



# **Blood Transfusion Considerations during Mpox Outbreaks: Safety and Logistics- A Perspective**

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## **Abstract**

Mpox outbreaks present unique challenges to transfusion medicine, requiring a delicate balance between meeting urgent clinical needs and ensuring transfusion safety. Severe Mpox cases may involve anemia, coagulopathies, or hemorrhage, necessitating timely blood transfusion. However, potential risks of transfusion-transmissible infections, reduced donor availability, and disrupted supply chains demand robust strategies for donor screening, laboratory readiness, and logistical coordination. This perspective outlines key safety measures, including enhanced exposure-based deferrals, potential nucleic acid testing integration, and stringent processing safeguards, alongside logistical priorities such as inventory triage, centralized distribution, and donor retention. By aligning clinical, ethical, and operational considerations, transfusion services can maintain resilience and safety during Mpox outbreaks, ensuring life-saving blood products remain available without compromising infection control.

**Keywords:** Mpox, blood transfusion, transfusion safety, outbreak logistics, donor screening.

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## **Introduction**

Mpox, caused by the monkeypox virus (MPXV), is a re-emerging zoonotic disease within the Orthopoxvirus genus that has shifted from

sporadic endemic outbreaks in Central and West Africa to an increasingly global health concern. Transmission occurs primarily through close contact with infected individuals, contaminated materials, or respiratory droplets, and in recent outbreaks, sustained human-to-human

transmission has been documented in non-endemic countries. While most cases are self-limiting, Mpox can cause severe illness, particularly in immunocompromised individuals, children, and pregnant women [1]. Severe Mpox presentations may involve hematologic complications, including anemia, thrombocytopenia, and hemorrhagic manifestations. These conditions can arise from bone marrow suppression, hemolysis, immune-mediated platelet destruction, or disseminated intravascular coagulation. In such cases, timely access to safe and compatible blood products becomes a critical component of supportive care. Transfusion therapy can be life-saving but requires careful adaptation to outbreak-specific risks and constraints [2-3].

The potential for Mpox viremia during the acute phase raises important safety considerations for transfusion medicine. Although no confirmed cases of transfusion-transmitted Mpox have been reported, the precautionary principle demands that donor eligibility criteria, deferral periods, and screening protocols be carefully reviewed during outbreaks. The absence of validated routine blood donor screening assays for MPXV adds complexity, necessitating reliance on stringent donor history assessment and symptom-based exclusion [4]. Outbreaks inherently disrupt transfusion service operations. Public fear, movement restrictions, and infection prevention measures can limit donor turnout, reduce mobile collection opportunities, and strain fixed-site donation centers. Simultaneously, healthcare system overload can hinder coordination between blood banks and clinical teams. Without proactive planning, these factors can lead to severe inventory shortages and compromise patient care, particularly in resource-limited settings where transfusion reserves are already minimal [5-6].

Experiences from other infectious disease emergencies—such as Ebola virus disease, Zika virus outbreaks, and the COVID-19 pandemic—provide valuable lessons for Mpox preparedness. These events demonstrated the importance of rapid risk communication, adaptive donor recruitment strategies, contingency supply planning, and inter-hospital resource sharing.

They also highlighted that safeguarding both donor and recipient safety while sustaining supply requires coordinated action between public health authorities, blood services, and clinical providers [7-8]. In Mpox outbreaks, transfusion safety and logistics are interdependent. Implementing enhanced donor screening and deferral protocols protects recipients from possible infection, but may also reduce the available donor pool, necessitating strategic adjustments in collection planning and inventory prioritization. This interplay underscores the need for dynamic policies that balance epidemiological risk with clinical urgency, informed by ongoing outbreak surveillance and blood usage data [9]. This perspective examines the core safety and logistical considerations for blood transfusion during Mpox outbreaks. It emphasizes evidence-based donor selection, potential laboratory testing pathways, universal precautions in processing, and targeted supply chain management. The aim is to provide transfusion services and policymakers with a structured framework for ensuring that life-saving blood products remain both safe and accessible, even in the face of epidemic pressures.

