[18]

EBA ANNUAL REPORT

European Blood Alliance

DEVELOPING AND MAINTAINING AN EFFICIENT AND STRONG COLLABORATION AMONGST EUROPEAN BLOOD AND TISSUE AND CELL SERVICES

eba EUROPEAN BLOOD ALLIANCE

To contribute to the **safety, quality and cost effectiveness** of the blood and tissue and cell supply for the citizens of Europe by developing and maintaining an efficient and strong collaboration amongst European blood and tissue and cell services.

↓

Strategy of European Blood Alliance

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FOREWORD

Philippe Vandekerckhove
EBA President

Picture: Red Cross Flanders

In 2018, the past, present and future all came together for the EBA. Marking the EBA's 20th anniversary, celebrating the past was pivotal: in a conference and panel discussion held on 12 April, in Helsinki (where it had all started) the theme of past, present and future was a red thread through the day. Prof. Leikola, one of the founders of the Alliance, first presented EBA's genesis and the circumstances pertaining at the start when nine blood services came together for the inception of the EU Blood Directives; then, speaking of the present, Kari Aranko showed all the projects in which EBA is currently involved. Lastly, a panel debated the future focussing on the challenges ahead for the European blood supply.

From its early beginnings, EBA has grown to be a unique network of blood services, supporting its members and actively contributing to a sustainable blood supply system for Europe. In 2018, EBA co-organised the first International Consensus Conference on Patient Blood Management with the aim of better delivering patient in the light of evidence-based medicine. Nearly **200 experts** discussed recommendations on red blood cell transfusion thresholds, the implementation of PBM and Pre-Operative anaemia. The conference recommendations were published in 2019 in JAMA and a second publication is under way.

EBA is committed to promoting patient blood management, and the ICC PBM was its first big step toward achieving this goal. The consensus conference brought clarity on the proper use of blood products in hospitals, benefitting patients.

For the future, EBA crafted its new strategy, in line with the previous one focusing on three areas:

→ **Donor safety**
→ **Patient care**
→ **Safeguarding the blood supply**

All of EBA's actions and initiatives will fall under one or other of these aims.

Another step towards the future was the handover of positions between Kari Aranko, Executive Director and Catherine Hartmann. After four years, Kari Aranko returned back to the Finnish Red Cross Blood Service and EBA welcomed Catherine Hartmann as the new Executive Director. Her experience complements the EBA renewed focus on the revision of the EU Blood Directives. EBA decided in 2018 to move its Secretariat from Amsterdam to Brussels to be closer to EU institutions when developing advocacy initiatives. The office is now located on the Saint Luc Hospital campus (UCL). We thank Sanquin for hosting the EBA all these years in Amsterdam and for the exceptional hospitable services provided, together with sharing its in-house knowledge.

[01]

FOCUS ON STRATEGY

In 2018 EBA strategy needed to be revised and EBA took the opportunity of the conference to clarify its scope. The strategy now clearly distinguishes between care for the patients, the health of donors and the sustainability of the blood supply. According to EBA President Philippe Vandekerckhove, this strategy clearly illustrates EBA's mission and does justice to the three important pillars: donors, patients and the blood supply.

STRATEGY OF EUROPEAN BLOOD ALLIANCE (EBA)

EBA Mission: To contribute to the safety, quality and cost effectiveness of the blood and tissue and cell supply for the citizens of Europe by developing and maintaining an efficient and strong collaboration amongst European blood and tissue and cell services.

EBA strives toward achieving these objectives through policies that aim to provide a safe and sustainable supply of high-quality substances of human origin for its members, through **three pillars**:

1. Safeguarding donor health and wellbeing
2. Safeguarding and improving patient care
3. Safeguarding the blood supply and improving performance

The EBA is guided by five core values:

→ Donor Care;
→ Patient Safety;
→ Voluntary Non-Remunerated Blood Donation;
→ Openness through Information Sharing and Excellence through Evidence.

Stemming from the last core value: EBA will provide expert opinions, where available based on scientific evidence and where lacking, with expert views, to European Institutions.

SAFEGUARDING DONOR HEALTH AND WELLBEING

[01]

Ensuring the well-being of the donor in connection with the donation is a prime task for blood services. The European Blood Alliance will actively contribute to this through the following means ↓

Selection and protection of donors
The proper selection of donors at each moment in time ensures that donors stay healthy and that deferral rules are evidenced-based.

Research to ensure safe donation
To ensure donor health, the EBA supports structured studying of donor health and behaviour.

Involving donor organisations where possible
The voice of the donor is important and EBA will involve donor organisations where possible and will strengthen the relation with the donor.

OVERALL GOAL:
To provide the EBA members with scientifically based information in order to develop and maintain a stable and healthy donor base population.

[02]

SAFEGUARDING AND IMPROVING PATIENT CARE

Providing safe blood products to all patients who need therapeutic treatment is the core of the EBA's members' business. EBA supports this through the following means ↓

Safety and quality of Substances of Human Origin (SoHO)
SoHOs are kept safe and of high quality through rigorous selection of donors, efficient mitigation of infectious risks, validated manufacturing processes, accurate characterisation of products that match the recipient needs, and careful patient monitoring.

EBA places highest priority on these issues and has multiple devoted activities, such as the Emerging Infectious Disease (EID) Monitor.

Plasma Collection
Securing an adequate supply of plasma for fractionation in Europe and consequently plasma derived medicinal products is of prime importance. Ensuring increased availability of this strategic resource sourced from European Voluntary Non-Remunerated Donors is a key objective for the EBA.

Equal access to blood products
All EU citizens have equal rights to access to care; EBA supports this by striving for qualitative and quantitative self-sufficiency of SoHOs in all European regions. Also, the EBA supports the linkage and shared use of rare blood databases throughout Europe.

Involving patient and hospital organisations
Patient care and well-being are the ultimate goal of all EBA members' operations. EBA keeps in close contact with patient and hospital organisations to ensure that their needs are understood and taken into account.

Optimal Use of Blood: supporting Patient Blood Management (PBM) **programmes**
Blood provides lifesaving therapies from a scarce source and should be used where patients will benefit. The EBA leads projects for evidence-based PBM and is dedicated to demonstrating the value of proper use of blood products.

OVERALL GOAL:
EBA members provide SoHO-products of high quality, striving for equal access for all patients who need them.

[03]

SAFEGUARDING THE BLOOD SUPPLY AND IMPROVING PERFORMANCE

EBA supports the operations of Blood Establishments by identifying best practice. EBA members strive collectively to improve the supply of blood products and, where provided by members, other substances of human origin (SoHOs). ↓

Business continuity and sustainability based on Voluntary Non-Remunerated Blood Donations (VNRD)
Business continuity is part of ensuring a sustainable supply of products in all situations. EBA facilitates sharing of back-up arrangements with templates and sharing information on technological issues.
VNRD reflects the European value of a broad altruistic donor population securing the continuation of the European blood supply.

Tissues, cells, advanced therapies and new opportunities
With horizon scanning and business intelligence reports, EBA supports members' efforts to invest in new therapeutic fields, leveraging on the members' experience with donors and blood product manufacturing. EBA also facilitates building a network for Advanced Therapies Medicinal Products (ATMP) production. Further, EBA supports members by providing information on new technologies and best practice pertaining to quality and safety of SoHOs.

Performance improvement through benchmarking/lean management
Benchmarking has long been a part of EBA operations. The scope of benchmarking will be expanded from delivering benchmarking data, organising workshops, and "flying squad" visits to maintain a focus on quality management and assist members with self-assessment and self-auditing schemes.

Advising European Union (EU) institutions
Since its inception EBA has been the one voice speaking to EU Institutions on behalf of its members. With the current evaluation and possible revision of the EU Directives for Blood, Tissues and Cells, this is still the case. The power of the EBA lies in the fact that EBA has a wide network which can be leveraged for technical and political matters; can source the best experts for regulatory support, and rely on scientific evidence, where available.

OVERALL GOAL:
high-performing blood, tissues and cells services within an equitable and predictable working environment in European blood, tissues and cells sector.

Data Depository

The EBA strives for excellence through evidence. EBA is committed to using evidence-based information as basis for performance improvement. Similarly, evidence-based policy forms the basis of EBA's advice to the EU Institutions.

The combined network of all the EBA Members

The EBA is a wide network of national, regional and hospital blood banks throughout EU and EFTA member states. EBA members comprise over 30.000 people, among whom are the best experts in the field. This combined force ensures that the EBA can provide European institutions with the best available knowledge and expertise.

[02] FIRST INTERNATIONAL CONSENSUS CONFERENCE ON PATIENT BLOOD MANAGEMENT

On 24/25 April, EBA together with its international partners hosted the International Consensus Conference on Patient Blood Management (ICC-PBM).

