

Pharmacokinetics of High-titer Anti-SARS-CoV-2 Human Convalescent Plasma in High-risk

Children

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Supplemental Table 1. Study participants (recipients).

#	Sex	Age	Race / Ethnicity	Co-morbidities	Weight (kg)	Height / length (cm)	Time to plasma ¹ (days)	Recipient / Donor Blood type	Plasma dose (mL/kg)
1	M	9y	Hispanic	DICER1-associated parietal lobe sarcoma	44.6	141	5	O+/O+	5
2	F	3m	AA	Prematurity, acyanotic Tetralogy of Fallot, chronic lung disease, planned for corrective heart surgery	4.5	53	3	B+/B+	5
3	F	4y	Asian	Immunodeficiency associated with CARD 11 mutation, IVIG ² dependent	13.8	98	5	O+/O+	5
4	M	16y	White	Crohn's disease, receiving infliximab	64.3	172.9	4	A-/A-	4
5	M	16y	AA	Asthma	65.8	174	4	O+/O+	4
6	F	15y	White	Chromosome 18q deletion, CVID, IVIG ² dependent, chronic lung disease	25.4	135.9	5	O+/O+	5
7	F	5y	White	SMA type 1	12.5	88	5	O+/O+	5
8	M	17y	White	S/P Wilms tumor and BMT, asthma	49.1	162.5	5	A+/A+	4
9	F	6y	White	Prematurity, chronic lung disease, CVID, IVIG ² dependent	16.4	106.9	3	O+/O+	5
10	F	5y	White	Ataxia telangiectasia, IVIG ² dependent	19.1	102	7	O+/O+	5
11	M	13y	White	Cerebral palsy, epilepsy, pulmonary insufficiency	41.7	144.8	3	A+/A-	5
12	M	6y	AA	Caroli syndrome, ARPKD, liver and kidney transplant, tracheostomy	14.1	90	2	A+/A+	5
13	M	9y	White	Ataxia Telangiectasia, chronic lung disease	31.5	-	5	O+/O+	5

¹Time from symptom onset / exposure to administration of COVID-19 convalescent plasma. ²P#3 - received IVIG, 10 days before convalescent plasma and then every 3 weeks; P#6 - received SubQ-IG, 4 days before convalescent plasma and then every 7 days; P#9 - received SubQ-IG, 4 days before convalescent plasma and then every 7 days; P#10 - received SubQ-IG, 5 days before convalescent plasma and then every 7 days. F - Female; M - male; y - years; m - months; AA - African American; ARPKD - autosomal recessive polycystic kidney disease; BMT - bone marrow transplant; CVID - common variable immune deficiency; IVIG - intravenous immunoglobulin; SMA - spinal muscular atrophy.

Supplemental Table 2. Clinical presentation at study entry.

Recipient #	Infected children¹	1	2	3	4	5	6	7	8	9	10	11	12	13
SARS-CoV-2 NP RT-PCR	8 (100%)	Pos	Pos ²	Neg	Neg	Neg	Pos	Pos	Neg	Neg	Pos	Pos	Pos	Pos
Fever	8 (100%)	Y	Y	N	N	N	Y	Y	N	N	Y	Y	N	Y
Duration of fever (days)	3 days	3	3	NA	NA	NA	5	5	NA	NA	1	1	NA	2
Cough	6 (75%)	Y	N	N	N	Y	Y	Y	N	N	Y	Y	N	Y
Shortness of breath	4 (50%)	N	Y	N	N	Y	Y	Y	N	N	N	Y	N	N
Congestion and/or runny nose	3 (37.5%)	Y	N	N	N	Y	Y	N	N	N	Y	Y	Y	Y
Sore throat	1 (12.5%)	N	NA	N	N	Y	NA	N	N	N	Y	NA	N	N
Diarrhea	1 (12.5%)	N	N	N	N	N	N	N	N	N	Y	N	N	N
Vomiting	1 (12.5%)	N	N	N	N	N	N	Y	N	N	N	N	N	N
Headache	1 (12.5%)	N	NA	N	N	Y	NA	N	N	N	N	NA	N	Y
Rash	0 (0%)	N	N	N	N	N	N	N	N	N	N	N	N	N
Muscle aches	2 (25%)	Y	NA	N	N	N	NA	N	N	N	N	NA	N	Y
Loss of smell or taste	0 (0%)	N	NA	N	N	N	NA	N	N	N	N	NA	N	N
Hospitalization	5 (62.5%)	Y	Y	N	N	N	Y	Y	N	N	N	Y	N	N
Length of admission (days)	7 days	3	14	NA	NA	NA	4	7	NA	NA	NA	23	NA	NA
Admission to PICU	4 (50%)	N	Y	N	N	N	Y	Y	N	N	N	Y	N	N
Length of admission to PICU (days)	5 days	NA	4	NA	NA	NA	4	6	NA	NA	NA	6	NA	NA
Need for supplemental oxygen	4 (50%)	N	Y	N	N	N	Y	Y	N	N	N	Y	N	N
Need for non-invasive positive pressure ventilation	3 (37.5%)	N	N	N	N	N	Y	Y	N	N	N	Y	N	N
Other therapy for COVID-19	3 (37.5%)	N	N	N	N	N	Y ³	Y ³	N	N	N	Y ³	N	N