### **Transfusion Safety: Screening and Risk Mitigation**

Ensuring transfusion safety during Mpox outbreaks begins with the rigorous assessment of donor suitability. Given the possibility of viremia during acute Mpox infection, donor history questionnaires must be updated to capture recent exposure, onset of symptoms, or close contact with confirmed or suspected cases. Individuals presenting with fever, rash, lymphadenopathy, or other Mpox-compatible symptoms should be deferred for an evidence-based interval, ideally informed by the known incubation period and infectious window of the virus. In settings where epidemiological data are limited, applying a conservative deferral policy remains prudent to minimize potential transmission risks [10-11]. Laboratory-based safety measures can further strengthen screening protocols. Although no standard blood donor testing for Mpox exists at present, the development and validation of nucleic acid testing (NAT) or other pathogen-specific

assays could allow for direct detection of viral DNA in donor blood. In the interim, reliance on enhanced donor questioning, careful physical assessment, and the use of pathogen-reduction technologies for plasma and platelet components may help mitigate theoretical risks [12-13].

Strict adherence to universal precautions during collection, processing, and transfusion remains essential. This includes the use of appropriate personal protective equipment (PPE) by staff, aseptic handling techniques, and rigorous environmental decontamination in collection facilities. Segregating potentially exposed staff from those working in high-volume donor areas

can reduce cross-contamination risks [13]. Recipient safety must also be prioritized through post-transfusion surveillance. Establishing a system for monitoring transfusion recipients during outbreak periods can help detect unusual adverse events early, facilitating trace-back investigations and, if necessary, rapid withdrawal of implicated blood products from circulation. Clear communication with clinicians regarding the outbreak context, transfusion indications, and any additional monitoring requirements ensures that all parties remain aligned in protecting patient safety (Table 1) [14-15].

**Table 1: Key Safety and Logistics Strategies for Blood Transfusion during Mpox Outbreaks**

Strategy	Action Items	Rationale	Priority
Enhanced donor screening & deferral	Update donor questionnaire for Mpox exposure/symptoms; defer symptomatic or exposed donors for an evidence-based interval	Reduces risk of collecting potentially viremic blood when specific assays are unavailable	High
Targeted laboratory testing readiness	Validate or implement NAT or Mpox-specific assays if available; retain sample archives for retrospective testing	Direct pathogen detection reduces uncertainty and supports surveillance	Medium–High
Universal precautions & processing safeguards	Reinforce PPE, aseptic handling, and pathogen-reduction (where feasible) for plasma/platelets	Limits cross-contamination and lowers residual risk	High
Inventory triage & prioritization	Define clinical transfusion triage criteria (emergency vs. elective); reserve units for high-priority cases	Ensures scarce units serve those with greatest need	High
Centralized inventory tracking & redistribution	Use regional coordination to monitor stocks and redistribute units dynamically	Balances supply across hospitals and reduces wastage	High
Donor recruitment & retention strategies	Promote safe fixed-site donation, targeted outreach to low-risk populations, and appointment systems	Mitigates donor shortages while minimizing exposure risk	Medium
Communication & public trust	Provide transparent messaging to donors and recipients about safety measures and deferral rationale	Maintains donor confidence and reduces misinformation-driven decline in donations	High
Staff training & surge planning	Train staff on outbreak-specific workflows, cross-train personnel, and prepare contingency staffing plans	Preserves operational continuity during staff shortages	Medium–High
Record-keeping & recipient follow-up	Keep detailed donor/recipient logs; implement monitoring for transfusion recipients to detect possible transmission	Facilitates trace-back and early detection of transfusion-transmitted events	High
Ethical & regulatory alignment	Engage ethics boards and regulators to set temporary policies (deferral periods, emergency use of products)	Ensures decisions are equitable, lawful, and defensible	Medium