This very successful two-day conference focused on three areas:

→ Red Blood Cell Transfusion Triggers
→ PBM Implementation
→ Pre-Operative Anaemia.

The following organisations participated:
ARCBS, TBS, ICTMG, ISTH, NBA, ÖGBT, SFAR and representatives from the WHO, the EU Commission, DGAI, and National Health Authority Australia were also present

Presentation Dr. Hans van Remoortel

The conference opened with Hans van Remoortel, researcher at the Centre of Evidence Based Practice of the Belgian Red Cross (CEBaP, Belgium) who presented the GRADE approach used, road mapping the process of the conference and explaining the background of the methodology. The CEBaP had screened about 18.000 references in four databases from the date of inception until January 2018 and had finally included 142 studies, providing the basis for 17 PICO questions (Patient, Intervention, Comparison, Outcome). The evidence found by researchers was discussed in parallel sessions, where the participants could offer input to the process.

Parallel sessions

In the parallel sessions, the participants were shown evidence on particular effects and in a number of cases asked to rate their consequences:

1. Desirable Effects:	How substantial are the desirable anticipated effects?
2. Undesirable Effects:	How substantial are the undesirable anticipated effects?
3. Certainty of evidence:	What is the overall quality of the evidence of effects?
4. Values:	Is there important uncertainty about or variability in how much people value the critical outcomes?
5. Balance of effects:	Does the balance between desirable and undesirable effects favour the intervention or the comparison?
6. Resources required:	How large are the resource requirements (costs)?
7. Cost effectiveness:	Does the cost-effectiveness of the intervention favour the intervention or the comparison?
8. Equity:	What would be the impact on health equity?
9. Acceptability:	Is the intervention acceptable to key stakeholders?
10. Feasibility:	Is the intervention feasible to implement?

During closed sessions, panellists reviewed all the presented evidence and prepared draft recommendations which were presented in a plenary session the following day.

The chairs of the three groups presented their draft recommendations for comment and discussion with the expert audience. During the meeting, the audience could vote on the recommendations formulated for the 17 PICO questions. Through online polling, the session was fully interactive and transparent. After each voting round, the voting was closed and the results were recorded by the rapporteurs and placed in the draft recommendations.

On the second day, a press conference with German colleagues was also held to brief the German media on the event and on the preliminary findings.

The main outcomes of the meeting are recommendations (see details below)**:**

→ **Topic 1:** preoperative anaemia
4 recommendations (1 strong, 3 conditional)
→ **Topic 2:** RBC transfusion thresholds
4 recommendations (2 strong, 2 conditional)
→ **Topic 3:** PBM implementation
2 recommendations (2 conditional)
And further research recommendations for all topics.

The drafting committee, consisting of the rapporteurs, chairs and organising committee, have prepared a publication on the recommendations, which was published in JAMA in March 2019.

The Conference attracted

About **200** experts
↓
From **5** continents
↓
Representing more than
10 disciplines

(e.g. transfusion medicine, surgery, anaesthesiology and haematology)

↓

Co-sponsors:
AABB, ISBT, DGTI, SFTS, SIMTI, EBA

- Strong recommendation, low-quality evidence
- Conditional recommendation, moderate-quality evidence
- Conditional recommendation, low-quality evidence
- Research recommendation, low-quality evidence
- Research recommendation, no evidence included

Abbreviation

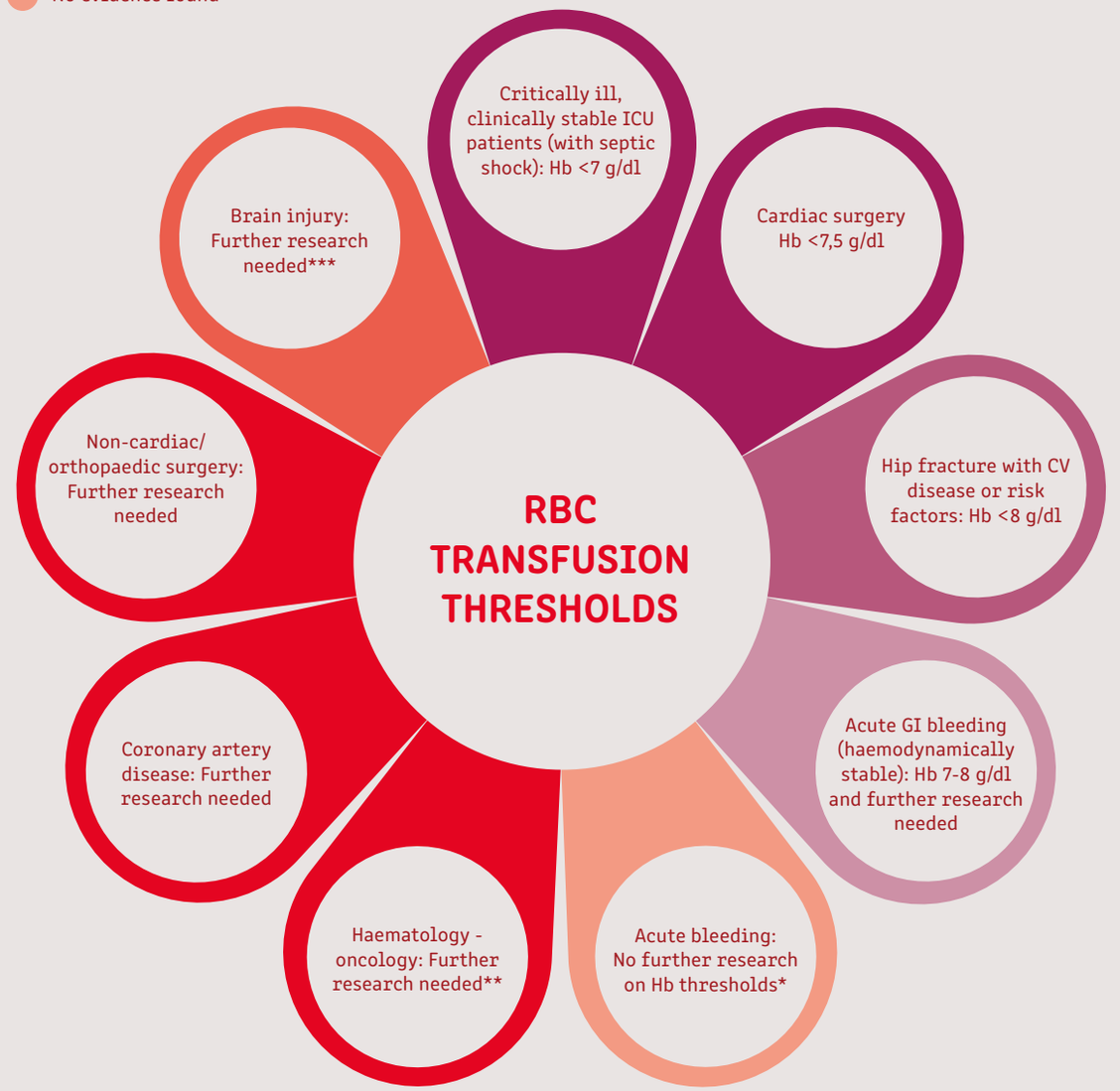
ESAs	Erythropoiesis Stimulating Agents
Hb	Haemoglobin
RBC	(packed) Red Blood Cells

* Choice of iron formulation and administration based on the degree of anaemia, time to surgery procedure and the ability to absorb and tolerate oral iron

** Take individual transfusion probability, aetiology of anaemia and thromboembolic risk into account

*** Focus on long term (un-)desirable effects, optimal dose, type of surgery (particular in cancer surgery), co-presence of iron-deficiency, and cost-effectiveness

- Strong recommendation, moderate-quality evidence
- Conditional recommendation, moderate-quality evidence
- Conditional + research recommendation, low-quality evidence
- Research recommendation, low-quality evidence
- Research recommendation, very-low quality evidence
- No evidence found