¹Children with positive SARS-CoV-2 PCR; Testing performed using research and/or clinically approved tests; ²Positive by clinically approved test only. N (%) or median days are presented. ³Remdesivir and dexamethasone. PICU – Pediatric Intensive Care Unit; NA - non-applicable.

Supplemental Table 3. Laboratory studies at presentation.

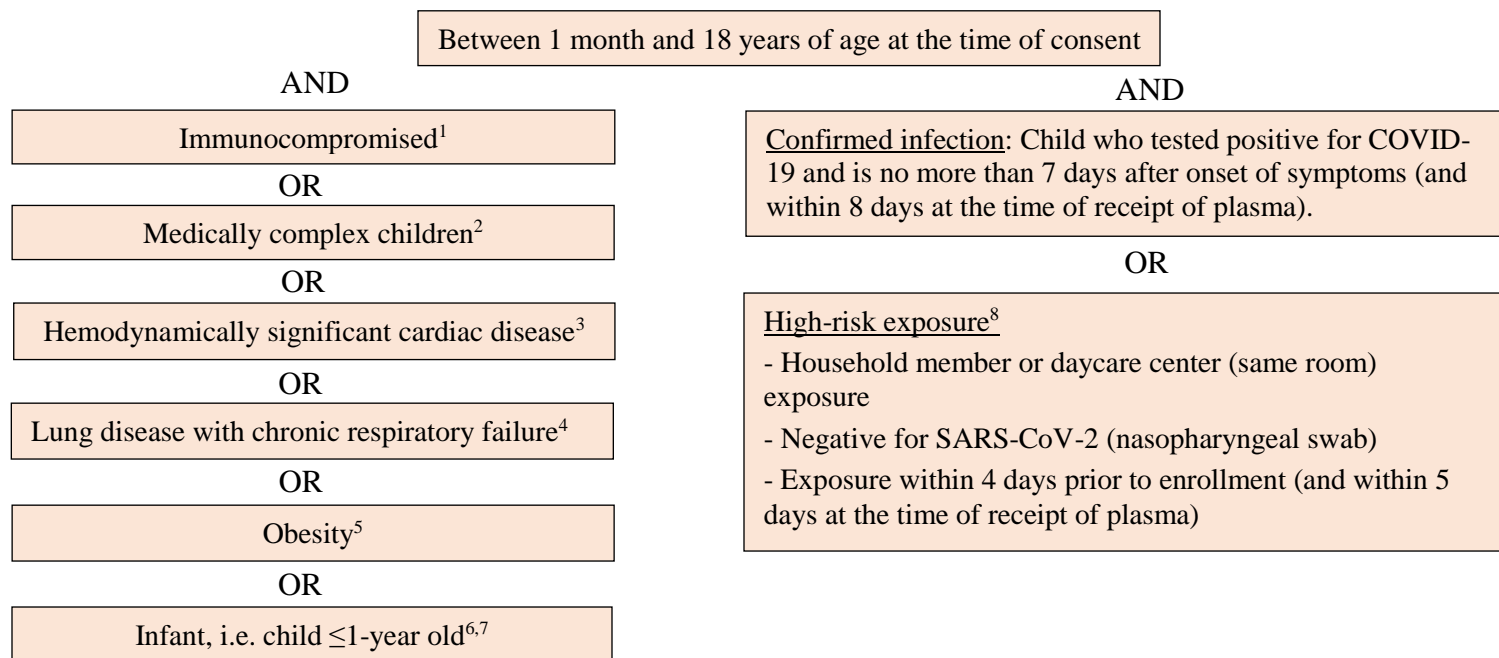
Recipient #	1	2	3	4	5	6	7	8	9	10	11	12	13
WBC (k/mm³)	2	12.41	28	5.28	4.78	18.78	13.08	6.82	5.12	3.74	8.18	8.78	4.69
HGB (g/dL)	6.6	15.2	10	14.2	15	14.6	13	14.6	10.5	13.1	15.2	12.8	14.4
Platelets (k/mm³)	46	321	184	208	309	264	361	288	251	225	166	526	292
Neutrophil Count (k/mm³)	1.82	4.59	2.25	2.65	2.1	18.02	8.41	3.6	1.05	2.22	6.88	4.32	2.23
Lymphocyte Count (k/mm³)	0.04	6.58	25.59	1.94	1.79	0.25	3.94	2.17	3.59	1.04	0.71	3.75	1.51
Sodium (mEq/L)	136	137	138	139	141	134	133	140	140	140	146	137	141
BUN (mg/dL)	11	10	10	14	16	6	3	17	14	12	9	8	7
Serum Creatinine (mg/dL)	0.5	0.2	0.2	0.6	0.9	0.3	0.2	1.1	0.3	0.3	0.4	0.3	0.3
ALT (U/L)	35	14	13	18	17	27	18	21	13	31	13	19	51
CRP (mg/dL)	NA	<0.1	NA	NA	NA	9.1	1.2	NA	NA	NA	5.3	NA	NA

