

# Should convalescent plasma be used for COVID-19?

*This write-up summarises a rapid evidence review of convalescent plasma in patients with COVID-19. The information may be revised as new evidence emerges.*

## Background

Convalescent plasma is blood plasma from a person who has recovered from an infection. It contains antibodies against the infection such as SARS-CoV-2. Recovered patients with high titres of neutralising antibodies can donate plasma for administration to those at-risk to prevent infection (prophylaxis) or to those with confirmed disease to reduce symptoms and mortality.<sup>1</sup> This is known as passive antibody therapy or passive immunotherapy.

Convalescent plasma can be fractionated to immunoglobulin for intravenous use (IVIG), which contains concentrated globulin from pooled human plasma with the benefit that it can be given in a smaller volume and is a more uniform product compared with plasma. Hyperimmune immunoglobulin (H-IVIG) is IVIG chosen for its high titre of specific antibodies.<sup>2</sup>

Published articles have suggested convalescent plasma as a potential treatment option for COVID-19 citing its use and perceived efficacy in SARS, Ebola virus, H1N1, and MERS outbreaks<sup>1,3</sup> and international news coverage has reported that it has been used in China against COVID-19.<sup>4-6</sup>

The Food and Drug Administration (FDA) in the USA has listed COVID-19 convalescent plasma as an emergency Investigational New Drug (eIND) for patients who are critically ill with COVID-19.<sup>7</sup> This allows its use for the treatment of an individual patient upon FDA authorisation. Eligible patients must have confirmed COVID-19 with severe or immediately life-threatening disease and give informed consent. In addition, the FDA, National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) have developed guidance to coordinate collection and use of COVID-19 plasma.<sup>8</sup>

## Clinical evidence

The published evidence for convalescent plasma in the treatment of patients with COVID-19 is currently limited to case reports and uncontrolled studies; therefore, and as noted in a rapid Cochrane review,<sup>9</sup> definitive conclusions on relative efficacy and safety cannot be drawn:

- The outcomes of 26 patients who received convalescent plasma for severe or critical COVID-19 (24 in China and 2 in Korea) are documented in six articles, two of which are pre-print and non-peer reviewed.<sup>10-15</sup> The majority saw positive clinical improvement and were considered successful and without serious adverse events (AEs) although all patients received a variety of therapies in addition to plasma. One patient experienced serious anaphylactic shock and the transfusion was considered a failure.<sup>13</sup>
- Ten patients in China with severe COVID-19 received convalescent plasma along with antivirals and maximal supportive care in a single arm study. No severe AEs were observed, and secondary endpoints showed clinical improvement with undetectable viral load in seven patients with prior viremia. Better outcomes were seen in patients receiving plasma earlier.<sup>16</sup>
- Six patients with respiratory failure due to COVID-19 were administered convalescent plasma in China at a median of 21.5 days after first detection of viral shedding. Three days after infusion, all patients tested negative for SARS-CoV-2; however, five of the six patients died. The authors concluded that convalescent plasma therapy may inhibit viral shedding but not reduce mortality in patients with end-stage COVID-19 and that treatment should be initiated earlier.<sup>17</sup>
- A single arm safety study of 25 patients with COVID-19 conducted in the US, which is in preprint, stated that no AEs were observed as a result of plasma transfusion.<sup>18</sup>

- A preprint publication reviewing the safety of convalescent plasma in 5000 hospitalised patients with COVID-19 reported an incidence of serious AEs of less than 1% leading the authors to conclude in favour of its safety.<sup>19</sup>

Published evidence for convalescent plasma in other viral diseases show conflicting results. In SARS and severe influenza, a systematic review of low-quality, mainly uncontrolled studies of convalescent plasma showed a mortality reduction<sup>20</sup> and a study of H-IVIG fractionated from convalescent plasma compared with ordinary IVIG reported improvement in viral load and potential mortality benefit.<sup>21</sup> However, three randomised controlled trials were unable to find a benefit for H-IVIG or anti-influenza plasma over standard of care.<sup>22-24</sup> In Ebola virus, a case series indicated positive results<sup>25</sup> but a more recent study found no significant survival benefit.<sup>26, 27</sup>

Table 1 lists interventional trials for convalescent plasma in patients with COVID-19 which are listed on the US National Library of Medicine's register or the Chinese Clinical Trial Registry.