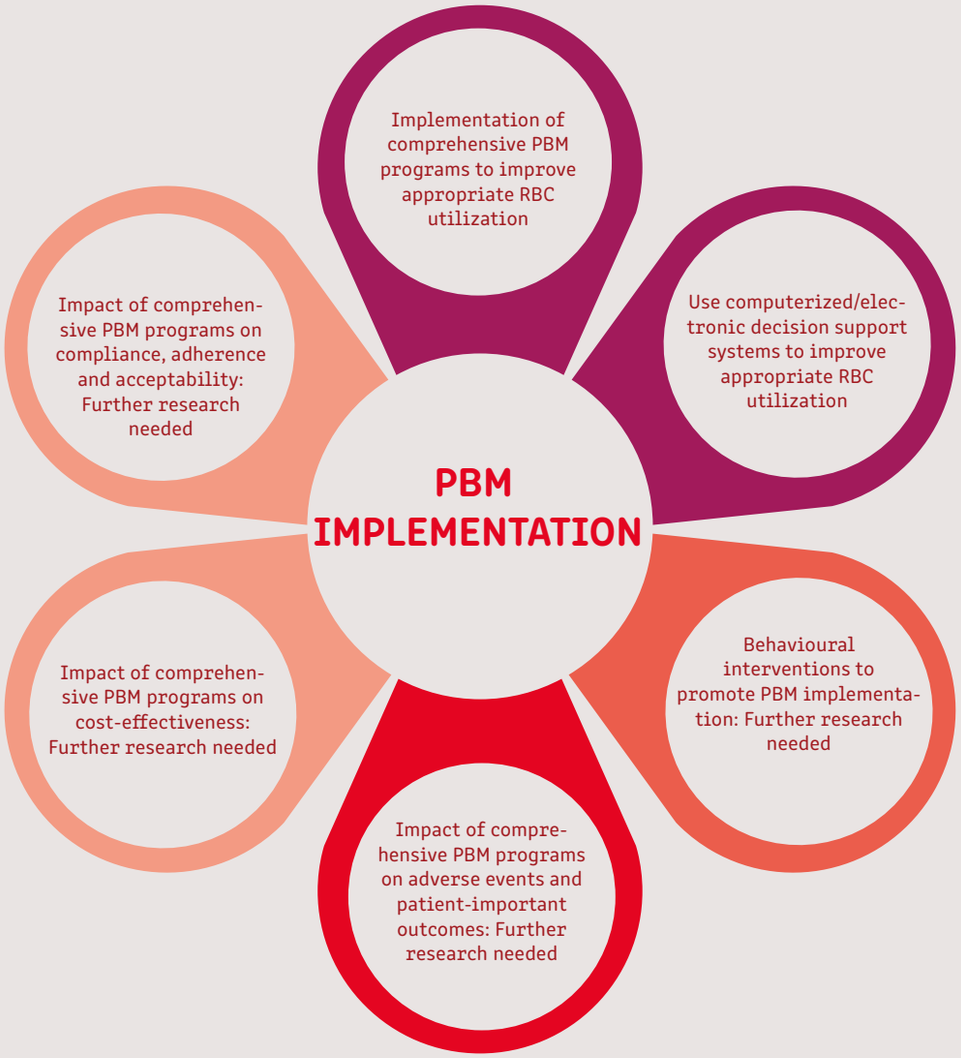


Abbreviation

CV	Cardiovascular
GI	Gastro-intestinal
Hb	Haemoglobin
ICU	Intensive Care Unit
RBC	(packed) Red Blood Cells

* For patients with critical bleeding (major blood loss), Hb level is not the most important, or deciding, factor in transfusion management. It is difficult to perform studies in exsanguinating patients, and they have been excluded from most trials. Stopping the bleeding is the priority - refer to published national/international guidelines on management of massive haemorrhage requiring transfusion support.
** Future research should focus on patients with non-malignant haematological disorders and patients undergoing chemotherapy, not surgery for solid tumours.
*** Patients with cerebral perfusion disorders or acute central nervous system injury (excluded: sickle cell disease)

- Conditional recommendation, low-quality evidence
- Research recommendation, low-quality evidence
- Research recommendation, very-low quality evidence
- Research recommendation, no evidence included



Abbreviation

PBM	Patient Blood Management
RBC	(packed) Red Blood Cells

[03] EUROPEAN CONFERENCE ON DONOR HEALTH AND MANAGEMENT

The European Blood Alliance and the European Conference on Donor Health Management (ECDHM) agreed to join forces with a view to long-term collaboration, through which the continuity of the conference will be guaranteed.

This year marked the third edition of the European Conference on Donor Health Management; a conference bringing together professionals in the field of Donor Health and Donor Management with a focus on donors of blood and blood components. The Conference depends on voluntary organisations who carry the financial liability through their organisation and who set up *ad hoc* scientific and organising committees for each edition. Donor safety is a prime goal of the European Blood Alliance and one of its core values; the collaboration with the ECDHM fits perfectly with EBA's strategy to ensure donor health and wellbeing. According to EBA Vice-President Pierre Tiberghien: *Donors offer a unique gift and taking good care of them is essential says, the ECDHM is the opportunity for professionals working with donors to share state-of-the-art knowledge and to network, which is a great benefit of the conference. EBA is very proud to be involved in this initiative.*

The scientific part of the conference featured, oral and poster presentations, break-out sessions and keynote addresses, touching on a wide range of subjects around the donor: marketing and communication actions, donor retention, donor compensation and/or remuneration, as well as iron deficiency, serious adverse events or donor injuries, use and development of large-scale data banks and haemovigilance. The social programme included a wonderful boat trip on the first evening, a morning run guided by an experienced trainer and a working dinner. A very full programme for the 250 participants, still allowed for fruitful networking opportunities, and for newly appointed Executive Director Catherine Hartmann to be introduced to colleagues from European and international blood services.

The ECDHM took place on September 5-7th in Copenhagen and EBA's Executive Directors, Kari Aranko and Catherine Hartmann represented the EBA.

Take home messages included the following:

- → the necessity to increase accessibility to, and retention of, young male donors
- → the need to better understand and define altruistic motives
- → the importance of non-remunerated donations vs. payment of donors
- → the importance of time since last donation, given its large single effect on current iron stores
- → the positive impact of post-donation communication with donors (via SMS or email), in particular, when specifying how the donation was used
- → the potential of educational strategies aimed to increase knowledge of the donation to transfusion process to increase the recruitment of donors.

The abstracts are available on the conference programme website.

EBA has committed to financially supporting the conference, to increasing the partnership with the ECDMH hosts (next is in Hamburg in 2020), and to offering increased help from the EBA secretariat. Regarding the content of the conference, the European Blood Alliance together with the local organisers will set up a dedicated scientific committee. As the Copenhagen conference president Henrik Ullum noted: *There are many developments in the field of donor health and management and the connection to EBA will ensure that the ECDHM will be able to work with some of the best experts in the field: blood establishment employees are an important target audience engaging with them with the support of EBA is important.*

[04]
EBA 20TH ANNIVERSARY

The European Blood Alliance and the European Conference on Donor Health Management (ECDHM) agreed to join forces with a view to long-term collaboration, through which the continuity of the conference will be guaranteed.

On 21 September 1998, nine representatives of blood establishments met in Helsinki and founded the EBA. Now EBA has 26 members and looked to past, present and future at its 20th anniversary. The symposium and panel discussions aimed to give a good overview of the challenges and developments in the field of blood transfusion in Europe.

Patient care is our first core value and is at the heart of EBA and EBA members' actions. Many important and unique patient stories are told nationally, and EBA decided to collect a number of these in order to show that the need for blood products as lifesaving therapies is universal. Patients from all over the European Union are grateful for receiving the precious gift of the donor.

Mary Morgan moderated the panel discussions on the future challenges of the blood supply, starting with a session on "safeguarding donor health and wellbeing"

→ https://europeanbloodalliance.eu/wp-content/uploads/2018/07/EBA20-Session_1-donor_health_and_wellbeing.pdf

Speakers
Wim de Kort (Netherlands)
Christian Erikstrup (Denmark)
Moira Carter (Scotland)
Alice Simonetti (Italy)

Wim de Kort presented concerns in Donor Health monitoring. The donor health risk monitoring should include corrective follow up actions for the donors concerned. "Right now," Wim de Kort remarked, "the blood services identify those health risks of donors that might cause consequences to the blood supply or to patients, but focus is not enough on donor health". He further noted that: "low HB levels of donors are often left without follow up, and donors at risk of carrying a transmissible infection are not tested but sent home". He called upon blood services to not only identify the health risks, but also to take action to help the donors, for example, by testing donors identified to be at risk for infections, or by relieving their iron depletion as this is often an outcome of their blood donations.

Moira Carter compared the opportunities and risks of digital and social media in safeguarding donor health and wellbeing. Social media offers huge possibilities for donor communication but is not without risks. *It is a very direct and useful media in communicating with the donors, but at the moment it is facing a very controversial development; for example, the mistrust towards Facebook in safeguarding its user's privacy*. Moira Carter went on to explain: *The social media channels also change all the time. Previously some posts in Facebook could easily raise hundreds of thousands of "likes", but now only a few thousand*. Moira Carter advised that *in addition to social media we should consider using again direct digital communication means ("narrow casting") such as SMS and e-mail*.

