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SUPPORTing high quality evaluation of covid-19 convalescent plasma throughout EUROPE

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SUPPORTING HIGH QUALITY EVALUATION OF COVID-19 CONVALESCENT PLASMA THROUGHOUT EUROPE

Reporting period: **July 2020 - December 2024**

Supporte

SUPPORTing high quality evaluation of covid-19 convalescent plasma throughout EUROPE

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To all Support-ers

During the first wave of the COVID-19 pandemic in 2020, the world painfully learned many common features of this terrible disease: its epidemiology, pathology, diagnostics and therapies, including COVID-19 convalescent plasma (CCP) from recovered patients. Experts were initially cautious about CCP use due to the lack of clinical evidence. The benefit seemed logical however, especially in the absence of specific antiviral drugs, triggering the collection of thousands of CCP units. Initial clinical studies and controlled use yielded evidence of its safety but conflicting data on its efficacy.

Clinical studies were conducted in multiple EU Member States to demonstrate the efficacy and safety of CCP. Unfortunately, there was an insufficiently coordinated approach across blood establishments (BE) and clinical centres to harmonise protocols and guidelines, standardise assays for plasma potency characterisation or validate clinical outcomes which are crucial to ensure that meaningful conclusions can be drawn.

The EU-funded project SUPPORT-E brought together major European business actors with world-leading research facilities to support high-quality clinical and scientific evaluation of CCP across the EU Member States. Through analyses of CCP data published in the scientific literature, coordinated assessment of antibody potency in CCP, data provision to the European CCP database and support for the clinical assessment of CCP, notably a randomised trial assessing the benefit of CCP in immunocompromised patients (**COVIC-19**), SUPPORT-E ultimately provided **recommendations** on the scientific and practical aspects of CCP donation, preparation and use in COVID-19, and on a possible approach to convalescent plasma therapy in future pandemics.

Dragoslav Domanović
Pierre Tiberghien

About SUPPORT-E

(SUPPORTing high quality evaluation of COVID-19 convalescent plasma throughout Europe)

The main goal of the SUPPORT-E project was to support to high quality clinical evaluation of CCP and provide evidence-based recommendations applicable throughout Europe in the existing and potential upcoming epidemiological outbreaks.

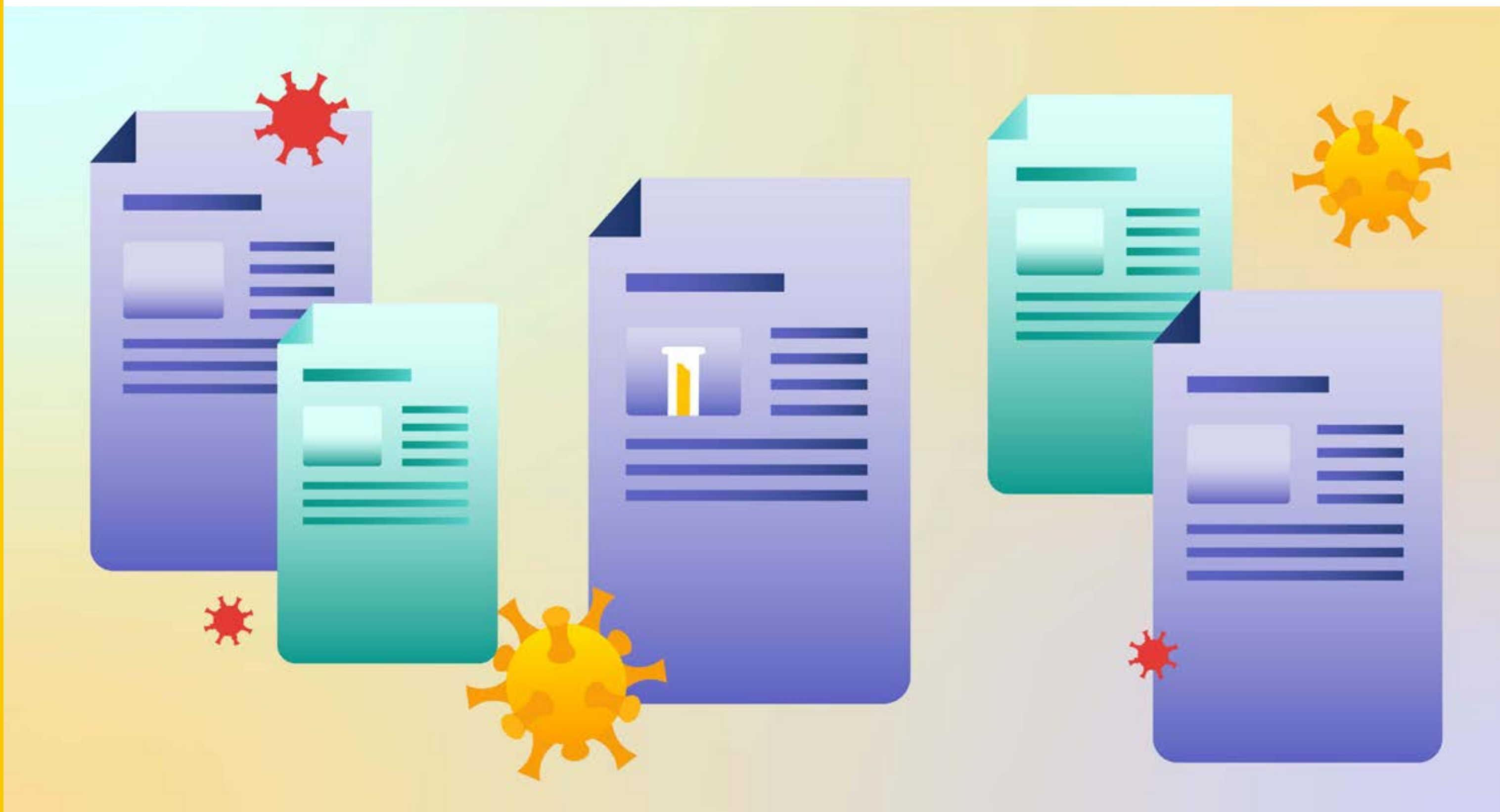
The **SUPPORT-E Consortium** comprised 12 partners led by the European Blood Alliance (EBA), the association of public and non-profit Blood Establishments, with 26 members throughout the European Union, United Kingdom and EFTA States that overall manage over 17 million blood, plasma and platelet donations per year.