ALT – alanine aminotransferase test; BUN – blood urea nitrogen; CRP – c-reactive protein; HGB – hemoglobin; NA – non-applicable; WBC – white blood cell count.

Supplemental Table 4. Follow up evaluation 7 to 60 days post-transfusion of convalescent plasma.

Recipient #	1	2	3	4	5	6	7	8	9	10	11	12	13
Fever	N	N	N	Day 10-12	N	N	N	N	N	N	N	N	N
Cough	Until day 9	N	N	Day 10-12	N	N	N	N	N	Until day 10	Y	N	N
Shortness of breath	N	N	N	N	N	Resolved at day7	N	N	N	N	Y	N	N
Congestion and/or runny nose	N	N	N	N	N	N	N	N	N	Y	Y	Y	N
Sore throat	N	N	N	Day 10-12	N	NA	N	N	N	N	NA	N	N
Diarrhea	N	N	N	N	N	N	N	N	N	N	N	N	N
Vomiting	N	N	N	N	N	N	N	N	N	N	N	N	N
Headache	Days 7-11	NA	N	N	N	NA	N	N	N	N	NA	N	N
Rash	N	N	N	N	N	N	N	N	N	N	N	N	N
Muscle aches	N	NA	N	N	N	NA	N	N	N	N	NA	N	N
Loss of smell or taste	Until day 11	NA	N	N	N	NA	N	N	N	N	NA	N	N
COVID related hospitalization	N	N	N	N	N	Until day 7	N	N	N	N	Until day 23	N	N
Need for supplemental oxygen	N	N	N	N	N	Until day 7	N	N	N	N	Until day 15	N	N
Need for non-invasive positive pressure ventilation	N	N	N	N	N	Until day 5	Back to baseline at day 7	N	N	N	Until day 6	N	N
¹SARS-CoV-2 NP RT-PCR	Neg at day 14	Neg at day 7	Neg	Pos at day 12 and 21	N	Missing data	Neg at day 34	N					

¹See Supplemental Figure 1B for additional details. NA – non-applicable.



¹Primary or acquired immunodeficiency e.g. recipient of a bone marrow or solid organ transplant in the last 12 months (or at any time if concurrent with graft-versus host disease), recipient of chemotherapy for a malignancy within the past 6 months, HIV with CD4 (<30% for ≤12 months old; <25% for 12–35 months; <20% for 36–59 months or <350 for all other ages), receiving immunosuppressive or immunomodulatory treatments (e.g., high-dose steroids [≥2 mg/kg/day of systemic prednisone or equivalent for ≥14 days], tacrolimus, sirolimus, cyclosporine, antithymocyte globulin - ATG, mycophenolate, methotrexate, etc.)