Alice Simonetti reminded the blood services that *they should not only be close to donors and thank them for their commitment, but also let them understand the ethical importance of their gift as an expression of community participation in the health system*. Associations play a strategic role in raising awareness about the importance of regular voluntary non-remunerated donors and in promoting the culture of solidarity, prevention and healthy lifestyles. Alice Simonetti summarised: *When one donates, he or she should be able to trust that the health system gives back, in return, safe and quality blood components to the patients who need them*.

"Social media offers huge possibilities for donor communication but is not without risks"

Christian Erikstrup talked about iron management and raised a question about what would be the best regimen in handling this. *Many donors develop iron depletion. We are obliged to mitigate the risk of deleterious health effects of blood donation. Some blood centres offer ferritin-guided iron supplementation, but the optimal regimen is not known* he argued, *but what about the effects and side effects of iron supplementation? We need trials that investigate the best regimen. And what should be the right interval between donations?* Christian Erikstrup concluded: *An earlier ABO (Alliance of Blood Operators) Survey indicates that the procedures differ a lot between blood centres. We should study this subject more and we also need randomized studies*.

Speakers at the session two on safeguarding and improving patient care
→ https://europeanbloodalliance.eu/wp-content/uploads/2018/07/EBA20-Session_2-safeguarding_improving_patient_care.pdf

Speakers
Stefan Laspina (Malta)
Guy Rautmann (EDQM/Council of Europe)
Lorna Williamson (UK)
Cees Smit (the Netherlands)

Lorna Williamson considered in her presentation what additional contributions blood services could bring to health care. She observed that *it is within the blood service's remit to find out the influence of donor characteristics on quality of the blood component, and recruit donors to bioresources as well as organ, tissue and stem cell donors*. Also possible would be to venture out to general research: *there might also be possibilities to do broader donor health screenings. However, this has been investigated in the past, and has not been taken up widely. Blood Services could provide Big Data on donors and patients for studies on common diseases*. On the other hand, there are also some tasks which would not be considered appropriate, such as forensic work or screening of migrants, because *we are not an arm of the legal system*. Also, Williamson added, *mass screening for infectious agents is better done by Public Health*.

Stefan Laspina examined the statistics on the use of blood products within seven European university hospitals. He stated that *It is clear that blood still saves lives and is crucial to patient management. The challenge is to forecast the future requirement for blood products*. He went on to argue that there is contradictory information about this. Though currently red cell usage is showing an overall downward trend, changes in population demographics (aging population), changes in medication in malignant conditions (immunotherapy), and other issues will all have their individual effects, making predictions difficult.

Cees Smit first showed the vast improvements made possible for people with haemophilia since the 60's, but he also stressed that many patients worldwide still go without good medication. He raised the question of plasma dependency from USA: *Plasma dependency in the EU from US donors is at least 70%. The plasma products have also been dominated by the private sector over the public sector*. He stressed that blood and plasma should be considered as strategic resources and called upon the EU for investment. In the discussion he noted also that ethnic minorities should be encouraged to give blood.

"Blood Services could provide Big Data on donors and patients for studies on common diseases"

Guy Rautmann presented the contributions from the EDQM to safeguard the quality and safety of blood components and products. The Blood Guide is an important tool in setting harmonized recommendations for labile blood. The Good Practice Guidelines published in the Blood Guide are part of EU Legislation. The Blood Guide is being regularly updated by experts from the field. He also emphasised that the European Pharmacopeia is laying down mandatory requirements for the quality and safety of plasma derived medicinal products.

The third session was on "safeguarding the blood supply: prepare for the unexpected"
→ https://europeanbloodalliance.eu/wp-content/uploads/2018/07/EBA20-Session_3-safeguarding_blood_supply.pdf

Speakers
Veerle Compernolle (Belgium)
Polonca Mali (Slovenia)
Claudio Velati (Italy)
Mirka Sivula (Finland, HOPE representative-European Hospital and Healthcare Federation)

Veerle Compernolle presented the key messages from recent major incidents and the role that social media played. The perception of the general public in major accident situations is that more blood is needed than normally: *People want to express their support for the victims by donating blood and actively spreading the word*.
She went on to say *the reality is that in most cases the blood stocks are adequate and there is no immediate need for extra donations*. The blood services have only one voice in social media, while the general public has as many voices as there are users. The challenge for blood services is to turn the willingness to donate blood into future donations. Active communication is needed to support that awareness.

Claudio Velati reflected on the factors that influence the demand of blood products. He noted that the demand varies a lot between countries: *The national needs are influenced by the aging population, extension of therapeutic opportunities, outbreaks of transmissible diseases and local Patient Blood Management practices for example*.
Automation and high technology bring better quality and standard in blood component preparation. Also, the centralised validation and manufacturing has its impact on blood supply. He concluded that constant monitoring of the use of blood products is needed, with collaboration between hospitals and blood services.

Mirka Sivula spoke about the collaboration between hospitals and blood services: *Transfusion medicine specialists both in blood services and hospitals have traditionally had tight connections and there has been easy access to discuss individual clinical issues, also in emergency situations*.
But she stressed to the audience that *even tighter and wider collaboration is needed in preparing for the future; for example, in forms of transfusion medicine education, shared good clinical practices, national guidelines and research issues. Blood services should actively take part in national meetings!*
Collaboration is also needed in collecting and distributing data on transfusion practices and trends. She also encouraged blood services not to be too polite in their relationships with their clients: the

hospitals need feedback regarding their use of blood products.

Polonca Mali talked about the donors of the future and the demographics of the donor base. The blood services expect the donors to come as they always have: *The expectation is that they are healthy with no obstacles to donation, and also have the blood groups needed most*, she noted. However, societies are changing: populations are ageing, migration is strengthening and socio-cultural aspects are changing. She wondered: *Are we prepared to these changes?*

→ https://youtu.be/kF4hM2PwE7g
→ https://www.youtube.com/watch?v=SD9Nymt-P6k&feature=share

[05]
START OF EUROBLOODPACK II

The Eurobloodpack I project ran from 2014 to 2018. This was the first time that a collaborative procurement project had been undertaken within the EBA context on such a scale and followed a 10-year process to agree a standard specification.

The advantages were clear, explains National Contracts Manager Hannah Evans: *the network has a collective voice towards the suppliers, benefits of economies of scale, and is collectively better capable of influencing the supplier and request own changes*. Because of closer collaboration, technical networks for sharing ideas and problem solving were established between EBA members. Reducing the cost base for EBA members was always one of the goals and this was successful: the services that joined benefitted from combined savings of over nine million euros.

For suppliers there are also advantages, explained Hannah Evans *the project had communication advantages for suppliers, who now had just a single point of contact to be able to issue notifications or request changes, instead of having to contact seven countries separately*. Additionally, the suppliers benefit from only having to participate in OJEU (Official Journal of the EU) tender exercise as the framework lists all EBA members thus reducing the level of complexity for suppliers and members when selecting new blood packs. It also reduced the necessary effort and the cost of validation, since the suppliers' packs were rigorously tested as part of the tender process and all EBA members benefitted from the initial results.

Eurobloodpack II

As the procurement process of the Eurobloodpack I ended, it was succeeded by Eurobloodpack II. In nature, this was very similar: *the bag itself only minimally changed*, says Hannah Evans, *and both contracts are four year framework agreements with a choice of two suppliers for primary whole blood packs and three suppliers for the ancillary processing systems* Again, the anticipated savings for blood services members are substantial with over seven million euros — which can even increase if more services join the project. New members would also benefit from being able to join the technical network and provide input into the specification for the third tender which is due to be awarded in 2022.