About CCP

CCP is plasma collected from donors that have recovered from COVID-19 and contains antibodies that can neutralise infection by SARS-CoV-2 virus. Transfusion of CCP may improve the disease course of patients with COVID-19.

About EU-CCP Database

The European Commission worked with the EU Member States, the EBA and the SUPPORT-E Consortium to develop a platform that supports the study of CCP as a treatment option for COVID-19 patients. The platform also featured an open-access database that gathered and made available data on CCP donations and patient outcomes following transfusion with CCP. It included data from European blood establishments on CCP donors, CCP donation, CCP collection, and CCP antibody content, as well as patient outcome data from clinical trials and monitored access use. The aim was to consolidate evidence on the safety and effectiveness of CCP donation and therapy in European donors and patients.



GLOSSARY

Clinical trials
Studies performed to investigate the safety and/or efficacy of a medicine. For human medicines, these studies are carried out in human volunteers.

Monitored access use
The use of an unauthorised medicine outside a clinical study in individual patients under strictly controlled conditions. This helps to make medicines that are still under development available to patients.

Plaque Reduction Neutralisation Test (PRNT)
A manual laboratory test used to estimate the titre of antibodies in CCP that neutralizes SARS-CoV-2 infection.

Microneutralisation (MN) assay
A semi-automated laboratory test to quantify the titre of antibody in CCP that neutralizes SARS-CoV-2 infection.

Enzyme-Linked ImmunoSorbent Assay (ELISA)
A semi-automated laboratory test to quantify specific antibodies in CCP.

Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis
A tool for strategic assessments used to help an organisation to identify strengths, weaknesses, opportunities and threats related to completion of the project.

Substances of human origins (SoHO)
The term substances of human origin (SoHO) refers to various biological materials that can be derived from the human body and are intended for clinical application. It includes blood and blood components, tissues and cells and organs.

Gap Analysis
A particular kind of analysis that involves the comparison of actual performance with potential or desired performance.

WP 7 PROJECT MANAGEMENT

WP 6 DISSEMINATION AND EXPLOITATION

WP 1 REVIEWS OF ONGOING AND UPCOMING CLINICAL TRIALS

WP 2-3 ANALYSIS OF DATA COLLECTED IN EU-PLASMA-DATABASE

WP 4

DEVELOPING, CALIBRATING AND STANDARDISING NEUTRALISATION ASSAYS FOR THE CCP DONOR SELECTION

WP 2

COVIC-19 – PHASE III CLINICAL TRIAL TO EVALUATE THE EFFICACY AND SAFETY OF COVID-19 CONVALESCENT PLASMA IN THE TREATMENT OF COVID-19

The team used only high antibody titre CCP and patients were elderly, younger with co-morbidities, immunosuppressed patients.

WP 5

PRODUCE RECOMMENDATIONS ON CCP COLLECTION, CCP USE TO TREAT COVID-19, CONVALESCENT PLASMA USE TO TREAT NOVEL PATHOGENS

UPDATED RECOMMENDATIONS BASED ON THE RESULTS OF COVIC-19 CLINICAL TRIALS

WP 1 – Assessing CCP, conducting clinical evaluation and defining best practices

WP1 work focused mainly on the clinical evaluation of the most relevant clinical trials and monitored access programmes on CCP. To achieve this objective, an extensive electronic literature and guidelines search was performed in the **major online databases**.

For this task were reviewed:

- **18,218 articles**
  - 314 considered relevant
- **4,854 clinical studies**
  - 227 considered relevant
- **11,084 monitored access studies**
  - 200 considered relevant

Following this screening, a series of characteristics and practices of the various European and non-European protocols were collected, analysed and assembled into a document that lists the **criteria for a high-quality evaluation and selection** of clinical trials and monitored access programmes. These criteria were split into five sections (Study Selection, Donors Selection, CCP Selection, Patients Selection, Donors and Patients Adverse events) and were also classified for their degree of priority (mandatory, recommended, optional). After these assessments, WP1 team produced preliminary guidelines for the selection of high-quality clinical trials and monitored access programmes worthy of financial support. Based on these guidelines, WP1 identified clinical trials eligible to be supported by the project.