## Logistical Challenges in Blood Supply

Mpox outbreaks can significantly disrupt the operational flow of blood collection, processing, and distribution. Public health measures such as movement restrictions, quarantine protocols, and social distancing often reduce donor turnout, particularly for mobile collection drives. This limitation is compounded by public fear of contracting the virus at donation sites, which may deter even regular donors. In high-transmission settings, the closure or reduced capacity of fixed-site donation centers can further exacerbate shortages [16-17]. Supply chain interruptions present another major challenge. Outbreak conditions may delay the transportation of blood components, collection kits, and testing reagents—especially in regions reliant on centralized processing facilities. These disruptions can lead to bottlenecks, creating imbalances in availability between hospitals and regions. Coordinated logistics planning, including the use of regional blood inventories and shared transportation resources, becomes critical to avoid stock depletion in high-demand areas [18].

Inventory management during outbreaks requires dynamic prioritization. Clinicians and transfusion services must work closely to establish triage protocols that ensure available blood products are reserved for cases with the highest clinical urgency, such as severe hemorrhage, life-threatening anemia, or major trauma. Non-urgent and elective transfusions may need to be deferred to preserve supplies. Such prioritization should be communicated transparently to avoid misunderstandings and maintain trust among healthcare teams and the public [19-20]. Donor retention strategies are essential for sustaining supply. This may involve targeted outreach to low-risk populations, scheduling appointments to control donor flow, and providing reassurance through visible infection prevention measures at donation sites. Public messaging that emphasizes the ongoing need for blood despite the outbreak—paired with updates on safety protocols—can encourage continued participation in donation programs [20]. To mitigate waste, transfusion services must adopt flexible redistribution models that allow blood components nearing expiration to

be transferred to facilities where they are most needed. Digital inventory tracking systems can enhance visibility across networks, enabling real-time redistribution and preventing both shortages and excesses [21-22].

## Ethical and Operational Considerations

Blood transfusion services during Mpox outbreaks must navigate complex ethical and operational challenges to balance individual patient needs against broader public health imperatives. Resource scarcity, heightened infection risks, and fluctuating donor availability compel decision-makers to adopt transparent, equitable policies that prioritize fairness and maximize benefit. Ethical frameworks should guide triage criteria, deferral policies, and allocation decisions to prevent discrimination and maintain public trust [23-24]. Operationally, clear communication is paramount. Donors, recipients, healthcare workers, and the public must be informed about the rationale behind deferral criteria, safety protocols, and supply limitations. Transparent messaging fosters confidence in the blood system, mitigates fears, and reduces misinformation that could otherwise deter donations or lead to stigmatization of affected individuals [25].

Training and support for transfusion staff are critical components of ethical preparedness. Personnel should be educated not only on outbreak-specific safety measures but also on the psychosocial aspects of working during a public health emergency. Addressing staff concerns about personal safety, providing mental health resources, and ensuring adequate staffing levels through cross-training and surge planning help maintain workforce resilience and operational continuity [26-27]. Regulatory bodies and ethics committees must work closely with blood services to develop adaptive guidelines that can respond rapidly to evolving outbreak data. This includes setting evidence-based deferral periods, authorizing emergency use of blood products when standard protocols are disrupted, and ensuring compliance with local and international standards. Such collaboration supports legitimacy and legal defensibility of policies enacted during crisis periods [28].

## Future Directions

To enhance transfusion safety and logistics during Mpox and similar outbreaks, several critical areas warrant further development and research. First, validation and widespread implementation of sensitive and rapid nucleic acid testing (NAT) for Mpox in blood donors would provide direct screening capability, reducing reliance on symptom-based deferrals and improving safety confidence [29]. Advancing pathogen reduction technologies applicable to a broader range of blood components could further mitigate transfusion-transmission risks, especially in settings where specific donor testing remains unavailable. Integrating these technologies into routine practice may prove pivotal in outbreak contexts [30]. Leveraging digital health innovations—including real-time inventory tracking, predictive analytics for demand forecasting, and donor engagement platforms—can improve supply chain resilience and optimize resource allocation during fluctuating outbreak dynamics [31].