**Table 1: Registered studies for convalescent plasma in patients with COVID-19**

Study identifier	Study Design	Intervention	Comparator(s)	Date of primary completion
NCT04292340 <sup>28</sup>	SC, <sup>†</sup> observational	Anti-SARS-CoV-2 inactivated convalescent plasma	-	July 2020
NCT04264858 <sup>29</sup>	SC, <sup>†</sup> OL, clinical trial	Immunoglobulin of cured patients	γ-globulin	April 2020
NCT04321421 <sup>30</sup>	SC, <sup>‡</sup> OL, longitudinal assessment	Hyperimmune plasma	-	May 2020
NCT04323800 <sup>31</sup>	DB, SC,* phII, RCT	Anti-SARS-CoV-2 plasma	Non-SARS-CoV-2 immune plasma	December 2022
NCT04327349 <sup>32</sup>	OL, SC,** single arm	convalescent plasma	-	May 2020
NCT04325672 <sup>33</sup> [Withdrawn]	OL, SC,* phII, single arm	Anti-SARS-CoV-2 convalescent plasma	-	December 2022
NCT04345289 <sup>34</sup>	MC, DB, phIII, RCT (6 arms)	Convalescent plasma, sarilumab, hydroxychloroquine, baricitinib,	Injective placebo, oral placebo	June 2021
NCT04345679 <sup>35</sup>	OL, phI, SC, <sup>H</sup> single arm	Convalescent plasma	-	June 2020
NCT04332380 <sup>36</sup>	OL, SC, <sup>C</sup> phII, single arm	Convalescent plasma	-	August 2020
NCT04332835 <sup>37</sup>	OL, SC, <sup>C</sup> phII/III, RCT	Convalescent plasma, hydroxychloroquine, azithromycin	Hydroxychloroquine, Azithromycin	August 2020
NCT04345991 <sup>38</sup>	OL, SC, <sup>F</sup> phII, RCT	Convalescent plasma	Standard of care	May 2020
NCT04343755 <sup>39</sup>	OL, SC,* phII, single arm	Convalescent plasma	-	April 2021
NCT04347681 <sup>40</sup>	OL, phII, non-RCT	Convalescent plasma	-	December 2020
NCT04345523 <sup>41</sup>	MC, OL, phII, RCT	Convalescent plasma	Standard of care	July 2020
NCT04340050 <sup>42</sup>	OL, SC,* phI, single arm	Anti SARS-CoV-2 plasma	-	December 2020
NCT04333355 <sup>43</sup>	OL, phI, SC, <sup>M</sup> single arm	Convalescent plasma	-	December 2020
NCT04342182 <sup>44</sup>	single blind, MC, <sup>N</sup> phII/III, RCT	Convalescent plasma	Standard of care	July 2020
NCT04343261 <sup>45</sup>	OL, SC,* phII, single arm	Convalescent plasma	-	December 2020
NCT04346589 <sup>46</sup>	OL, SC, <sup>‡</sup> single arm	Anti-coronavirus antibodies (immunoglobulins)	-	July 2020
NCT04344535 <sup>47</sup>	OL, SC,* phI/II, RCT	Convalescent plasma	Standard plasma	April 2021
NCT04346446 <sup>48</sup>	OL, SC, <sup>I</sup> phII, RCT	Convalescent plasma	Supportive care	June 2020
NCT04333251 <sup>49</sup>	OL, phI, RCT	High-titre anti SARS-CoV-2 plasma	Best supportive care (oxygen therapy)	December 2022
NCT04355897 <sup>50</sup>	OL, SC, phI, single arm	Convalescent plasma	-	August 2020
NCT04365439 <sup>51</sup>	OL, SC, single arm	Convalescent plasma	-	May 2020
NCT04372979 <sup>52</sup>	DB, MC, phIII, RCT	Convalescent plasma	Standard plasma	October 2020
NCT04353206 <sup>53</sup>	OL, SC, phI, single arm	Convalescent plasma	-	May 2021
NCT04356534 <sup>54</sup>	OL, SC, RCT	Convalescent plasma	Standard of care	May 2020
NCT04385043 <sup>55</sup>	OL, MC, phII/III, RCT	Hyperimmune plasma	Standard therapy	October 2020
NCT04374487 <sup>56</sup>	OL, SC, phII, RCT	Convalescent plasma	Standard of care	May 2021