To ensure the findings were consistently comprehensive and up-to-date, the WP1 team amended the key words and search in response to the emergence of COVID-19 variants and the increasing diffusion of vaccination campaigns. This updated systematic analysis of the literature proved that the interest in the therapeutic **properties of CCP in different settings**, especially in immunocompromised patients, remains high.

WP 2 – Supporting high quality clinical evaluation and producing data-sets for inclusion in the database

After collaborating with WP1 in drafting the preliminary guidelines for the selection of high quality clinical trials on CCP, WP2 contacted selected trials to verify their availability to collaborate with SUPPORT-E. By analysis of evidence from clinical trials and monitored access use, the WP2 created **high-quality data sets** for the EU-CCP Database.

At the time of this report the trials contected were:

42 trials

- 28 randomised
- 14 non-randomised

A gap analysis was performed and regularly updated on all the information provided by the selected trials. The analysis established that the data collected did not provide information on a combined approach regarding the following aspects:

1. **Early treatment with CCP in patients not hospitalized due to COVID-19.**
2. **Treatment with high-titre CCP.**
3. **Targeted inclusion of patients who are particularly at risk for developing severe COVID-19 disease.**
4. **Impact of SARS-CoV-2 variants on the efficacy of CCP.**

The SUPPORT-E Consortium decided to support the development, implementation and conduct of the clinical trial **"Randomised Open-Label Trial of Convalescent Plasma Therapy in Clinically Vulnerable Individuals with Mild COVID-19"** (COVIC-19)", in order to fill all the gaps in data collected by previous trials. COVIC-19 started its enrolment in 2022 **Germany** and the **Netherlands** and **France** and has now been completed. WP2 also provided information and support to representatives of other clinical trials groups.

COVIC-19

COVIC-19 is a **randomised controlled clinical trial** designed to evaluate, with the highest scientific standards, the effectiveness and safety of CCP as an early treatment for immunocompromised COVID-19 patients. The study, supported and co-funded by the SUPPORT-E project, addresses the knowledge gaps identified by the project team.

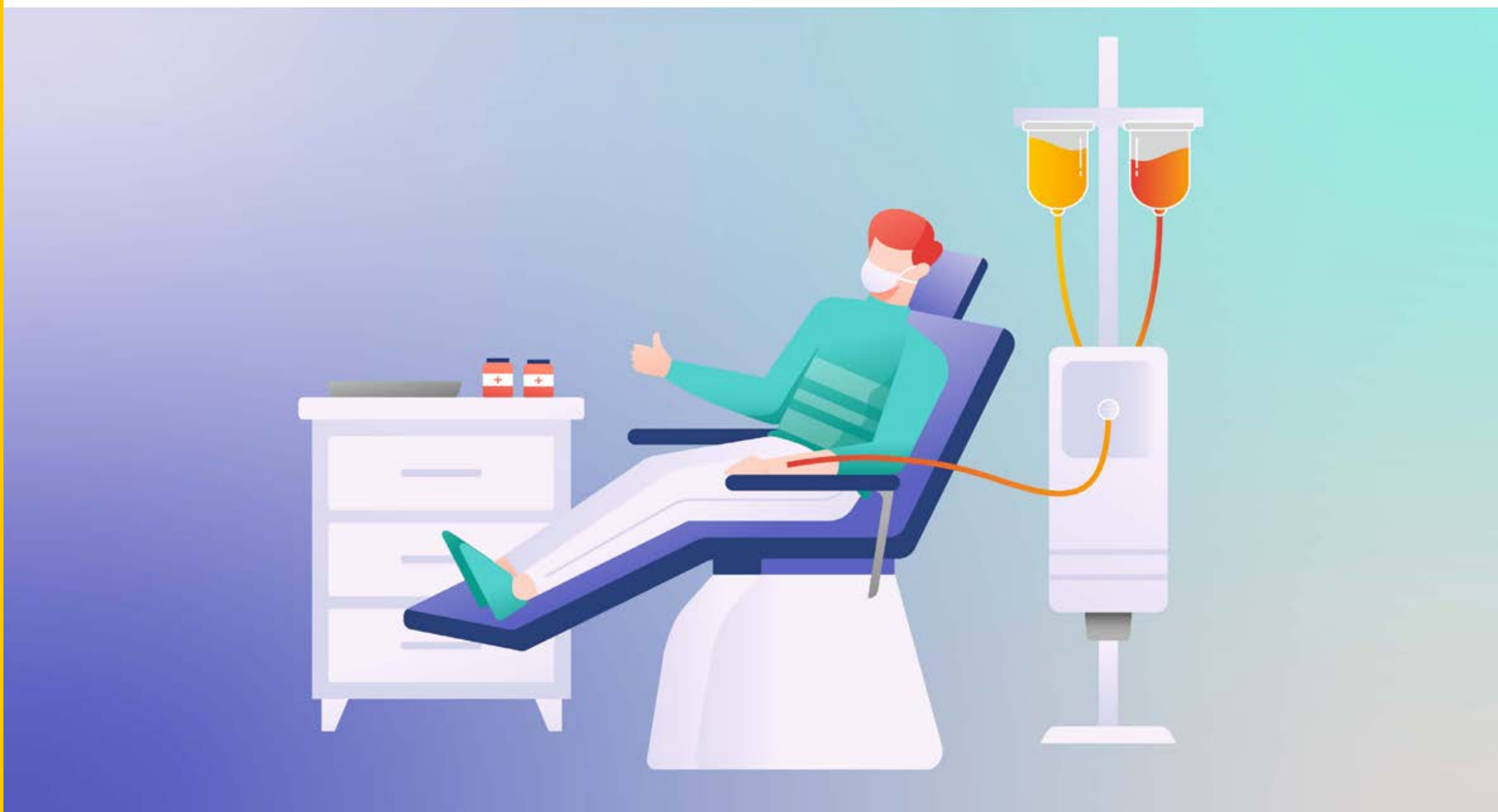
The trial enrolled:

