To The Editor: We thank Drs Franchini and Glingani for their letter in response to our recent Letter to the Editor entitled “Elevated Rate of HLA Antibodies in Male COVID-19 Convalescent Plasma Donors: A Risk Factor for Transfusion-Related Acute Lung Injury” and the safety data on COVID-19 convalescent plasma (CCP) transfusions they provided from their institution. As they noted, all of their CCP units were collected from recovered men or nulliparous women without a history of blood transfusion. Among the 516 CCP units administered, only a handful of mild allergic transfusion reactions occurred without any reported cases of transfusion-related acute lung injury (TRALI). These data align with the previously reported safety profile of CCP under the Food and Drug Administration’s Expanded Access Program (EAP), in which 20,000 CCP transfusions had an overall serious transfusion reaction rate of less than 1% and a TRALI reaction rate of 0.1%.2

Ultimately, the occurrence of TRALI from donor HLA antibodies (HLA-Abs) requires alignment between the donor’s HLA-Ab specificities and the recipient’s HLA alleles as well as the donor’s HLA-Ab being of sufficient strength in that particular blood product to elicit such a reaction. As such, only a subset of donated units that contain HLA-Abs will actually trigger TRALI in the recipient, so blood product HLA-Ab rates will exceed actual TRALI reaction rates.

The restriction of plasma products from specific donor populations or selective screening of certain donors for HLA-Abs has certainly reduced but not eliminated TRALI reactions.3 The current schema of screening previously pregnant female donors once since their last reported pregnancy is a balance between detecting HLA alloimmunization among those donors at highest risk and optimizing the product testing burden on blood collection centers. What matters ultimately, though, is whether sufficient HLA-Abs are present in a given transfusion product.

Our hospital-based blood collection facility’s decision to universally screen every single CCP donation for HLA-Abs (and thus detect the increased rate of HLA-Abs among our male CCP donors) was driven by both donor and recipient factors for this special blood product. On the donor side, all CCP donors have recently recovered from a viral infection. HLA-Abs are known to wax and wane over time, and infections stimulating HLA-Ab production have been reported.4,5 On the recipient side, CCP recipients under the EAP were required to have or to be at high risk for development of severe or life-threatening COVID-19 infection. Severe or life-threatening COVID-19 infection was largely defined under the EAP as having evidence of virus-induced lung injury. Given such a recipient population, there was concern that TRALI could be more easily missed compared with patient populations receiving routine plasma products.

We completely agree that larger studies are required to determine whether this male CCP donor HLA-Ab phenomenon is a more universal feature of recent recovery from SARS-CoV-2 viral infection or a local phenomenon at a single blood collection facility. To that end, we are currently completing a larger regional cross-sectional study of HLA-Ab positivity screening rates among male CCP EAP donors.

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Sucking Bruises in Infancy: A Mimicker of Child Abuse

To the Editor: Bruising is the most common manifestation of physical abuse, and in pre-mobile infants is frequently associated with serious concurrent injury or future risk for serious or life-threatening injuries. Other etiologies of bruising in pre-mobile infants include underlying medical conditions (eg, leukemia) and witnessed accidental events. Rarely, infants can...