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Study identifier	Study Design	Intervention	Comparator(s)	Date of primary completion
NCT04390178 <sup>57</sup>	OL, phI/II, single arm	Convalescent plasma	-	June 2020
NCT04388410 <sup>58</sup>	DB, MC, phII/III, RCT	Convalescent plasma	Placebo	October 2020
NCT04384497 <sup>59</sup>	OL, phI/II, single arm	Convalescent plasma	-	June 2020
NCT04390503 <sup>60</sup>	DB, phII, RCT	Convalescent plasma	Albumin	April 2021
NCT04348656 <sup>61</sup>	OL, MC, phIII, RCT	Convalescent plasma	Standard of care	October 2020
NCT04348877 <sup>62</sup>	OL, single arm	Convalescent plasma	-	October 2020
NCT04384588 <sup>63</sup>	OL, MC, phII/III,	Convalescent plasma	Convalescent plasma	April 2021
NCT04389710 <sup>64</sup>	OL, SC, phII, single arm	Convalescent plasma	-	April 2021
NCT04354831 <sup>65</sup>	OL, SC, phII,	Convalescent plasma	Convalescent plasma	May 2022
NCT04383548 <sup>66</sup>	OL, SC, single arm	Hyperimmunoglobulins	-	December 2020
NCT04389944 <sup>67</sup>	OL, SC, single arm	Convalescent plasma	-	June 2020
NCT04380935 <sup>68</sup>	OL, MC, phII/III, RCT	Convalescent plasma	Standard of care	August 2020
NCT04373460 <sup>69</sup>	DB, MC, phII, RCT	Convalescent plasma	Standard plasma	December 2022
NCT04388527 <sup>70</sup>	OL, phI, single arm	Convalescent plasma	-	August 2020
NCT04355767 <sup>71</sup>	DB, phII, RCT	Convalescent plasma	Standard plasma	December 2022
NCT04352751 <sup>72</sup>	OL, SC, single arm	Convalescent plasma	-	April 2021
NCT04385199 <sup>73</sup>	OL, SC, phII, RCT	Convalescent plasma	Standard therapy	August 2020
NCT04375098 <sup>74</sup>	OL, SC, phII, RCT	Convalescent plasma	Convalescent plasma	December 2020
NCT04377568 <sup>75</sup>	OL, MC, phII, RCT	Convalescent plasma	Standard of care	December 2021
NCT04383535 <sup>76</sup>	DB, MC, RCT	Convalescent plasma	Placebo	July 2020
NCT04374526 <sup>77</sup>	OL, phII/III, RCT	Convalescent plasma	Standard therapy	September 2020
NCT04376788 <sup>78</sup>	OL, SC, phII, RCT	Standard blood transfusion, Convalescent plasma,	Standard blood transfusion + convalescent plasma,	June 2020
NCT04381858 <sup>79</sup>	DB, phIII, RCT	Convalescent plasma	Human immunoglobulin	August 2020
NCT04362176 <sup>80</sup>	DB, phIII, RCT	Convalescent plasma	Ringer's solution with multivitamins	April 2021
NCT04361253 <sup>81</sup>	DB, phIII, RCT	Convalescent plasma	Standard plasma	June 2021
NCT04356482 <sup>82</sup>	OL, MC, phI/II, single arm	Convalescent plasma	-	November 2020
NCT04366245 <sup>83</sup>	OL, MC, phI/II, RCT	Hyperimmune plasma	Hydroxychloroquine + azithromycin or lopinavir/ritonavir + interferon $\beta$ + hydroxychloroquine	December 2021
NCT04363737 <sup>84</sup>	DB, MC, phII, RCT	Convalescent plasma	Ringer's solution or saline	January 2023
NCT04374565 <sup>85</sup>	OL, phII, single arm	High-titre anti-SARS-CoV-2 plasma	-	April 2021
NCT04357106 <sup>86</sup>	OL, phII, single arm	Convalescent plasma	-	July 2020
NCT04359810 <sup>87</sup>	DB, phII, RCT	Convalescent plasma	Standard plasma	December 2020
NCT04385186 <sup>88</sup>	SB, MC, phII, RCT	Inactivated convalescent plasma	Support treatment	September 2020
NCT04376034 <sup>89</sup>	OL, phIII, non-randomised	Convalescent plasma	Standard of care $\pm$ convalescent plasma	March 2021
NCT04377672 <sup>90</sup>	OL, phI, single arm	Convalescent plasma	-	May 2021
NCT04358783 <sup>91</sup>	DB, phII, RCT	Convalescent plasma	Best available therapy	February 2021
ChiCTR2000031501 <sup>92</sup>	OL, SC, $\dagger$ non-RCT	Convalescent plasma	Routine treatment	July 2020
ChiCTR2000030929 <sup>93</sup>	DB, SC, $\dagger$ RCT	Convalescent plasma	Ordinary plasma	June 2020
ChiCTR2000030702 <sup>94</sup>	OL, MC, $\dagger$ RCT	Convalescent plasma and conventional treatment	Conventional treatment	August 2020
ChiCTR2000030627 <sup>95</sup>	SC, $\dagger$ RCT	Convalescent plasma and conventional treatment	Conventional treatment	May 2020
ChiCTR2000030179 <sup>96</sup>	SC, $\dagger$ RCT	Routine treatment plus plasma	Routine treatment	April 2020
ChiCTR2000030039 <sup>97</sup>	MC, $\dagger$ non-RCT	Convalescent plasma	Conventional therapy	Not stated
ChiCTR2000030010 <sup>98</sup>	DB, SC, $\dagger$ RCT	Anti-SARS-CoV-2 inactivated convalescent plasma	Ordinary plasma	May 2020