- **120 patients** in Germany, France, and the Netherlands who met the following criteria:

1. **They had a confirmed COVID-19 infection.**
2. **They belonged to a vulnerable patient group (such as immunocompromised individuals).**
3. **They did not require hospitalisation for COVID-19 infection**
4. **They could start CCP treatment within 7 days of a positive SARS-CoV-2 screening test.**

The study **compared clinical outcomes** in immunocompromised patients who received standard care alone with those who received standard care and 2 units of CCP from convalescent, vaccinated donors with very high levels of SARS-CoV-2 antibodies, ≤ 7 days from symptom onset. Among them, 5 out of 58 (8.6%) patients who received only standard care required hospitalisation due to progressive COVID-19 symptoms and died. None of the patients who received standard care and the additional CCP units required hospitalisation. Thus, early administration of high-titre CCP can prevent hospitalisation or death in immunocompromised patients with mild COVID-19. The trial also confirmed that CCP was well tolerated and did not indicate any new safety issues when very high-titre CCP was administered to COVID-19 patients. Furthermore, the COVIC-19 trial demonstrated CCP-mediated passive transfer of anti-SARS-CoV-2 immunity while providing evidence that CCP treatment did not impact viral mutation rate in immunosuppressed patients.

The COVIC-19 trial provided evidence that **very high-titre CCP remains a viable immediate treatment option** for vulnerable immunocompromised patients who are at risk of progressing to severe disease. Furthermore, in the event of another pandemic, this study highlights the importance of conducting randomised trials at the early stage of the pandemic to define the efficacy of convalescent plasma for patients unable to mount their rapid immune response.



WP 3 – Govern the EU-CCP Database

The EU-CCP database has been developed by the European Commission (DG SANTE, DG DIGIT and DG CNECT) in collaboration with EBA and has been managed jointly by EBA and the European Commission. The activities within WP3 focused on addressing the management of the database, quality and monitoring of data, improvements of IT tools for accessibility, uploading of data, generating regular dashboards, as well as accrual monitoring and analysis. During the early stages of the project, the WP3 team defined that the following **types and categories of data** would have been collected by BEs:

1. **CCP collection policy and strategy for each BE.**
2. **Donation data – CCP collection and product characteristics.**
3. **Patient data - use of the CPP and clinical follow-up of recipients.**
4. **Data modelling and database structure.**

Then the WP3 team liaised with the BEs who have registered to the EU CCP Database to receive feedback on how to **optimise the registration process as well as on the submission of data**.

At the end of the project:

- **172,906 plasma donations** of COVID-19 convalescent donor from 16 European countries were recorded.
- The largest contributors were the **Netherlands (36%)** and the **United Kingdom (31%)**.
- The overall sex distribution showed a higher proportion of **male donations (65%)** compared to **female donations (35%)**.

The database also made it possible to **collect data related to CCP administration and associated clinical data**, although in a more limited way.

WP 4 – Improving plasma potency assessment

For those CCP collecting BEs who had access to laboratory tests for virus neutralization and/or antibody content (ELISA), the types and standards of available assays were unclear. In the initial phase of the project, WP4 aimed to **create an inventory** of BEs regarding access to and the types of antibody testing available across the EU. The WP4 team surveyed the EBA associated BEs and the principal investigators of clinical trials.

Then, after an evaluation of the **29 answers received**, WP4 team constructed and distributed **a panel of centrally prepared and characterised CCP samples** to calibrate laboratory tests.

This allowed the team to **compare laboratory test results across different assays used in different clinical trials**. WP4 provided support for SARS-CoV-2 testing to laboratories without access to testing. In addition, the performances of laboratories in testing for anti-SARS-CoV-2 antibodies were compared across 12 European laboratories (UK, Denmark, Norway, the Netherlands, Belgium, Spain, Estonia, France and Slovenia) involved in SUPPORT-E and convalescent plasma (CP) trials. This published work has helped to compare neutralising antibody content in plasma collected by different blood services across Europe.

The development of high throughput ELISA alternatives to live virus tests were explored by WP4 team. Furthermore, WP4 compared commercially available ELISA-based assays with plaque reduction neutralisation test (PRNT) or microneutralisation (MN) assays. This analysis that resulted in many peer reviewed publications suggested that some commercial ELISA assays may perform effectively as surrogate assays or serve as a reliable proxy for neutralisation antibody titre, and it has also helped to determine the antibody threshold to CCP supplied to ongoing multi-country COVIC-19 trial.

WP 5 – Developing recommendations and preparing for the future

In the early stages of the project, the WP5 team summarised data from completed randomised clinical trials conducted globally between March 2020 and December 2024; a series of 5 Cochrane living systemic reviews were published. This teamwork summarised findings for the use of CCP to prevent COVID-19; to prevent progression of disease in outpatients with mild disease; to treat patients in hospital with moderate to severe COVID-19; and for patients with moderate or severe disease that lack antibodies to SARS-CoV-2 or are immunocompromised. The latest versions of the reviews on **convalescent plasma** and **hyperimmune globulin** have not yet been published, but the data included in the reviews have informed the final recommendations.

