

COVID-19 Convalescent Plasma and COVID-19 Immunoglobulin – Information for External Providers

While there are limited treatment options available for COVID-19, plasma collected from patients in the convalescent phase of infection has been used internationally during the COVID-19 pandemic in clinical trials or for emergency use.

Whilst the concept that this treatment could be efficacious is biologically plausible, to date some large clinical trials of convalescent plasma given to hospitalised patients have not shown a significant reduction in mortality. Recent data from the RECOVERY trial (<https://www.recoverytrial.net/>) indicates the lack of efficacy when given to hospitalised patients. Based on this information, clinical trials in Australia using convalescent plasma for direct transfusions have ceased in the generalised hospital cohorts.

However, there is some evidence that convalescent plasma may be useful in preventing progression to severe disease in higher risk cohorts.¹ There are further trials evaluating convalescent plasma as prophylaxis, given earlier in the disease course or to particular subgroups such as those with impaired humoral immunity.² Additionally, CSL Behring is manufacturing COVID-19 Immunoglobulin for future treatment of patients with COVID-19. International clinical trials with COVID-19 Immunoglobulin are underway.

Lifeblood will continue to collect convalescent plasma and will predominantly supply this for the production of COVID-19 Immunoglobulin. We will also keep a small stock of higher titre units of convalescent plasma for direct transfusion.

If the evidence or lack thereof of a treatment benefit emerges internationally, we will adjust our protocols accordingly.

Lifeblood has developed acceptance criteria for potential COVID-19 convalescent plasma donors. Donors are considered eligible when they:

- had a laboratory-confirmed COVID-19 infection
- are recovered from COVID-19 and non-infectious as evidenced by being symptom free for four weeks, and
- otherwise meet our eligibility requirements.

SARS-CoV-2 antibody testing is performed on all eligible donors to determine if the donation is suitable for convalescent plasma. We are increasing the minimum acceptable titre to be eligible for the program and Lifeblood's testing of recovered COVID-19 donors has shown that only approximately half of such donors have detectable neutralising antibodies at a level of 1:80 or above as required for acceptance.

Given the limited number of people who have recovered from COVID-19, Lifeblood requires your assistance to identify potential donors. Lifeblood asks that you provide your patient/confirmed case with our attached information sheet for them. They can then contact Lifeblood to further discuss and/or to make an appointment.

If you would like to discuss this further please call Prof Iain Gosbell on 02 9234 2313 or Dr Veronica Hoad on 08 9219 1612.

25 February 2021

¹ Libster R, Perez Marc G, Wappner D, Coviello S, Bianchi A, Braem V, et al. Early High-Titer Plasma Therapy to Prevent Severe Covid-19 in Older Adults. N Engl J Med. 2021.

² [Fact Sheet for Health Care Providers: EUA of COVID-19 Convalescent Plasma for Treatment of COVID-19 in Hospitalized Patients \(fda.gov\)](https://www.fda.gov/oc/2021/02/26-fda-issues-emergency-use-authorization-eua-covid-19-convalescent-plasma-treatment-hospitalized-patients)