[06]

EBA DONATION DATA

2010-2017

Country	Donations	Donations	% change	Donations	% change	Donation Data	% change		Donation Data	% change	Donation data	% change	Donation data	% change	Donation	% change	% change
	2010	2011		2012		2013			2014		2015		2016		2017		2017-2012
Austria	431770	419575	97.2	392195	93.5	374526	95.5		362809	96.9	359954	99.2	352024	97.8	359055	102.0	-8.4
Belgium	622197	629238	101.1	627830	99.8	578701	92.2		546478	94.4	551710	101.0	558698	101.3	551058	98.6	-12.2
Croatia	177355	180266	101.6	182068	101.0	183688	100.9		183716	100.02	195599	106.5	197294	100.9	104474	53.0	-42.6
Denmark	339094	313401	92.4	296833	94.7	290400	97.8		275864	95.0	275051	99.7	278614	101.3	278639	100.0	-6.1
Estonia	58729	59676	101.6	60057	100.6	61234	102.0		60506	98.8	59013	97.5	57417	97.3	55057	95.9	-8.3
Finland	270913	264607	97.7	246808	93.3	227604	92.2		220980	97.1	211536	95.7	205068	96.9	204946	99.9	-17.0
France	2875921	3007412	104.6	3104295	103.2	2833351	91.3		2796308	98.7	2892286	103.4	2938409	101.6	2890146	98.4	-6.9
Germany	7495452	7575313	101.1	7447253	98.3	7365562	98.9		7206860	97.8	6875363	95.4	6760345	98.3	6741597	99.7	-9.5
Greece		570780		569491	99.8	584088	102.6		558349	95.6	549755	98.5	555206	101.0	571791	103.0	0.4
Hungary	418794	429171	102.5	454978	106.0	415339	91.3		409931	98.7	403916	98.5	397262	98.4	397262	100.0	-12.7
Iceland	15340	13780	89.8	13401	97.2	13663	102.0		12318	90.2	11608	94.2	11393	98.1	11531	101.2	-14.0
Ireland	159390	154024	96.6	149614	97.1	143778	96.1		145325	101.1	144083	99.1	136607	94.8	136607	100.0	-8.7
Italy	3199787	3221131	100.7	3221131	100.0	3198806	99.3		3081777	96.3	3061479	99.3	3036634	99.2	3048216	100.4	-5.4
Latvia	57045	57752	101.2	55253	95.7	53942	97.6		56528	104.8	59029	104.4	57448	97.3	57448	100.0	4.0
Lithuania	77256	87971	113.9	88749	100.9	61254	69.0		66147	108.0	70774	107.0	73710	104.1	73652	99.9	-17.0
Luxembourg	24055	24055	100.0	20631	85.8	24191	117.3		23904	98.8	23657	99.0	23657	100.0	24172	102.2	17.2
Malta	15096	16960	112.3	17424	102.7	17024	97.7		17457	102.5	17427	99.8	18152	104.2	16363	90.1	-6.1
Netherlands	883346	885971	100.3	819301	92.5	755833	92.3		721012	95.4	720251	99.9	726273	100.8	720646	99.2	-12.0
Norway	217907	217907	100.0	217907	100.0	222954	102.3		223455	100.2	204065	91.3	200888	98.4	193723	96.4	-11.1
Portugal	419574	416749	99.3	392136	94.1	362372	92.4		353829	97.6	337899	95.5	334022	98.9	324053	97.0	-17.4
Romania	393738	393738	100.0	450000	114.3	436838	97.1		504919	115.6	504919	100.0	504919	100.0	504919	100.0	12.2
Serbia											63440		64456	101.6	66872	103.7	
Slovenia	98302	98302	100.0	95442	97.1	93790	98.3		89226	95.1	88751	99.5	91280	102.8	90600	99.3	-5.1
Spain	1823315	1823315	100.0	1757940	96.4	1698097	96.6		1676308	98.7	1706973	101.8	1698759	99.5	1686463	99.3	-4.1
Sweden	559999	546770	97.6	516577	94.5	504920	97.7		487848	96.6	480487	98.5	462261	96.2	446979	96.7	-13.5
Switzerland	368167	371016	100.8	360011	97.0	344174	95.6		330495	96.0	306235	92.7	294969	96.3	282546	95.8	-21.5
United Kingdom	2376410	2038300	85.8	1973313	96.8	1978198	100.2		1898882	96.0	2080013	109.5	1690200	81.3	1801790	106.6	-8.7
Total (members only)	**23377367**	**23241904**	**99.4**	**22937707**	**98.7**	**22400314**	**97.7**		**21666705**	**96.7**	**22344958**	**103.1**	**21725965**	**97.2**	**21640605**	**99.6**	

[07] EBA OFFICE

Handover Executive Director position

In October, the EBA said goodbye to Kari Aranko, who had been EBA's Executive Director since spring 2015. He is succeeded by Catherine Hartmann, who brings to the EBA a wealth of knowledge on association management and governance, EU health policies and advocacy.
The EBA is grateful for all that Kari has done for the association in professionalising the office and building relations for EBA. He was especially instrumental in organising the International Consensus Conference on patient blood management, and guiding the scientific secretariat and scientific committee. Kari Aranko has moved back to Finland and to his former employer, the Finnish Red Cross Blood Service.

Catherine, with her knowledge of the EU and public law, will move the EBA advocacy calendar forward, as the outcomes of the evaluation of the EU blood, tissues and cells directives are expected in 2019. One of Catherine's tasks will be to relocate the EBA office from Amsterdam to Brussels.

Move Amsterdam - Brussels
The EBA Executive and Board decided in April 2018 to relocate the office from Amsterdam to Brussels. With the potential revision of the EU blood directives, there is quite an incentive to be near the institutions housed in Brussels.
The EBA is very grateful for the hospitable reception at Sanquin Blood Supply for all the past years and thanks their Board of Directors, HR and Facility services for their excellent care of the EBA.

The official seat of the alliance will remain in the Netherlands for the coming period.

As of May 1st, EBA's new address will be:

(FR) c/o BLSI Clos Chapelle-aux-Champs 30 - Bte 1.30.30 | 1200 Bruxelles Belgique

(NL) c/o BLSI Veldkapelgaarde 30 bus 1.30.30 | 1200 Brussel België.

[08]
EBA GRANT
2018

“A European perspective on emerging infections: Arboviral infections”

EBA can award a grant to research which could improve EBA members’ performance or improve the blood, tissues and cells safety which is not otherwise covered by grants. The grant for 2018 was awarded to a Sanquin-based research group, consisting of Rossana Catherine Garzon J., Ryanne W. Lieshout-Krikke and Mart P. Janssen, who drafted the report on the project they executed.

Arboviral infectious diseases have been identified as a threat to human health due to their biological complexity, epidemiological potential and huge impact on public health. In 2002 they became a concern for blood transfusion safety as well with the first reported cases of West Nile Virus (WNV) that were transmitted by blood transfusion. Despite the implementation of safety measures to prevent transmission by blood, large variation exists regarding the perception of the necessity for the implementation of such measures. This variation may be caused by a lack of understanding of the risk of transmission of these diseases by blood transfusion.
With a growing concern for the impact of further spread of WNV in Europe, in 2018 the Board of EBA agreed to provide financial support to develop a methodology and estimate the risk of transfusion-transmitted arbovirus in travelling donors to affected areas for the European blood supply as a whole. Also, as part of this project, the risk perception of transfusion-transmitted arbovirus in key stakeholders was analysed.

Process

For the first part of the study an integrated *EUFRAT* based model was developed to calculate the transfusion-transmission risk for Europe of WNV, chikungunya and Zika virus outbreaks. The data required for the model regarding blood supply characteristics from countries within Europe was obtained from the 2013-2015 reports from the Council of Europe. Also, inter-European travel information from 2013-2016 was obtained from EUROSTAT.
Additionally, in collaboration with the EBA, 13 interviews were held with key stakeholders from nine different countries and 12 different organisations involved in European blood safety decision-making. Primary (within groups) and secondary (between groups) comparisons were made to identify similarities and differences in risk perception and factors influencing these perceptions.

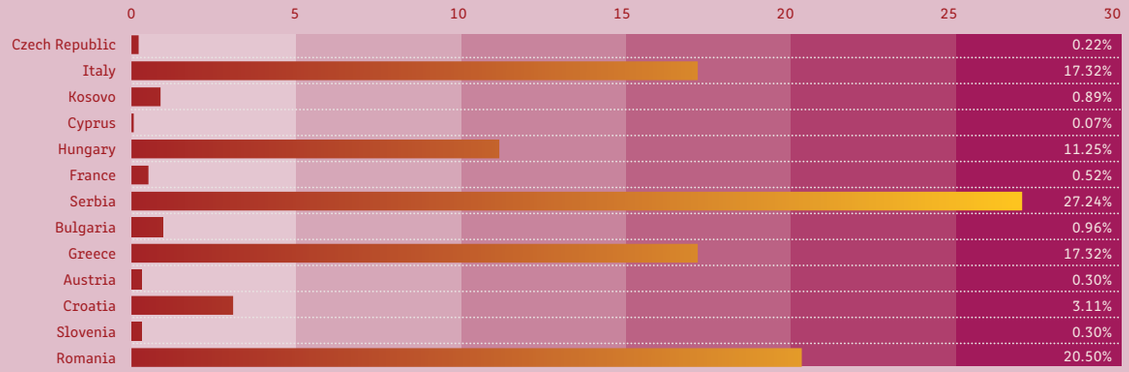
EUFRAT
What chance does a travelling donor run of getting infected on a tropical vacation and introducing this patho-gen into the blood supply? That is the question to which the EUFRAT-tool can give answer. EUFRAT is an online tool that can estimate this risk based on the input of a relatively limited number of variables. Earlier, the EBA has collaborated with the European Centre for Disease Control (ECDC) on further developing this online tool which, along with manuals and examples supporting the assessment, can be reached through the ECDC website.