The findings of the reviews enable us to recommend

- Against using CCP to prevent infection for uninfected individuals who have an intact immune system with close contact exposure to a person with COVID-19 (weak recommendation, low certainty evidence). We cannot make a recommendation for the preventive use of CCP in people with an impaired immune system because there is not enough data.

- Using early transfusion (within 7 days of onset of symptoms) of very high-titre CCP in addition to the usual standard of care for people who have an impaired immune system. Additional work is required to assess whether this is a cost-effective strategy.

- Against using CCP in addition to the usual standard of care for hospitalized patients who have already developed antibodies against the virus (strong recommendation, high certainty evidence). Available data suggests that administering CCP to hospitalized patients with COVID-19 who have either an impaired immune system or who have not yet developed antibodies against the virus may be beneficial. However, because there is not enough data, we cannot provide a definitive recommendation for its use in these patients.

The WP5 team, in collaboration with the Health Economics Research Centre (HERC) at the University of Oxford, also worked to determine costs for the implementation of a CCP programme. The HERC team developed a mathematical model to assist with understanding the financial resources required to establish a CP collection programme in response to a pandemic. Particularly, HERC focused on identifying the resources required to set up and run CP programmes across Europe and the key cost drivers of these programmes to identify lessons learnt for the use of CP during future pandemics. HERC used the UK as a test case to first establish the elements and framework for the model. Working closely with NHSBT, the pathways for collecting and manufacturing CCP were mapped, and then the resources required at each stage in the pathway to provide CCP in the UK were determined.

Data collection questionnaires were prepared to support the acquisition of data from twenty-one countries across Europe. Sufficient data were returned to enable analysis from nine European countries: Belgium, England, Finland, France, Italy, Norway, Portugal, Sweden and Switzerland.

The main findings were as follows:

1. **The key driver of costs was activities required for the collection of high titre CCP; an area that needs to be optimised.**

2. **Testing samples first before CCP collection with the provision of home testing kits could reduce the costs of this component by two-thirds.**

3. **The scale of CCP programmes and their costs varied significantly.**

4. **Costs were lower in countries where the infrastructure for apheresis plasma collection was already in place at the start of the pandemic.**

5. **The cost was also determined by the ability to use low titre CCP for general medical use including fractionation.**

Final Recommendations

Recommendations were developed to address different aspects of preparedness required for early use of CP during future outbreaks of SARS-CoV-2 or other novel pathogens. These recommendations were based on key learning points from WPs 1-5 and were updated following the results of the COVIC-19 trial.

Our general recommendations for the use of CCP in COVID-19 are:

- To use early transfusion (within 7 days of onset of symptoms) of very high-titre CCP in addition to the usual standard of care for immunocompromised patients. Additional work is required to assess the health economics of using CCP transfusion in addition to the usual standard of care in patients who are immunocompromised.
- Do not use CCP transfusion in addition to the usual standard of care for seropositive inpatients with COVID-19 who have antibodies against the virus (strong recommendation, high certainty evidence).
- If recommended for use, administer high-titre CCP exceeding a pre-specified threshold of anti-SARS-CoV-2 antibodies from super-immunized individuals (i.e., immunized by a SARS-CoV-2 infection + a vaccination).

The following points will contribute to the effective use of CCP:

- Expert and timely review of research proposals .
- Responsive and flexible funding as the pandemic evolves.
- Continued funding while valid and relevant scientific and technical questions remain to be answered.

1

Recommendations for CCP Collection in COVID-19 pandemic

To achieve the collection of plasma with very high neutralising antibody concentrations throughout the pandemic, the following is recommended:

- A central repository for equal access to viral sequences to facilitate the engineering of viral recombinants to improve the rate at which the serological assays are validated against functional assays.

- Co-ordinated collection of CCP to form plasma pools and standards from at least 30 donors that have been infected with the most recent SARS-CoV-2 variant.

- A central processing laboratory that provides the standard to testing laboratories in each jurisdiction to identify thousands of high titre CCP units across Europe.

- Early preparedness to develop serological assays with a wide dynamic range essential for CCP collected from vaccinated donors.

- A validated serological assay should be easier to standardise between laboratories than neutralisation assays, provided the features of equipment used in the testing laboratories are the same. This would ideally reduce the need for harmonisation factors

- Since antibody titres decline over time, first plasmapheresis should be started soon after very high antibody titres have been detected in a donor screening programme. In the case of donors with very high titres, repeat donations should be carried out at short intervals, provided that the donors agree and that national regulations permit this.

- The plasma volume collected per apheresis should be optimised (according to the "Guide to the preparation, use and quality assurance of blood components" of the European Directorate for the Quality of Medicines and national regulations

2 Recommendations for CCP use to prevent or treat COVID-19

- We recommend against using prophylactic CCP transfusion for uninfected individuals with close contact exposure to a person with COVID-19 (weak recommendation, low certainty evidence).

- We cannot make a suggestion regarding prophylactic CCP transfusion for immunocompromised patients – insufficient data.

- We recommend against using CCP transfusion in addition to the usual standard of care for immunocompetent outpatients with COVID-19 who have been vaccinated against COVID-19.