²Defined as children who has long-term dependence on technological support (including tracheotomy) associated with developmental delay and/or genetic anomalies (Shekerdemian LS, Mahmood NR, Wolfe KK, et al. Characteristics and Outcomes of Children With Coronavirus Disease 2019 (COVID-19) Infection Admitted to US and Canadian Pediatric Intensive Care Units. *JAMA Pediatrics* 2020)

³Hemodynamically significant cardiac disease (e.g., congenital heart disease)

⁴Lung disease with chronic respiratory failure (e.g., patients with asthma, cystic fibrosis, bronchiectasis, chronic lung disease of prematurity, tracheostomy / ventilator dependency, restrictive lung disease, severe neuromuscular disease, etc.)

⁵Defined as a body mass index (BMI) ≥95th percentile for children and teens of the same age and sex (CDC. "Defining Childhood Obesity" <https://www.cdc.gov/obesity/childhood/defining.html>. 2018; 3 July. CDC. "People with Certain Medical Conditions" <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> 2020; 30 July).

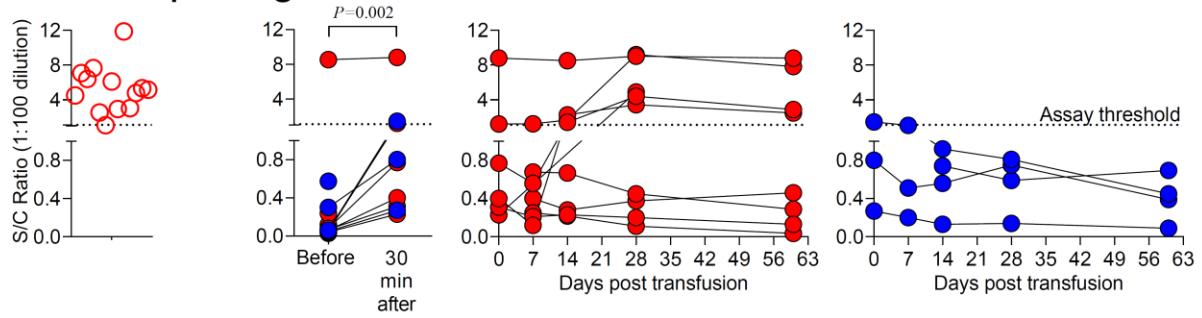
⁶CDC. Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm?s_cid=mm6914e4_e&deliveryName=USCDC_921-DM25115 2020.

⁷Dong Y, Mo X, Hu Y, et al. Epidemiological Characteristics of 2143 Pediatric Patients With 2019 Coronavirus Disease in China. *Pediatrics* 2020; e20200702.