Main Outcomes

The Risk assessment Tool: Using the risk model developed, the team developed an *easy to use* tool that allows the user to calculate the risk of transfusion-transmission by donors travelling to outbreak areas within Europe. This assessment tool can be used for different scenarios:

[1] risk for a specific country in Europe due to one or more outbreaks in different countries
[2] risk for different countries in Europe due to one or more outbreaks in different areas
[3] risk for all European countries due to one or more outbreaks within Europe

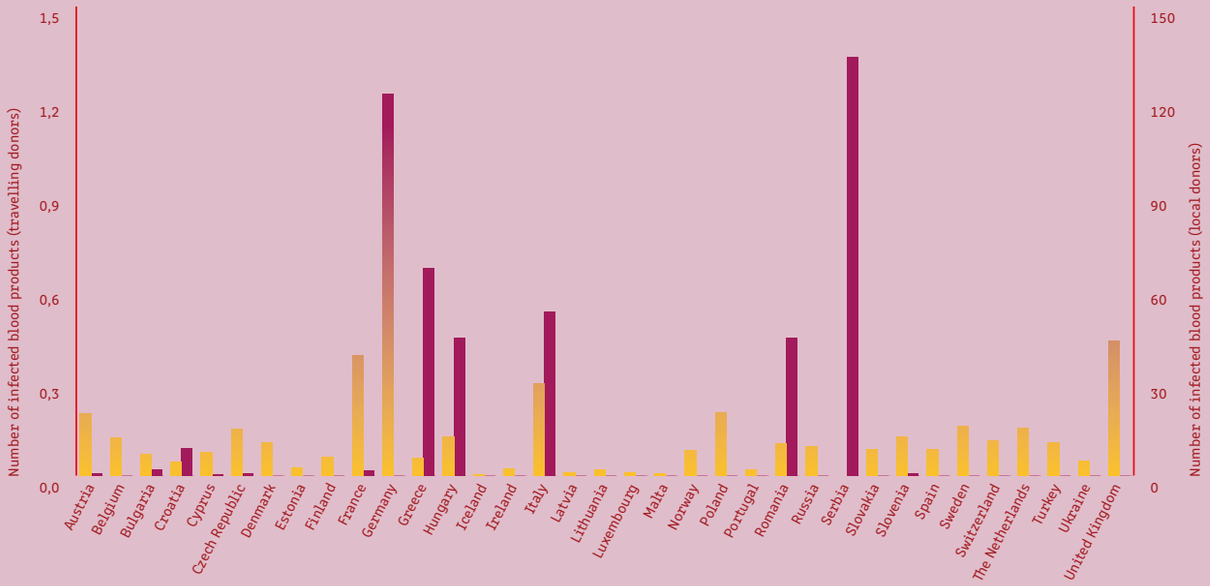
Figure 1: distribution of the total of 1351 neuro-invasive cases of wnv reported in europe 2018. [1]



WNV risk in Europe: Based on the 1339[1] human neuro-invasive cases of WNV infections [1] reported in Europe during 2018 (Figure 1), the estimated number of blood products with WNV (given that no safety interventions would be in place) is 4.78. Countries with a higher risk for transfusion-transmitted WNV cases in Europe due to travelling donors were Germany, United Kingdom, France, Italy, Poland, Austria, Sweden and The Netherlands (Figure 2). This is caused by the number of travellers from these countries that are visiting outbreak areas and the number of blood products obtained per inhabitant by these countries. Given the characteristics of the European blood supplies and travels within Europe, it is estimated that it will take on average 7016 observed WNV infections or 140 neuro-invasive cases of WNV

1 The 12 neuro-invasive WNV remaining cases (1%) reported in Kosovo were not included in the assessment of traveller's risk due to the absence of data available regarding donations and travellers' information within Europe for this country.

infections to have one WNV-infected blood product. In contrast, to have one WNV infected blood product from a local donor in the outbreak region only 230 observed WNV infections or five neuro-invasive human cases of WNV are required.



The stakeholder interviews: The qualitative study shows that the perception of the risk by transfusion transmission of arboviruses is low for WNV and very low for chikungunya and Zika virus. This perception is predominantly influenced by five factors:

[1] the presence of a competent vector and viral circulation
[2] evidence of being a transfusion transmissible disease
[3] health complications associated with the disease
[4] availability of measures for prevention and control
[5] influence of, and interaction between players involved in the process.

Next steps

The tool will become available to all members of the EBA in the course of 2019. Additionally, an online training and a user manual will also be available. This will provide users with the opportunity to become familiar with the tool and understand the basic concepts involved. The use of scientific evidence in decision-making becomes ever more important as this may lead to more transparency and uniformity in the decisions made. The model developed can be easily applied to determine the risk for infectious disease transmission by blood transfusion due to donors travelling throughout Europe, but also provides decision-makers with new risk estimates to support rational management of blood safety.

ECDC disclaimer: "The views and opinions of the authors expressed herein do not necessarily state or reflect those of the ECDC. The accuracy of the authors' statistical analysis and the findings they report are not the responsibility of ECDC. ECDC is not responsible for conclusions or opinions drawn from the data provided. ECDC is not responsible for the correctness of the data and for data management, data merging and data collation after provision of the data. ECDC shall not be held liable for improper or incorrect use of the data".

References

Data provided by ECDC extracted from The European Surveillance System – TESSy

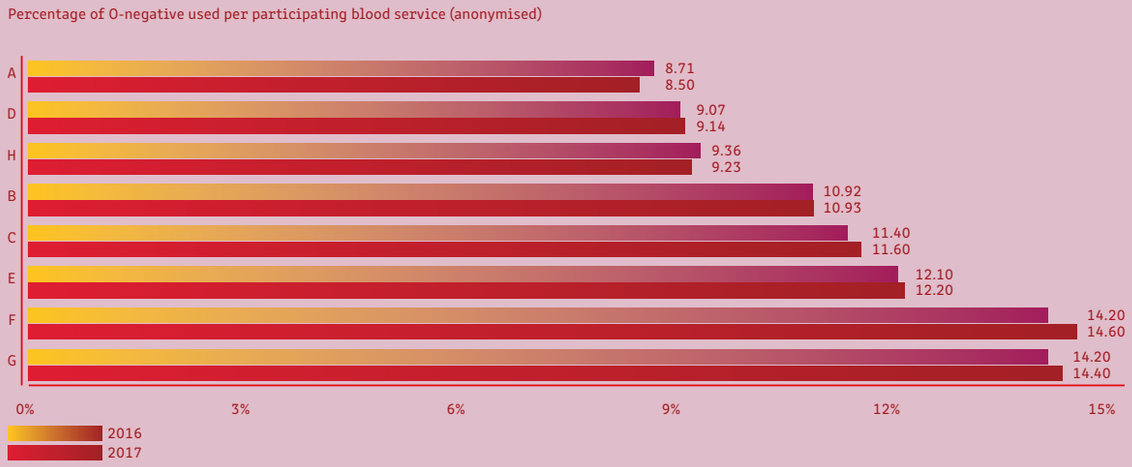
[09]

EBA CONSULTATIONS

Survey Number	Survey Requested By	Survey Title	Members surveyed
S1800	NHSBT	Donor rewards and incentives	EBA members
S1801	ABO	Best practice case studies	Benchmarking WG
S1802	EFS	Platelet stock management	EBA Members, ABO members
S1803	NHSBT	CP Network: blood product treatment questions	Collaborative Procurement WG
S1804	EBA EID-Monitor	Survey WNV 2017	Members of EBA EID-Monitor
S1805	Bel-Flanders	HEV NAT	EBA members
S1806	ABO	Records management	ABO / EBA Members
S1807	EFS	VAT for Blood/Components	Board Members
S1808	ABO	Mobile collections planning	ABO / EBA Members
S1809	ABO	Collection staff injuries	ABO / EBA Members
S1810	ABO	Digital (paperless) systems and staff training	ABO / EBA Members
S1811	EBA	Patient-video	EBA members
S1812	EBA	Renew country information for the EBA website	EBA members
S1813	ABO	Donor Post Donation	Donor SIG
S1814	ABO	Genomics matrix	ABO / EBA Members
S1815	NHSBT	Sterile Wafers	WG Collaborative Procurement
S1816	EFS	WB collection bed/operator ratios (collections efficiency)	Benchmarking WG
S1817	ABO	Stand-alone plasma freezers	WG Plasma collection
S1818	ABO	Donation venues	ABO / EBA Members
S1819	ABO	Customer satisfaction	ABO / EBA Members
S1820	ABO	O RhD Neg	ABO / EBA Members
S1821	ABO	QMS - Digital systems, training, documentation & change management	ABO / EBA Members
S1822	T&C WG	Tissues and Cells Benchmarking Questionnaire 2017	Board Members