- We suggest using early transfusion (within 7 days of onset of symptoms) of very high-titre CCP in addition to the usual standard of care for immunocompromised patients.

- We suggest additional work is required to assess the health economics of using CCP transfusion in addition to the usual standard of care in patients who are immunocompromised.

- We suggest against using CCP transfusion in addition to the usual standard of care for seropositive inpatients with COVID-19 who have antibodies against the virus

- Available data suggests that CCP transfusion of immunocompromised (or seronegative) patients hospitalised with COVID-19 may be beneficial. However, due to insufficient data, we cannot provide a definitive recommendation for the use of CCP to treat immunocompromised (or seronegative) patients hospitalised with COVID-19.

- If recommended for use, administer high-titre CCP exceeding a pre-specified threshold of anti-SARS-CoV-2 antibodies from super-immunized individuals (i.e., immunized by a SARS-CoV-2infection + a vaccination).

3 Recommendations for future outbreaks of SARS-CoV-2 or other novel pathogens

The observations from a systematic review of trials using CCP to treat vulnerable patient groups and the experience from the COVIC-19 trial led WP5 to provide key learning points and recommendations for future outbreaks of SARS-CoV-2 and other novel pathogens.

3.1 A Future Pandemic and the Funding Response

Key learning points from COVID-19:

1. Unprecedented collaboration across blood services was achieved by a rapid response by funders.

2. The network of clinicians and scientists across Europe with expertise in systematic reviews, epidemiology, immunology, virology, and clinical trials allowed convalescent plasma therapies to be tested and evaluated.

3. The pandemic and the responses needed evolved rapidly.

4. Future pandemics are likely to have different epidemiology, clinical features and responses to immunological, chemotherapeutic therapies and adjunctive medical care.

Recommendations for a future pandemic:

- Support network of blood services and other experts to allow collection, testing, analysis, and trials of high-titre convalescent plasma.
- Establish expert and timely review of research proposals.
- Maintain responsive and flexible funding as the pandemic evolves.
- Continue funding while valid and relevant scientific and technical questions remain to be answered.

3.2 Collection of data on convalescent plasma use in a future pandemic

Key learning points from COVID-19:

1. The quality and utility of international data outside clinical trials have been of limited value because of restrictions on the use of personalised data and the many confounding factors that influence outcomes, including clinical status and pre-existing conditions of patients, demographic factors, viral variants and adjunctive care.

Recommendations for a future pandemic:

- Further work is needed to ensure analysis of existing data can be easily collated.
- Further work is needed to establish what data should be collected in the future to maximise the value of the data.
- Establish a national and/or European collection system of relevant and comparable data on convalescent plasma production and use early in the pandemic.

3.3 Reviews in a future pandemic

Key learning points from COVID-19:

1. A very significant amount of work by an expert team was needed to continuously review and analyse clinical trials data from hundreds of international clinical trials.
2. The systematic literature reviews on the use of convalescent plasma have been a very valuable resource for national and international authorities, blood services and clinicians.

Recommendations for a future pandemic:

- Establish systematic reviews for continuous analysis of the efficacy of monoclonal and polyclonal antibodies in randomised controlled trials for prophylaxis and therapy of pre-hospital, hospitalised and intensive care units patients.

- Establish expert and timely review of recommendations for the use of convalescent plasma (and other therapies).

3.4 Collection of convalescent plasma in a future pandemic

Key learning points from COVID-19:

1. Rapid and large-scale collection of convalescent plasma is possible and practical.

Recommendations for a future pandemic:

- We recommend that if apheresis plasma production infrastructure already exists, then this should have the capacity to upscale production to meet the demand for convalescent plasma.

- A sample-first policy is more cost-effective than collecting plasma and then testing to assess if high titre.

- Alternative uses for plasma that is not high titre should be sought – e.g., fresh frozen plasma, plasma for medicines (fractionation) or plasma for diagnostics if possible.

- The plasma volume collected per apheresis should be optimised (according to the “Guide to the preparation, use and quality assurance of blood components” of the European Directorate for the Quality of Medicines and national regulations

3.5 Testing in a future pandemic

Key learning points from COVID-19:

1. Many serological test kits were rapidly made available
2. Only a few specialised centres were able to provide accurate assays of neutralising antibodies.
3. Establishing the relationship between different serological assays and accurate assays of neutralising antibodies (nAB) required international collaboration.

Recommendations for a future pandemic:

- Establish plasma standards that can be calibrated to international standards from WHO (World Health Organization) or NIBSC (National Institute for Biological Care).
- Establish reliable virological assays for nAB to new variant variants in a few centres that include rapid assessment of new viral variants.
- Establish calibration between the different high-throughput serological available tests to enhance the resilience of the supply of testing kits.
- Provide quality control scheme and reagents for serological assays. some
- If vaccines are available during a pandemic, the screening programme should prioritise individuals with multiple immunisation events (vaccination and infection).

3.6 Clinical trials in a future pandemic

Key learning points from COVID-19:

1. Randomised controlled trials have provided the most reliable data for the efficacy of convalescent plasma.

2. Early use of high-titre plasma may produce better clinical outcomes.

3. There is evidence from trials that patients who are immunocompromised or who are seronegative may benefit from convalescent plasma.

