Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the editor

Covid-19 convalescent plasma and SARS-CoV-2 viral variants

Dear Editor, we would like to share ideas on â€œLocally harvested Covid-19 convalescent plasma could probably help combat the geographically determined SARS-CoV-2 viral variants [1]â€? Raturi et al. concluded that â€œ*using COVID-19 convalescent plasma [CCP] harvested from the locally recovered*â€¦ [1]â€?. Indeed, the usefulness of convalescent plasma therapy is widely discussed. Theoretically, antibody-pathogen interaction is the basic therapeutic interaction. If a mutant does not occur at antibody binding site, there will not be any effect on therapeutic interaction. Nevertheless, a recent study showed that there might be distinct SARS-CoV-2 antibody reactivity patterns in convalescent plasma [2]. It is interesting to have a further study on background SARS-CoV-2 antibody reactivity pattern and therapeutic response to convalescent plasma in cases with SARS-CoV-2 viral variants.

Disclosure of interest

The authors declare that they have no competing interest.

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COVID-19 convalescent plasma therapy and immunodeficiency

Dear Editor, we would like to share ideas on the publication “COVID-19 convalescent plasma as long-term therapy in immunodeficient patients? [1].“Rnjak et al. concluded that “*Therapeutic approach based on convalescent plasma transfusion transformed a prolonged, active COVID-19 infection into a manageable chronic disease* [1].” The usefulness of plasma therapy in COVID-19 management is widely discussed. The immunodeficient cases might get advantage from convalescent plasma therapy. However, the risk should not be forgotten. Contamination in plasma is possible and it can cause a problem in an immunodeficient case. Hähnel et al. suggested that any blood during product for management of COVID-19 must undergo rigorous testing to ensure a high quality and safety [2]. Duan et al. noted that an important risk of plasma therapy is the transmission of the potential pathogen [3]. Standard protocols with pathogen inactivation technologies are important but it usually requires expensive infrastructures. Ferreira and Mostajo-Radji Noted that plasma-based COVID-19 treatment in low- and middle-income nations with little or no infrastructures could contribute a high risk of an HIV epidemic [4]. At present, there are limited data on pathogen contamination and most studies are on only HIV and hepatitis viruses [5]. Additionally, a recent report showed that plasma SARS CoV2 reduction, but not complete removal was observed after pathogen reduction process [6].

Comparing to plasma therapy, additional therapy by antiviral drug (such as favipiravir) and alternative drug such as hydroxychloroquine, are also available but the current evidences usually show a limited usefulness of those drugs and reevaluation of alternatives approaches for COVID-19 therapy is important. Based on a recent study using multicriteria decision-making techniques, plasma therapy seems to be superior to other alternative therapy. Nevertheless, there are still questions for plasma therapy. Using convaslescent therapy poses its risk and the risk might or might not increase in an immunodeficient subject [7]. Regarding risks and precautions in plasma therapy, Garraud et al. noted for a possible usefulness comparing to other alternative therapies [8]. Nevertheless, the reaction rate from plasma therapy still existed [5]. Garraud raised for an important consideration on standard safety guarantee and called for further clinical trials for verifying efficacy and safety of plasma therapy [9]. Risk-benefit analysis for using of convalescent therapy is still an interesting issue for further studies [6]. Risk of convalescent therapy is an important discussed bioethical issue at present [10].

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The authors declare they have no competing interest.

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Blood Donation during COVID-19 Vaccination drive - The Need for Concern

Dear Editor,

Donation of blood products and maintaining the blood reserves is a continuous and necessary element in sustaining the health of the community. However, merely in the absence of disease can healthy individuals donate blood or blood products in the regions wherever required in crisis situations like COVID 19. The maintenance of blood and blood products is a crucial component of the healthcare sector even in the pandemic time, which gets more crucial during these tough times due to the unavailability of donors owing to a number of reasons, thereby having a negative impact on the supply of the blood products [1]. As the number of people getting vaccinated goes up, there is a concern being raised on how the vaccine can affect the eligibility of blood donation and the concerning safety issues.

The United States Food and Drug Administration (US-FDA) apprises that the respiratory viruses probably are not found to be transmitted by transfusion of blood, and even there have not been any reported cases of transfusion-related transmission of COVID-19 cases worldwide. Standard measures and protocols routinely used to determine blood donor eligibility can prevent clinical respiratory infections from donating the blood [2]. There is a mixed opinion being brought up worldwide on the COVID-19 vaccine and blood donations. Some renowned organizations like the American Red Cross communicated that it is safe to donate blood even after getting vaccinated for COVID-19 [3]. Another opinion being raised is that some of the vaccines are made of inactivated killed and recombinant small RNA virus. So, there is no requirement of the deferral time after vaccination.

According to the latest instructions issued by the National Blood Transfusion Council (NTBC) under the Ministry of Health and Family Welfare (MoHFW), the deferral period of 28 days was reduced to 14 days after the last date of vaccination for the purpose of blood donation.This decision was taken as there's no live attenuated vaccine was available for the population in the country [4]. The studies in the United Kingdom by the Joint United Kingdom Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC), any person who received the vaccine in the UK vaccination programme must not donate blood before less than 7days after the recent vaccination, and the person who received vaccination outside the UK should refer to the deferral time for the type of vaccine, they have received [5].

Therefore, effective protocols and guidelines targeting prioritizing blood donation during COVID-19 vaccination should be made and popularized among the general population alongside creating awareness required. There would be an ongoing and continuous need for blood and blood product donation, even during times of COVID-19 vaccination. Effective monitoring of the need and supply of blood products with an adequate and prompt response is required to prevent the unexpected blood shortage. Hence, the governments and the organizations should drive and encourage the donors to meet the needs of health care delivery and maintain sufficient blood and its products during these times [5]. Individuals who are healthy and not yet vaccinated can gladly come forward to donate blood in areas where there is a requirement, thereby improving the blood reserves of that area. The organizations ensuring the blood storage should follow good safety standards and infection control measures, making sure the blood products are readily available for the people in need.

Disclosure of interest

The authors declare that they have no competing interest.

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