Study identifier	Study Design	Intervention	Comparator(s)	Date of primary completion
ChiCTR2000029850 <sup>99</sup>	SC, <sup>†</sup> non-RCT	Convalescent plasma plus standardised comprehensive treatment	Standardised comprehensive treatment	Not stated
ChiCTR2000029757 <sup>100</sup>	OL, MC, <sup>†</sup> RCT	Convalescent plasma and conventional treatment	Conventional treatment	February 2021
ChiCTR2000030046 <sup>101</sup>	OL, MC, single arm	Convalescent plasma	-	April 2020

Abbreviations: DB, double-blind or better; OL, open label, phi-III, phase I-III; RCT, randomised controlled trial; SARS, severe acute respiratory syndrome; SB, single blind

\* USA \*\* Iran <sup>†</sup> China <sup>‡</sup> Italy <sup>F</sup> France <sup>C</sup> Colombia <sup>H</sup> Hungary <sup>I</sup> India <sup>M</sup> Mexico <sup>N</sup> Netherlands

## Recommendations from professional bodies

The World Health Organization (WHO) makes no official mention of convalescent plasma or related products specifically for COVID-19 and it does not appear in the interim clinical guidance.<sup>102</sup> However, Dr Mike Ryan (head of WHO health emergencies program) notes “hyperimmune globulin... has been proven “effective and life-saving” against other infectious diseases. It is a very important area to pursue [although] it has to be carefully timed and it’s not always successful.”<sup>5</sup>

In Singapore, the National Centre for Infectious Diseases (NCID) has issued interim treatment guidelines for COVID-19, which recommend that either hydroxychloroquine or convalescent plasma therapy be considered if contraindications exist to participation in a remdesivir trial, or to the use of lopinavir/ritonavir or interferon.<sup>103</sup>

The National Institutes of Health COVID-19 Treatment Guidelines (US) state there are insufficient data to recommend for or against the use of convalescent plasma or SARS-CoV-2 immune globulins for the treatment of COVID-19.<sup>104</sup>

The Johns Hopkins Coronavirus COVID-19 guide (US) proposes convalescent plasma as a useful treatment noting that RCTs are in progress. The guide also identifies risks including pathogen transmission, allergic reactions, transfusion-associated circulatory overload and transfusion-related lung injury.<sup>105</sup>

The China National Health Commission (NHC) has issued a seventh edition of guidance for COVID-19 diagnosis and treatment in which it refers to the use of recovered patients’ plasma therapy as suitable for severe and critically severe patients with rapid disease progression.<sup>106</sup>

COVID-19 operational recommendations from the Peking Union Medical College Hospital list early intravenous infusion of human immunoglobulin for critically ill patients based on their clinical condition.<sup>107</sup>

## Conclusion

There is currently limited published evidence on the use of convalescent plasma for treating COVID-19 infection although results of uncontrolled observations are promising. A range of studies are underway with data expected later this year. The best evidence to date for convalescent plasma (including H-IVIG) is for the treatment of other viral infections, however, results are variable. Positive survival benefit is based mainly on small, low-quality studies and case reports, while three RCTs in severe influenza and one in Ebola do not show any significant clinical benefit.

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