Survey Number	Survey Requested By	Survey Title	Members surveyed
S1800	NHSBT	Donor rewards and incentives	EBA members
S1823	ABO	Extra Corporeal Photopheresis (ECP) and ACDA	ABO / EBA Members
S1824	ABO/NHSBT	Transport/ logistics operations	ABO / EBA Members
S1825	EFS	Benchmark on plasma for transfusion	Benchmarking WG
S1826	Bel-Flanders	Blood processing / Blood Product deviations	Board Members
S1827	EFS	Medical remote support in collection	Board Members
S1828	ABO	Donor appointment channels & cancellations	ABO / EBA Members
S1829	EFS	Transportation temperature of blood products after the blood collections	WG CQM
S1830	EFS	Proficiency testing for quality control of blood products	Board Members
S1831	EFS	Survey IT Benchmarking	EBA / ABO members
S1832	EBA/ ÖeRK	Personnel structures involved in blood collections	EBA / ABO members
S1833	EBA/WG Contingency Planning	Contingency planning interest Survey: Organisation, Leadership, Business continuity System, Training, awareness and exercising, Communication	Contingency Planning WG
S1834	ABO	Serum eye drops	ABO / EBA Members
S1835	NHSBT	Organisation Structure chart	EBA members
S1836	EFS	Platelets inactivation devices	EBA members
S1837	EBA/WG CQM	Impact of the Good Pratice Guidelines	WG CQM/WG BMG
S1838	ABO	Equipment useful life	Collaborative Procurement WG
S1839	NBC	VAT rates	EBA members
S1840	ABO	MacoPharma NQT bottom & top pack issues	ABO / EBA Members
S1841	ABO	Temperature monitoring systems used during transport	ABO / EBA Members

Consultation: Demand for O RhD Negative demand



X-axis: anonymized countries participating in the survey
Y-axis: percentage of O-neg blood ordered nationally

In the Caucasian population, the frequency of blood type O RhesusD negative is about 7%. In general, O-neg blood is accepted by all patients and is, therefore, often used in emergency situations, when the blood type of the patient is not yet known. Because of this unbalance between the clinical need and blood supply, blood services use different strategies to meet the hospital demands. This was the subject of a survey amongst EBA members and members of the Alliance of Blood Operators (ABO). At first, a clear difference in use of O-neg blood is noted (between 8-14%) and different strategies were reported:

Strategies

[1] Most establishments provide the hospitals with a benchmark report of the blood use per type within their own hospital and others. This benchmark is mostly presented anonymously, but one blood service openly identifies all hospitals in this benchmark.

[2] Establishments frequently discuss the blood use, especially the use of O-neg, with hospitals and debate mitigation strategies for lowering the use where applicable. One blood service charges the hospital in case of use of O-neg more than the target, if usage is above 8%.

[3] Besides interactions with hospitals, blood establishments have different strategies to increase the number of O-neg donors, e.g. public campaigns to increase awareness, contact with lapsed O neg donors (donors that once donated but stopped) or targeted actions to recruit and maintain the donors needed.

The blood service requesting this survey (outside of Europe) had an O-neg use of 17.4% and wanted to learn the best practices from other blood services.

[10] BENCHMARKING WORKING GROUP

Yearly, the EBA Benchmarking working group circulates a scorecard for EBA Members to fill in. Some notable outcomes of this year's survey were as follows:

20 members responded

which is the same as the previous year

Survey respondents serve a population of about **341 million** people

(around 70% of total EU)

11.3 million red cell issues.

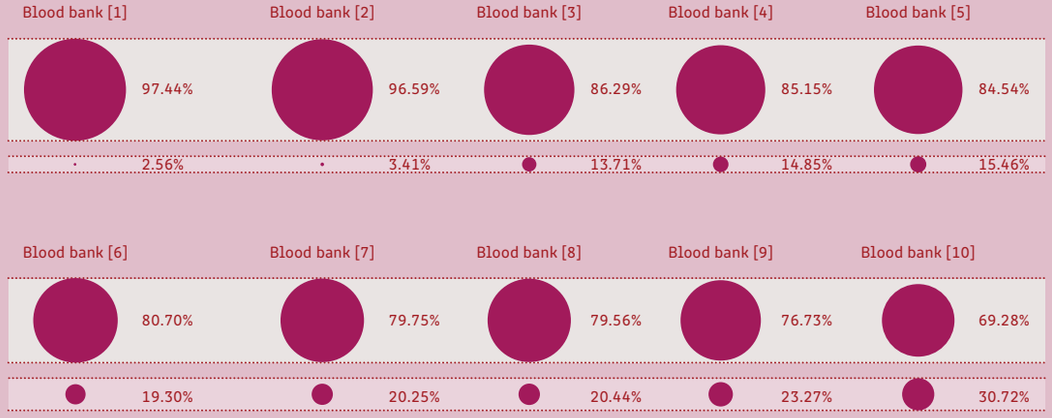
Red cell demand continues to fall in most European countries with an average reduction of around 2.0%. Previous year was -1.5%

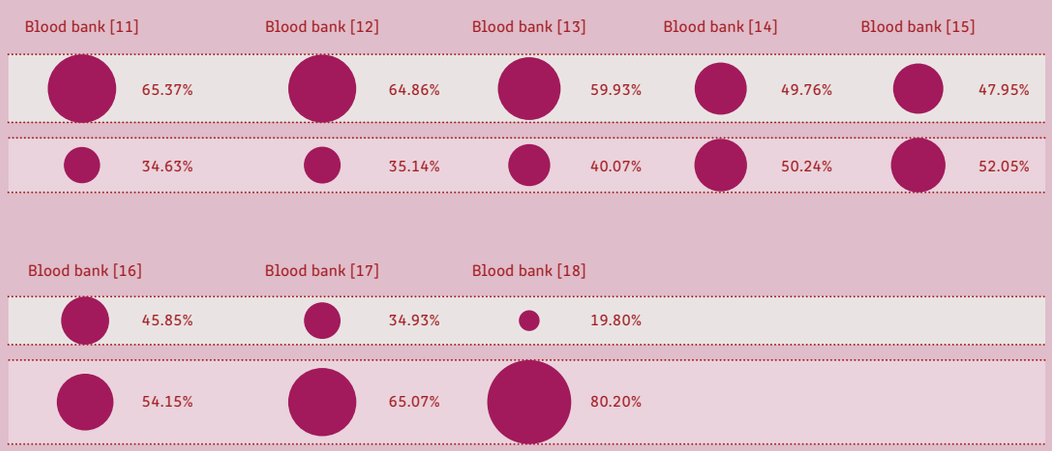
Million platelet issues= -0.2% reduction.

Previous year was -2.3%

Some countries are able to improve productivity even if RBC demand declining

Mobile collections





[11] SUMMARY REPORT EID MONITOR

2018 - EID Monitor

Through its monthly teleconference and regular information exchange, the Emerging Infectious Disease (EID) Monitor continued to watch emerging infectious diseases and exchange information about blood safety measures in the area of EBA and Alliance of Blood Operator* membership. On average 17 EID Monitor (EIDM) members participated in each telecon in the last 12 months. The immediate circulation of the telecons' minutes ensured a quick spread of information and recommendations to EBA and ABO members. The following topics were particularly important this year.

West Nile virus (WNV)

The seasonal WNV transmission started earlier this year compared to previous years with the first cases at the end of May 2018. Also the number of human WNV cases was much higher. For 2018, 1,955 human cases were reported on the European continent (2015: 125; 2016:272; 2017: 258). The last WNV case of this year was reported by France at the end of November. The final ECDC weekly report of this transmission season was published on 14 December. Most human infections occurred within the known endemic WNV areas, but transmission to humans in newly affected areas also occurred in France, Czech Republic and Slovenia. Additionally, there were countries (Germany, Spain and Portugal) where WNV infected horses were reported but no human cases. The favouring climate conditions for mosquitoes this year (wet spring with higher temperatures) may have increased the WNV transmission in the Southern part of Europe. Secondly, the increased number of reported cases may be a result of increased awareness of WNV risk and enhanced monitoring within Europe.

The ECDC organised a WNV meeting in March 2018 in Vienna, where the experiences of European countries were shared. The goal was to evaluate the safety of the blood supply during WNV outbreaks in the EU by summarising the preventive strategies applied, the functional use of WNV maps, the occurrence of WNV infections among blood donors and cases of TT WNV infection. The EIDM was invited to share its experiences. In preparation for this meeting, a WNV survey among EIDM members for data of 2017 was launched. Among the 16 responding countries WNV transmission was absent in 10 countries. In four European countries (Austria, France, Slovenia and Spain) and one non-European country (Australia) WNV transmission occurs sporadically. The data is somewhat biased, because countries with higher WNV frequencies did not respond with their data.
Risk estimation performed by EUFRAT (European Up-Front Risk Assessment Tool) was demonstrated and showed a very low risk for blood safety, especially for blood establishments in non-affected countries. It was concluded that measures tend to be disproportional if the risk remains very low.
The outcome of the meeting will be reported as an ECDC meeting report and a paper will be submitted for publication in a peer reviewed journal.