Systematic studies to better characterize the risk of transfusion-transmitted Mpox, including viral kinetics in blood, donor infectivity windows, and recipient susceptibility, are essential to inform evidence-based policy adjustments and reduce unnecessary donor exclusions [32]. Fostering regional and international collaboration among blood services, public health authorities, and research institutions will facilitate knowledge sharing, harmonize protocols, and coordinate emergency responses. These collaborative networks can expedite implementation of best practices and improve readiness for emerging infectious threats [33].

## Recommendations

1. **Enhance Donor Screening and Deferral Policies**  
Update donor questionnaires to include specific Mpox-related risk factors such as recent exposure, travel history to endemic areas, or contact with confirmed cases. Implement evidence-based deferral periods aligned with current epidemiological data on viral incubation and infectiousness to minimize transfusion-transmission risks without unnecessarily reducing donor pools.
2. **Develop and Implement Mpox-Specific Laboratory Testing**  
Prioritize research and validation of nucleic acid amplification tests (NAT) or other molecular assays for MPXV detection in blood donations. Integrate such testing into routine screening where feasible to provide a direct and reliable method of identifying potentially infectious units, complementing donor history assessments.
3. **Adopt and Expand Pathogen Reduction Technologies**  
Where available, apply pathogen reduction technologies to plasma and platelet components to inactivate viruses, including orthopoxviruses. Invest in the development and wider deployment of these technologies for red blood cells and whole blood products to enhance overall transfusion safety during outbreaks.
4. **Optimize Inventory Management and Supply Chain Logistics**  
Implement real-time digital inventory tracking systems across blood banks and hospitals to facilitate efficient distribution and redistribution of blood components. Develop triage frameworks that prioritize transfusions based on clinical urgency, ensuring scarce resources are allocated to patients with the greatest need while minimizing wastage.
5. **Strengthen Donor Recruitment and Retention Strategies**  
Focus on targeted outreach campaigns emphasizing the safety of blood donation during Mpox outbreaks. Utilize appointment-based donations at fixed sites with robust infection prevention measures to maintain donor confidence and reduce crowding. Engage community leaders and trusted voices to combat misinformation and encourage voluntary donations.
6. **Engage Regulatory and Ethical Oversight Bodies**  
Collaborate with ethics committees and regulatory agencies to establish flexible, evidence-based policies for donor deferrals, emergency use authorizations, and allocation

priorities. Ensure these policies are transparent, equitable, and communicated clearly to all stakeholders to uphold trust and compliance.

**7. Invest in Staff Training and Well-being**

Provide comprehensive training for transfusion personnel on outbreak-specific safety protocols, donor management, and psychosocial support. Establish mental health resources and contingency staffing plans to maintain operational continuity amid increased workloads and staff stress during outbreaks.

**8. Foster Regional and International Collaboration**

Encourage cooperation between blood transfusion services, public health authorities, and research institutions to share data, harmonize protocols, and coordinate resource mobilization. Build networks for rapid information exchange and joint response planning to improve preparedness for Mpox and other emerging infectious threats.

**9. Conduct Research to Inform Policy and Practice**

Support studies to clarify the risk of transfusion-transmitted Mpox, understand viral dynamics in blood, and evaluate the effectiveness of mitigation strategies. Use findings to refine donor screening, testing protocols, and clinical guidelines, ensuring policies remain evidence-based and adaptive.

**Conclusion**

Mpox outbreaks present multifaceted challenges to blood transfusion services, demanding a careful balance between maintaining safety and ensuring supply continuity. Enhanced donor screening, cautious deferral policies, and potential integration of novel laboratory testing form the backbone of transfusion safety, while robust infection control safeguards further mitigate risks. Concurrently, adaptive logistical strategies—including dynamic inventory management, targeted donor retention, and inter-facility coordination—are essential to overcome disruptions in collection and distribution. Ethical and operational frameworks underpin these efforts, guiding equitable resource allocation,

transparent communication, and regulatory adaptability. By integrating clinical, logistical, and ethical dimensions, transfusion services can sustain life-saving interventions without compromising public trust or patient safety during Mpox outbreaks.


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