Department of Health & Social Care

NHS

COVID-19 Therapeutic Alert

CEM/CMO/2021/010 17 March 2021

Convalescent Plasma in the Management of Hospitalised Patients with COVID-19

Summary

Results from the RECOVERY trial, a randomised, controlled, open-label, adaptive platform trial, showed no significant clinical benefit from treatment with high-titre convalescent plasma in patients hospitalised with COVID-19. Compared with usual standard of care alone, convalescent plasma (administered as two units of ABO-compatible convalescent plasma a minimum of 12 hours apart) did not significantly improve 28-day mortality nor the proportion of patients discharged alive from hospital within 28 days. In patients not on invasive mechanical ventilation at baseline, convalescent plasma did not improve the composite endpoint of progression to mechanical ventilation or death.

The REMAP-CAP trial, an international randomised, embedded, multifactorial, adaptive platform trial has also announced that no significant benefit was seen from treatment with convalescent plasma (up to two ABO-compatible units administered over 48 hours) in patients requiring organ support in an intensive care setting.

It is therefore now recommended that convalescent plasma is NOT used in the management of hospitalised patients with confirmed or suspected SARS-CoV-2 infection.

The recommendation will be reviewed if further evidence becomes available.

Action

NHS acute trusts / health boards are asked to:

1. Ensure front line clinical teams are aware of the UK-wide recommendation that convalescent plasma should NOT be used in the management of COVID-19 in hospitalised patients.
2. Ensure hospital transfusion laboratories who are holding stock of COVID-19 convalescent plasma refer to guidance issued by their blood service on the management of this stock.

Product Details

COVID-19 convalescent plasma is derived from the blood of individuals who have recovered from the acute illness. It contains antibodies against that virus. It is a blood

component manufactured by the UK Blood Services. It is therefore regulated by the UK Blood Safety and Quality Regulations (BSQR) 2005 which provides a framework for the collection, testing, processing, storage and distribution of human blood and blood components. NHSBT has been responsible for the collection of COVID-19 convalescent plasma in England. The Blood Services in Wales, Northern Ireland and Scotland have developed their own collection programmes for COVID-19 convalescent plasma.

Distribution

NHS Trusts (NHS boards in Scotland and Wales)
Regional Medical Directors
Regional Chief Pharmacists
Trust/Hospital Medical Directors to circulate to medical, transfusion and nursing staff managing COVID-19 patients
Pathology Directors
Transfusion Laboratory Managers

Enquiries

England
Enquiries from NHS trusts in England should in the first instance be directed to the hospital transfusion laboratory who will escalate issues to NHS Blood and Transplant (NHSBT) if required.

Further information can be requested from the dedicated email address: england.spoc-c19therapeutics@nhs.net.

Northern Ireland
Enquiries from hospitals in Northern Ireland should in the first instance be directed to your hospital transfusion laboratory who will escalate issues to the Northern Ireland Blood Transfusion Service if required.

Scotland
Enquiries from hospitals in Scotland should in the first instance be directed to your hospital transfusion laboratory who will escalate issues to the Scottish National Blood Transfusion Service if required.

Wales
Enquiries from hospitals in Wales should in the first instance be directed to the hospital transfusion laboratory who will escalate issues to the Welsh Blood Service if required.