Usutu virus

This year, the ROCHE COBAS WNV assay which is used for screening blood donors in Austria has also been found reactive in viremias due to Usutu virus infection. Although the pathogenicity for humans is still not resolved, it is reported that Usutu virus in humans may lead to disease (as rash, neurological complications). To date, a transmission through blood transfusion has never been reported. Several scenarios have been taken into account:

- **[1]** in principle the virus is not pathogenic for humans, but sporadically the infection could result in disease, especially in vulnerable immunocompromised patients
- **[2]** Usutu is a virus comparable to WNV with the same risk for blood safety. Absence of reported human cases might be a result of underreporting of misdiagnosis due to cross reactivity with WNV diagnostic tests.

For countries where WNV is already endemic, blood safety measures to prevent WNV infection through blood transfusion are already in place and cover the risk for Usutu virus. In countries where WNV is absent, but Usutu virus is circulating, enhanced vigilance is needed.

Other vector-borne viruses

Zika virus circulation has decreased worldwide. In the USA all blood donations are still tested with Zika virus NAT. The yield of ID-NAT is low and ID-NAT is not very effective. The FDA published an update of the Guidance for Industry that allows to convert to mini-pool testing and only as needed to reverse to ID NAT testing as it is performed for WNV. This approach can be regarded as a more cost-effective safety measure and improves the logistics/efficiency in labs. This year, no autochthonous cases appeared in the USA and no local transmission of Zika virus occurred in Europe.
This year, a Dengue outbreak occurred in Réunion. The outbreak was still at epidemic level, although it was less extensive due to the winter season. France introduced measures to prevent transfusion transmissions by including Dengue NAT screening on the island. The outcomes from Dengue NAT varied between one and two positives per 1,000 donations tested during the epidemic, depending on the site of collection. Since early June, no positive case was found. Local transmission of dengue fever (a few solitary cases and small clusters) occurred in France and Spain, but did not lead to large outbreaks.
Local anti-vectorial measures and blood safety measures (stopping collection in affected areas, NAT screening and/or temporary deferral) were taken in the affected areas. NAT donation screening in Spain did not reveal any dengue RNA positives. The risk of dengue infection in travelling donors remained very low and negligible.

In 2017 a large Chikungunya outbreak occurred in several regions (Lazio, Calabria) of Italy. For this year no autochthonous Chikungunya cases were reported in Italy, nor in other parts of Europe.

One case of Crimean-Congo haemorrhagic fever was reported in Spain. This is the third human case in Spain after two cases were reported in 2016. Human cases may occur sporadically in Spain and in Balkan countries but the risk for blood banks remains very low.

Greece reported nine locally acquired malaria cases, seven in the region Thessaloniki and two in Evros. Greece had increased the surveillance with local preventive measures (including for blood safety). Local acquired Plasmodium vivax transmissions occur for a long time in Greece, but the risk for travellers and risk for Europe remains low. Additionally, one solitary case of possible autochthonous transmission of Plasmodium falciparum appeared this year in Italy.

Pre-exposure prophylaxis (PrEP) for HIV

The recent developments of PrEP were monitored closely. Because PrEP is very effective, PrEP is more widely used and encouraged by the Health authorities. The PrEP use does not necessarily concern only people with a very high risk for HIV as MSM, but anecdotally is also used by workers in health services who are prospective blood donors.

A donor on pre-exposure prophylaxis (PrEP) could be infected, and due to suppression of viral load the virus can be missed in screening, even by ID NAT. It is known that PrEP causes delayed or blunted antibody response which can prolong seroconversion in some individuals or antibodies may even disappear during medication. As data in donors is lacking, it remains a theoretical risk. Breakthrough infection under PrEP is very rare.

Most PrEP-users are part of a deferred risk group. However, the issue raised of donors on PrEP for other reasons than high sexual risk behaviour should also be considered. In this regard, individual risk assessment could be considered to decide on deferral or permitting donation. The greatest concern is the risk perception and compliance for declaring PrEP medication.

Survey on Parvo B19 screening policy

The cost-effectiveness of anti-B19V donor screening is currently studied in the Netherlands. To understand the policy in other countries regarding Parvovirus infection and blood safety a survey among EIDM was launched. This survey aimed to collect information on which European blood banks test their blood donors and/or products for the parvo B19 virus. This includes both testing for the presence of parvo B19 virus DNA (NAT) and testing for the presence of parvo B19 virus antibodies (serological).

Many countries perform the obligatory parvo B19 NAT screening for plasma-derived medicine products beside or in combination with plasma NAT screening; some countries also test blood products for transfusion: all donations (Austria and Switzerland); only intra-uterine transfusions (Finland); and intra-uterine transfusions, neonates after intra-uterine transfusions and prematures, hemolytic anemia, cellular immune deficiency and stem cell/bone marrow transplanted patients (Netherlands). The Netherlands is the only country having a stock of Parvovirus tested blood products tested by serology. In Switzerland, when a donor is found Parvovirus DNA positive, the products from the same donation are recalled. Except for the Netherlands, parvo tested (“safe”) blood is sporadically requested by hospitals. It should be noted that the risk of Parvovirus infection is much higher in the community than the risk through blood transfusion.

[12]
EBA WEBSITE

For the occasion of EBA's 20th anniversary, the EBA website was given an update. Now for all prospective donors it is easy to find a local blood service through the map on the right side.

[13]
FINANCIAL DATA

Balance Sheet

ASSETS – 31 DECEMBER 2018	2018	2017
Tangible fixed assets		
Equipment	8.217	7.368
	8.217	**7.368**
Current assets		
Amounts to be received	1.014	1.977
Prepaid costs	202	3.935
Accounts receivable	47.531	43.855
VAT 2017		1.113
	48.747	**50.880**
Liquidities		
Rabobank	198.164	35.866
Rabobank	180.000	275.000
Rabobank	406.718	405.074
	784.882	715.940
total	**841.846**	**774.188**
liabilities		
Accumulated result	692.263	676.201
	692.263	676.201
Current liabilities		
Pre-invoiced amounts	13.748	-
Accounts payable	133.835	97.987
To be invoiced	2.000	-
	149.583	97.987
total	**841.846**	**774.188**

State of income and expenses

ASSETS – 31 DECEMBER 2018	2018	2017
income		
Membership fees	398.806	385.000
Interest Bank account	1.014	1.977
Revenue collaborative procurement	93.656	88.629
Other income	95.000	16.490
	588.476	**492.096**
expenses		
Personnel costs	244.744	268.475
Depreciation	17.261	2.696
Meetings/workshops etc	138.352	27.493
Travelling etc	22.743	19.680
Office costs fixed	11.787	12.157
Office costs variable	60.114	34.913
Other costs	77.118	68.910
	572.119	434.324
Total result	**16.357**	**57.772**
Collaborative Procurement		
Revenue	93.656	88.629
Expenses	35.028-	73.401-
Result CPI	58.628	15.228
Result CPI	58.528	15.228
Result association	42.271-	42.544
balance	**16.357**	**57.772**

[14]

ABOUT EBA

EBA counts 26 members and two observers: one in Europe (Serbia), and one in the USA, (America's Blood Centres).
The governing body is the Board Meeting, to which each member country can delegate two representatives. The daily managing of the alliance is done by the Executive Board, consisting of the following:

Philippe Vandekerckhove
• President
(Belgian Red Cross Flanders)

Martti Syrjälä
• Secretary
(Finnish Red Cross Blood Service)

Pierre Tiberghien
• Vice-President
(Établissement Français du Sang)

Polonca Mali
(Blood Transfusion Centre of Slovenia)

Rudolf Schwabe
• Treasurer
(SwissTransfusion SRC)

Daphne Thijssen
(Sanquin Blood Supply the Netherlands)

Mary Morgan
• Secretary
(Scottish National Blood Transfusion Service)

In 2018, the EBA Executive established a secretariat with the following staff members:
Kari Aranko, Executive Director (up to 30/9)
Catherine Hartmann, Executive Director (from 1/10)
Willemijn Kramer, Communications and Administrations Officer
Karin Liefting-Sikkens, Management Assistant.

Hyperlinks
All hyperlinks in this document can be accessed through the digital version of the Annual Report: europeanbloodalliance.eu/downloads/eba-annual-reports

Thank you
A big thank you to all EBA members who helped compile this Annual Report.

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