNV incident relating to historic WNV detection in mosquitos in England in 2025 enabling SACTTI awareness and NHSBT engagement in a public health WNV plan to be published by UKHSA in 2026. The joint team subsequently integrated into UKHSA One Health VBD surveillance for the remainder of the 2025 transmission season.

Feedback for the EIR has been provided throughout the year both through a second audit by the GIAA and via the monthly EIR review meetings and was used to refine the EIR reporting process. Direct reporting to SACTTI from the European Blood Alliance (EBA) and other parties remains useful for timely information on outbreaks in Europe and is now incorporated in the EIR in order to record assessments in one place as recommended by the 2025 audit.

EIR reporting also included a weekly arbovirus report during the transmission season to enable SACTTI to maintain timely risk assessment and appropriate action for chikungunya, dengue and WNV local incidents in France and Italy.

1. Review and document sources used and their relevance to the monthly EIR

During 2025, 31 sources (an increase from 29 in 2024) were used to compile the EIR for SACTTI (Table 2). Review items were deduplicated for the same source, area and infectious agent. In the monthly EIR, excluding the arbovirus weekly reporting, of a total of 638 entries (a decrease from 930 in 2024) there were 593 information only items (a decrease from 840 in 2024), 36 potential review items (a decrease from 69 in 2024) and 5 initial screen required items (an increase from 1 in 2024). 9 items were escalated to SACTTI for review ahead of the monthly EIR report.

Top 5 sources contributing most to the monthly EIR:

- UKHSA EpiIntel Blood weekly reports
- PubMed searches for specific items of SACTTI interest
- ECDC weekly CDTR reports
- UKHSA EpiIntel Daily reports
- ECDC other publications

Sources which contained items for escalation:

- EpiIntel Blood Weekly
- EpiIntel Daily
- ECDC
- NaTHNaC

Sources which contained items for review or initial screen:

- EpiIntel Blood Weekly
- ECDC CDTR
- EpiIntel Daily
- NaTHNaC
- Pubmed
- Direct reports to SACTTI
- Lancet ID
- AABB news
- Google
- Promed

Sources used for weekly arbovirus reporting:

- France public health weekly reports
- Italy public health dashboard
- ECDC seasonal weekly reports for CHIKV, DENV and WNV
- CDC DENV reports

2. Confirm UKHSA EpiIntel sources used and any changes that may impact on relevance and timeliness for items of interest to the UK blood services

The Emerging Infections and Zoonoses Team (EIZ) provided the following information on 18 December 2025: The EpiIntel horizon scanning process is continuously being optimised. In September 2025, WHO launched version 2 of the Epidemic Intelligence from Open Sources platform and EIZ have transitioned to using it in their daily work. New sources are constantly being added to the platform, and EIZ are exploring the new features of the platform to refine signal filtering methodology. Earlier in the year, a review of the bookmarked sources to supplement the use of the EIOS platform was conducted to ensure that the bookmarks are still useful and relevant. Since 23 April 2024, the EIZ team

have continued the daily audit process, capturing metrics including the number of signals reviewed, logged and communicated each day. The joint team can contact EIZ to highlight or recommend any sources that provide signals that are not captured through EIZ epidemic intelligence processes.

3. Document feedback for improving the surveillance system

The senior scientist from the joint unit attends the monthly EIR review meetings in order to gain feedback on content and format. Audit by GIAA in 2025 also informed changes to the EIR format, mainly to provide a complete record of risk assessment and action:

- Split EIR into 2 sheets: (1) review and monitor and (2) information only for ease of risk assessment and to clarify that information items are not risk assessed. Items may be moved from information to review and monitor status. Change made on basis of SACTTI EIR review group feedback.
- Include items sent outside EIR directly to SACTTI on the review and monitoring sheet to ensure complete risk assessment record on the EIR document. Change made on basis of 2025 audit.
- Add action and progress fields on the review and monitor sheet to provide a complete record of assessment and action. Change made on basis of 2025 audit.
- Set up weekly arbovirus sheet during the transmission season to track and respond to locally acquired incidents to ensure timely GDRI coverage. Change made in response to arbovirus spread through Europe.