4. Initial evaluation of convalescent plasma should focus on the transfusion of high titre convalescent plasma:

    - Early after symptoms start in vulnerable patients and

    - Throughout the course of the disease in immunocompromised patients

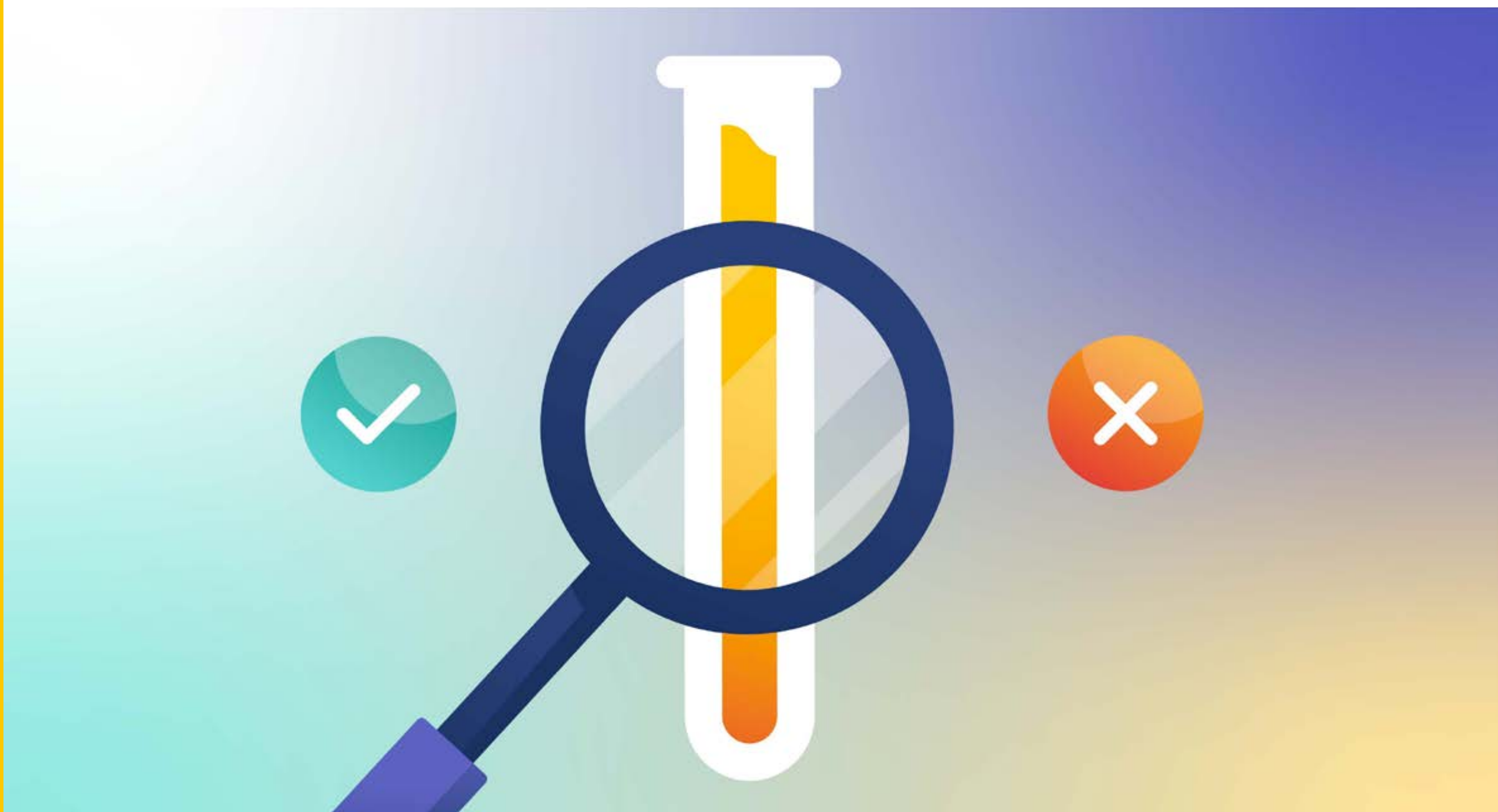
Recommendations for a future pandemic:

- Encourage and maintain international trial platforms for testing of CP.

- Support countries and sites to open sites for international trial platforms for example, like COVIC-19 and REMAP-CAP to gather definitive evidence as quickly as possible.

- Encourage enrolment of all patients receiving CP into adequately powered large-scale trials to examine the use of CP prophylaxis and therapy of pre-hospital, hospitalised and intensive care patients.

- Establish analysis of trials for sub-groups based on the most vulnerable groups, for example in this pandemic, older age, pre-existing disease, immunocompromised patients, and negative serological status.



WP 6 – Dissemination, exploitation and communication

In the early months, the WP6 team worked on the **visual identity**, as well as the **dissemination and exploitation plan**, to raise awareness about the SUPPORT-E project and its results. The logo, dedicated communication materials, and the official website were created, along with a promotional video that showcases the project and calls to action for all potential CCP donors. The WP6 team updated the dissemination plan during the subsequent phases of the project. Specifically, in the last update, the team focused on the sustainability actions that will be needed to disseminate the results of SUPPORT-E. Regarding media relations, three press releases were issued, and a layman's version of the open letter to WHO titled "COVID-19 Convalescent Plasma Should Be Further Investigated" was produced and disseminated through two specialized newsfeeds dedicated to science and health news, namely AlphaGalileo and EurekAlert. The WP6 team, in collaboration with the European Blood Alliance, organized a meeting held in Rome on 17 June 2022. The event was addressed to the project consortium, EC representatives, and key stakeholders.

