Highlights

- 100 respondents from 37 states completed the AABB COVID-19 weekly hospital transfusion services survey — week 7, conducted from May 4 - 7, 2020.
- 54.0% of the responding hospitals reported an increase in wastage due to changes related to the pandemic, a continued upward trend.
- 56.0% of the responding hospitals are resuming "some" elective surgeries before mid-May and 19.0% are doing so after mid-May, an upward trend compared to week 5 and 6.
- Majority of the hospitals are prioritizing CCP to the severely ill patients (56.0%), followed by using CCP as a final option if nothing else is working (25.0%).
- For hospitals that considered timing of diagnosis/admission as an important factor for CCP, majority administered CCP within 4 to 6 days of COVID diagnosis.
- Week 7 showed an increase in hospitals using eIND route to obtain CCP for critically ill patients (35.7%) compared to week 6 (29.6%).
- Hospitals offering options for antibody titer tests showed an upward trend (47.0%: week 7, 37.6%: week 6 & 24.0% : week 5)

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

- Week 2: 25.0%
- Week 3: 25.7%
- Week 4: 28.7%
- Week 5: 34.3%
- Week 6: 43.1%
- Week 7: 54.0%

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

- Continue to use universal precautions for all returned units: Week 5: 51.3%, Week 6: 54.6%, Week 7: 52.6%
- Discard units: Week 5: 18.2%, Week 6: 27.6%, Week 7: 27.3%
- Take measures to disinfect units: Week 5: 26.9%, Week 6: 21.8%, Week 7: 19.7%

Extra measures taken when unit is sent to COVID+ room

- Use of coolers: Week 5: 21%, Week 6: 19%, Week 7: 17%
- Use of plastic bags: Week 5: 32%, Week 6: 35%, Week 7: 36%
- Use of plastic bags, use of coolers: Week 5: 8%, Week 6: 9%, Week 7: 6%

Chosen a Date to Resume Elective Surgery

- Week 5: Yes, before mid-May 25%, Yes, after mid-May 47%, No 21%, Don’t know 7%
- Week 6: Yes, before mid-May 13%, Yes, after mid-May 43%, No 19%, Don’t know 14%
- Week 7: Yes, before mid-May 24%, Yes, after mid-May 24%, No 17%, Don’t know 16%
AABB COVID-19 Weekly Hospital Transfusion Services Survey: Week 7 Snapshot
COVID-19 Convalescent Plasma (CCP)

Patient Prioritization to Receive CCP

As a final option if nothing else is working
- 25.6%
- 15.0%
- 6.3%
- 10.0%
- 3.8%
- 40.0%

Timing of diagnosis or admission
- 6.9%
- 12.4%
- 10.1%
- 7.6%
- 8.9%
- 55.7%

Severely ill
- 56.0%

Moderately ill
- 17.1%
- 18.3%
- 22.0%
- 7.9%
- 6.2%
- 29.3%

Mildly ill
- 5.1%
- 12.4%
- 8.6%
- 22.6%
- 51.3%

Priority Ranking: 1, 2, 3, 4, 5, N/A

CCP TRANSFUSION TIME FRAME FOR HOSPITALS THAT CONSIDERED TIMING OF DIAGNOSIS/ADMISSION AS A FACTOR

- >7 days of COVID diagnosis or admission: 30.3%
- 4 to 6 days of COVID diagnosis or admission: 39.4%
- 1 to 3 days of COVID diagnosis or admission: 55.7%
- Pediatric patients: 17.1%
- Not enrolled in Mayo expanded access protocol: 11.4%
- Physician discretion: 35.7%
- Critically ill patients: 35.7%

DELAYS (=>24 HOURS) IN OBTAINING CCP UNITS

- No: 53.6%
- Yes: 46.4%

CCP units obtained through various routes: Week 7

- eIND: 11
- Expanded access protocol: 4
- Hospital’s protocol (RCT): 3

Data Source: AABB weekly survey intended for hospital members

http://www.aabb.org/advocacy/regulatorygovernment/Pages/AABB-Coronavirus-Resources.aspx
https://covidplasma.org
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71.2% of regular blood supplier and 30.6% different blood supplier are providing information about CCP inventory to the responding hospitals.

6.7% of responding hospitals reported using test that includes neutralizing antibody titers.