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AABB Update on CCP: Benefit of Early Transfusion

As highlighted in a number of recent publications, the use of COVID-19 convalescent plasma (CCP) continues to show promise. For this reason, blood centers are engaged in an unprecedented effort to collect CCP and ensure that it remains available to patients during the transition to the Emergency Use Authorization (EUA) recently announced by the FDA.

Much of the data regarding CCP efficacy as a treatment for patients with COVID-19 has been gleaned from observational studies, as noted by the Infectious Diseases Society of America's [rapid guidelines panel](#), this makes providing strong recommendations on the use of CCP a challenge. Given that there are important points of concordance within the data published to date, AABB will continue to monitor the state of knowledge and practice on CCP and will provide updates or recommendations as appropriate.

To date, the strongest signals of benefit of CCP have been associated with transfusion of high-titer units early in the course of the disease. As noted by [Salazar et al](#), no 28-day survival benefit was observed when transfusion of CCP occurred greater than 72 hours after admission. This is consistent with findings from other studies, which have shown no benefit for intubated or critically ill patients with COVID-19. The survival benefit observed at 28 days for Salazar et al was significant and was associated with transfusion of a high-titer unit (greater than 1:1350) within 72 hours of admission.