AABB COVID-19 Weekly Hospital Transfusion Services Survey: Week 6 Snapshot

Highlights
- 102 respondents from 36 states completed the AABB COVID-19 weekly hospital transfusion services survey—week 6, conducted from April 27 through April 30, 2020.
- 43.1% of responding hospital reported an increase in wastage due to changes related to the pandemic, an upward trend.
- 46.5% of the responding hospitals are resuming “some” elective surgeries before mid-May and 12.9% are doing so after mid-May.
- While majority of the hospitals are still prioritizing CCP based on patient’s severity of illness, there was a slight increase in CCP being used on severely ill compared to week 5.
- Majority of the responding hospitals obtain CCP units from their regular blood supplier.
- 51.2% of the responding hospitals reported delay in obtaining CCP (=> 24 hours).
- Hospitals offering options for antibody titer tests increased from 24.0% in week 5 to 37.6% in week 6.

Increase in inventory wastage due to changes related to COVID-19

Chosen a Date to Resume Elective Surgery

EXTRA MEASURES TAKEN WHEN UNIT IS SENT TO COVID+ ROOM
Week-5

- N/A, 10
- Yes, 32
- No, 29
- Don't know when blood is sent to a COVID+ room, 31
- Don't know if different measures are taken, 8

Week-6

- N/A, 9
- Yes, 33
- No, 32
- Don't know when blood is sent to a COVID+ room, 24
- Don't know if different measures are taken, 4

Actions on Units returned from a COVID+ patient’s room

- Continue to use universal precautions for all returned units
- Discard units
- Take measures to disinfect units

http://www.aabb.org/advocacy/regulatorygovernment/Pages/AABB-Coronavirus-Resources.aspx
https://covidplasma.org/
srajbhandary@aabb.org
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COVID-19 Convalescent Plasma (CCP)

Have heard of COVID Convalescent Plasma (CCP), 92
Have signed up with a protocol (or designed own protocol) to receive convalescent plasma, 78
Have transfused convalescent plasma, 52

Mechanisms to Obtain CCP

- Our regular blood supplier
- We are manufacturing CCP at our hospital-based donor center
- A different blood supplier than our usual
- 67.6% of regular blood supplier provide information about CCP inventory to the responding hospitals

Encourage Recovered patients to donate CCP

- Yes, by providing patients with a copy of their COVID diagnosis on discharge
- Yes, by giving them educational materials regarding donation
- Other (No, Don’t Know, N/A)

Based on whether patients are enrolled in other trials and excluded from CCP use

- As a final option when nothing else is helping the patient
- Based on severity of patient's illness

Prioritize Patients to Receive CCP

- Week 5
- Week 6

Based on severity of patient's illness

- Patient is severely ill (not yet in ICU), 22.0%
- Patient is severely ill (in ICU and Ventilator support), 83.6%

Scenarios for eIND use

- Physician discretion
- Pediatric patients: Physician discretion
- Pediatric patients: Not enrolled in Mayo expanded access protocol
- Based on severity
- Pediatric patients: Not enrolled in Mayo expanded access protocol
- Based on whether patients are enrolled in other trials and excluded from CCP use

Dose of CCP Transfused

- 1 unit
- 2 units over 2 days

CCP Source

- We are manufacturing CCP at our hospital-based donor center
- Our regular blood supplier
- A different blood supplier than our usual

Delays (=>24 HOURS) in obtaining CCP units

- No
- Yes

Number of Responding Hospitals

- 1-5
- 6-20
- >20

Number of Units

- 1-5
- 6-20
- >20

Data Source: AABB weekly survey intended for hospital members

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COVID Antibody Titer Test

- **COVID antibody titer test**
  - [Chart showing percentages of hospitals offering various options for COVID antibody titer testing.]

- **Antigen Target for Titer Test known**
  - Yes, 27.0%
  - No, 72.97%

- **Test Include Neutralizing Antibody Titers**
  - Yes, 55.3%
  - No, 31.6%
  - Don't know, 13.2%