

## April 6: COVID-19 Clinical Update

### Governor's Executive Order No. 17, Blood Supply and Plasma Therapy

*This daily communication is intended to facilitate the sharing of important clinical information during the COVID-19 healthcare crisis and to help respond to questions from physicians across Northwestern Medicine.*

In today's issue, you will find information regarding Governor J.B. Pritzker's executive order regarding immunity from liability for healthcare facilities and workers, the impact of COVID-19 on the blood supply, and current opportunities for plasma therapy provided by Northwestern Memorial Hospital Blood Bank Medical Director Glenn Ramsey, MD.

#### **GOVERNOR'S EXECUTIVE ORDER REGARDING IMMUNITY FROM LIABILITY**

On April 1, Governor J.B. Pritzker issued COVID-19 Executive Order No. 17, which grants healthcare facilities, healthcare professionals and healthcare volunteers broad immunity from civil liability for services and care provided during the pendency of the Gubernatorial Disaster Proclamation except in cases involving willful misconduct. Northwestern Memorial HealthCare facilities (including its hospitals and ambulatory surgical centers), healthcare professionals working in an NMHC facility and volunteers all qualify for the immunity from civil liability extended in the order. For more information, please view the attached [memo](#).

#### **BLOOD SUPPLY**

With the widespread closures of schools, businesses, places of worship and other community facilities, blood centers are experiencing difficulties recruiting blood donors and numerous blood drive cancellations. Northwestern Medicine's primary blood supplier, Versiti Blood Services (formerly known as Heartland Blood Centers), has asked that all hospitals reduce blood bank inventories of RBCs, plasma, platelets and cryoprecipitate to 75% of normal levels. They have also informed us that they may not be able to completely fulfill our routine daily shipments.

In response, Northwestern Medicine transfusion staff are monitoring blood supplies closely and communicating regularly with Versiti. We are also recommending several conservation measures, which are outlined in the [Blood Transfusion Threshold Guidelines](#). These measures are consistent with recommendations from the American Association of Blood Banks.

Please carefully consider all blood transfusions and comply with accepted guidelines, unless there are medically necessary exceptions. If further conservation measures are needed, these will be developed in conjunction with medical leadership across NM and communicated

accordingly. Please note that there is no evidence that coronaviruses are transmitted by blood transfusion.

To schedule a blood donation, please visit the [Versiti website](#).

### **CONVALESCENT PLASMA THERAPY**

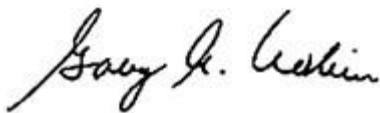
Persons recovering from viral infections typically develop plasma antibodies, which help clear the virus. Transfusions of convalescent plasma containing antiviral antibodies have been investigated for potential benefit in several infections. Whether convalescent plasma transfusions are safe and effective for COVID-19 disease is not yet known. However, given the lack of preventive vaccines or proven therapies, this concept is being explored in the U.S. and internationally. The U.S. Food and Drug Administration (FDA) and the American Association of Blood Banks (AABB) have recently set forth initial guidelines for experimental plasma transfusions under regulations for Investigational New Drug (IND) therapies. Qualifications for both donors and patients were discussed. It was noted that these guidelines could change as more information becomes available.

To be eligible, convalescent plasma donors must have recovered from COVID-19 illness confirmed by either a positive SARS-CoV-2 virus test or a positive titer in a SARS-CoV-2 blood antibody test. If the donation is <28 days after symptoms ended, negative COVID-19 virus testing is also needed to confirm recovery. In a clinical trial or in an emergency-use authorization, there would also be severity criteria for patient inclusion. Patients would receive 1 or 2 units of plasma, perhaps ideally in the first 7-10 days of illness before they start developing their own antibodies. Although there have not been documented transmissions of respiratory virus infections via transfusions, donors would also need to meet all normal screening and testing requirements for patient safety.

Chicago blood donation centers are developing convalescent COVID-19 plasma collection programs. When these programs become active, potential plasma donors will need to be confirmed for eligibility and referred to a donation center. Blood donation centers would then collect plasma units for use by hospitals under FDA-approved IND or emergency IND procedures. NM clinical researchers and the NMH Blood Bank are closely monitoring developments and opportunities for conducting a clinical trial against COVID-19.

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Thank you for your ongoing commitment to Northwestern Medicine. We sincerely appreciate the tireless efforts and collaboration of all NM physicians as we work together to respond to this pandemic. Please submit any questions you may have to [COVID-19MD@nm.org](mailto:COVID-19MD@nm.org).



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