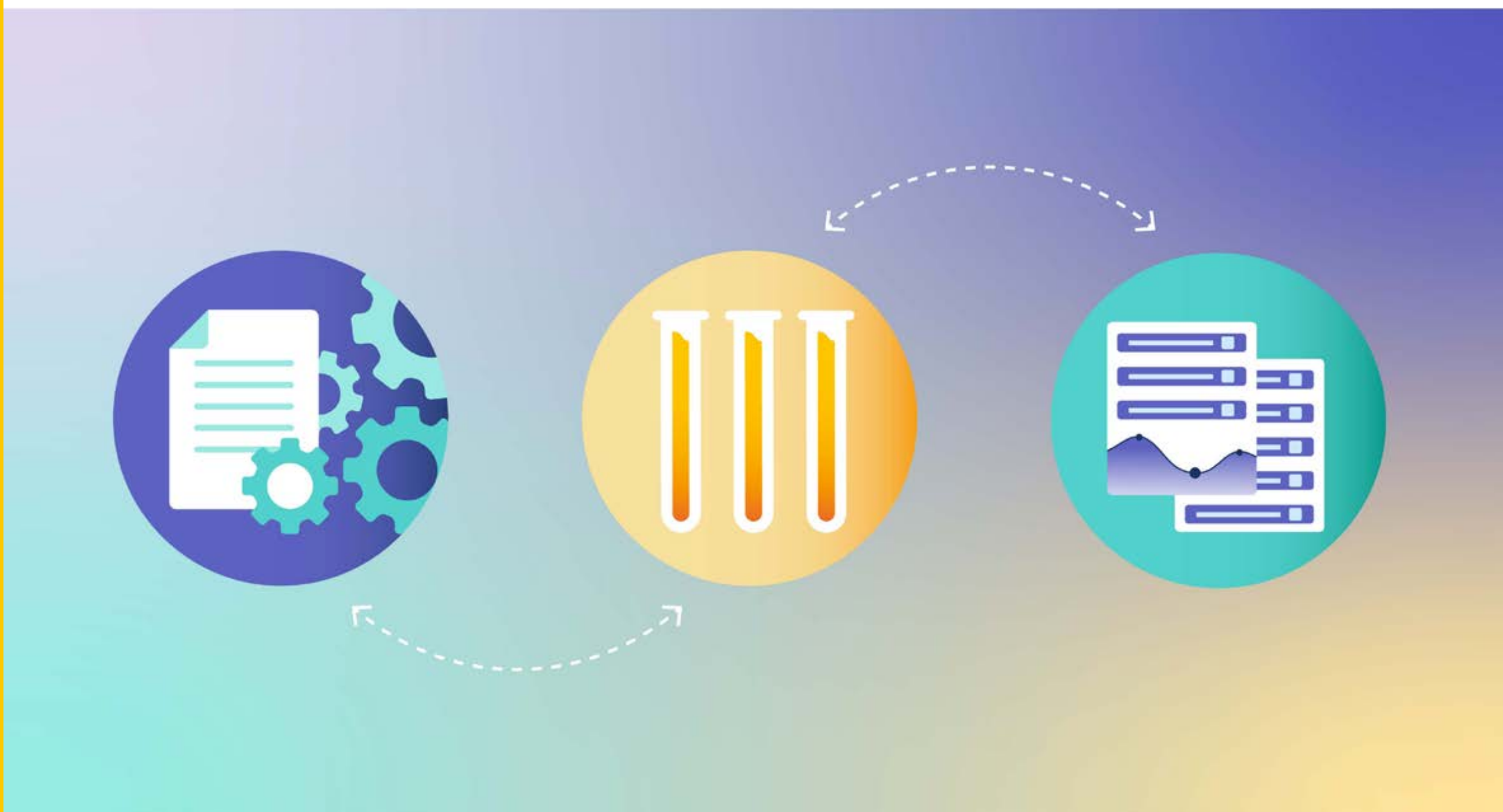
In 2023 a second promotional video was also presented. This new video focused on showcasing the state of the art of the project and presenting the COVIC-19 trial. A third video will soon be produced, focusing on the results of the COVIC-19 trial and the final set of recommendations produced by the WP5 team. In the last year of SUPPORT-E, the website underwent minor modifications that gave WP6 the opportunity to highlight the importance of the COVIC-19 trial.

WP6 team also produced the project newsletters and the layman's versions of the interim and final technical reports.

WP 7 – Project management

The European Blood Alliance, WP7 leader, ensured that **project implementation by the partners** has been compliant with the conditions outlined in the Grant Agreement and the Consortium agreement. The Coordinators also led the registration of Blood Establishments on the EU CCP Database. Lastly, WP7 team, together with WP2 and WP5 members, worked on an adaptation of the project due to the evolving nature of the COVID-19 pandemic. So EBA put together two Amendments with the approval of the Advisory Board, to extend the duration of the project initially by 12 months and then until the end of 2024.

EBA has managed the **project's financial, administrative and contractual activities** concerning the fulfilment of all obligations within the project in compliance with the general conditions and provisions set forth within the Grant Agreement.



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CONTACTS

www.support-e.eu

twitter.com/SupportEproject

info@support-e.eu

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