4. Document any changes to sources and process for producing the EIR

The joint team participated in the UKHSA WNV incident meetings and subsequently in One Health VBD meetings during the transmission season which served as another source of information. One Health surveillance will continue in the 2026 transmission season. Other changes to process are covered in point 3 above. Four members of the joint team continued to produce the EIR during 2025 to provide a sustainable service.

Table 2: Count of sources used for EIR review, January to November 2025

(Review items have been deduplicated)

Source review		Status			
Source	Frequency (n)	Information only	May require review	Initial screen required	Escalated for review prior to monthly EIR
EpiIntel Blood Weekly	237	218	15	1	4
PubMed	181	179	2	0	0
ECDC CDTR	55	51	4	0	0
EpiIntel Daily	29	25	3	1	2
ECDC	22	19	1	2	2
NaTHNaC	18	14	3	0	1
UKHSA	13	13	0	0	0
Eurosurveillance	8	8	0	0	0
ProMED	7	6	0	1	0
EID	7	7	0	0	0
Lancet Infectious Diseases	6	5	1	0	0
Journal of Travel Medicine	5	5	0	0	0
One Health	5	5	0	0	0
Parasites and vectors	5	5	0	0	0
ECDC Chik Report	5	1	4	0	0
Directly reported	5	4	1	0	0
WHO	4	4	0	0	0
Epidemiology and Infection	4	4	0	0	0
PLOS NTDs	3	3	0	0	0
MMWR	3	3	0	0	0
AABB News	3	2	1	0	0
CDC Travel Advisory	3	3	0	0	0
Google	2	1	1	0	0
Transplant Inf Dis	1	1	0	0	0
Transfusion	1	1	0	0	0
Journal of Infection	1	1	0	0	0
AM J Transplant	1	1	0	0	0
ECDC WNV Report	1	1	0	0	0
Lancet Regional Health	1	1	0	0	0
UK Health Protection Report	1	1	0	0	0
Clinical Infectious Disease	1	1	0	0	0

Appendix 3: Glossary

Acronym	Full Form
AABB	Association for the Advancement of Blood and Biotherapies
AM J Transplant	American Journal of Transplantation
CCHF	Crimean-Congo Haemorrhagic Fever
CHIKV	Chikungunya Virus
DENV	Dengue Virus
EBOV	Ebola Virus
ECDC	European Centre for Disease Prevention and Control
EID	Emerging Infectious Diseases (journal)
EIR	Emerging Infections Report
EIOS	Epidemic Intelligence from Open Sources
EU/EEA	European Union / European Economic Area
GDRI	Geographic Disease Risk Index
HAIRS	Human Animal Infections and Risk Surveillance group
HEV	Hepatitis E Virus
H5N1	Influenza A subtype H5N1
IHR	International Health Regulations
JID	Journal of Infectious Diseases
MP	Mini-Pool (NAT screening context)
MMWR	Morbidity and Mortality Weekly Report
NAT	Nucleic Acid Testing
NaTHNaC	National Travel Health Network and Centre
NEJM	New England Journal of Medicine
NHSBT	NHS Blood and Transplant
NSAC	National Situational Awareness Cell
OROV	Oropouche Virus
PHEIC	Public Health Emergency of International Concern
PLOS NTDs	PLOS Neglected Tropical Diseases
ProMED	Program for Monitoring Emerging Diseases
SACCSD	Standing Advisory Committee on Care and Selection of Donors
SACTTI	Standing Advisory Committee on Transfusion Transmitted Infection
SoHO	Substances of Human Origin
SOP	Standard Operating Procedure
UKHSA	UK Health Security Agency
USUV	Usutu Virus
VHF	Viral Haemorrhagic Fever
Vox Sang	Vox Sanguinis (journal)
WHO	World Health Organization
WNV	West Nile Virus