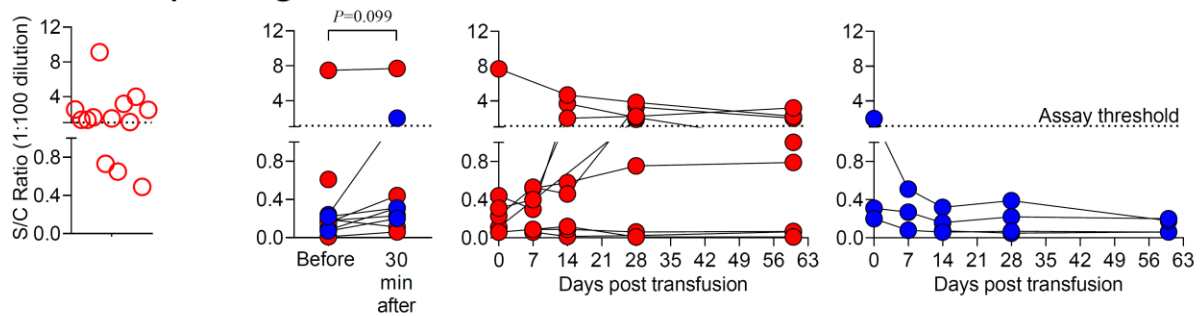
⁸All criteria below should be met

Supplementary Figure 1. Eligibility criteria

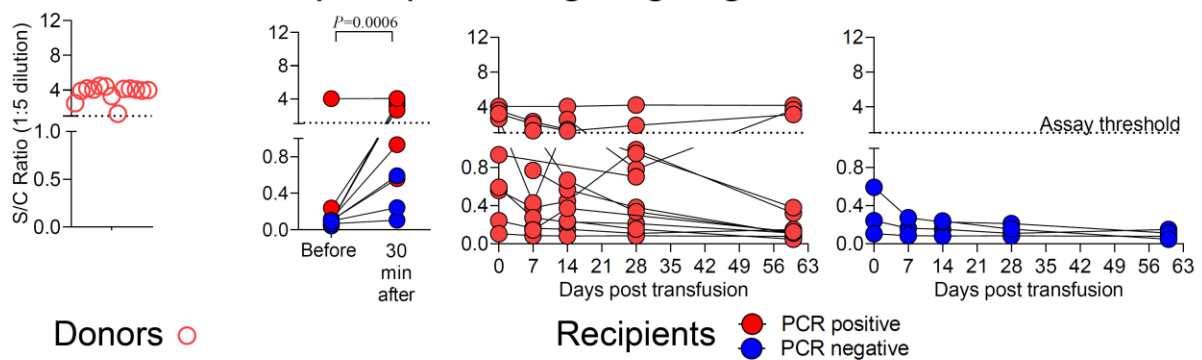
A Anti-spike IgG



B Anti-spike IgA



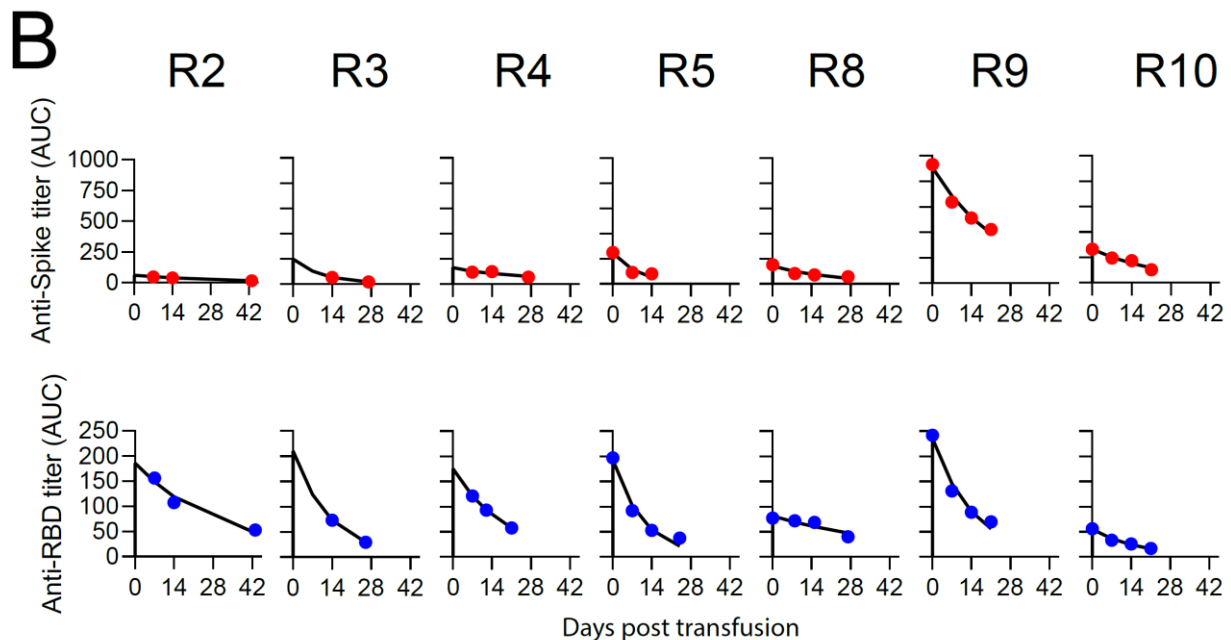
C Anti-nucleocapsid protein IgM/IgA/IgG



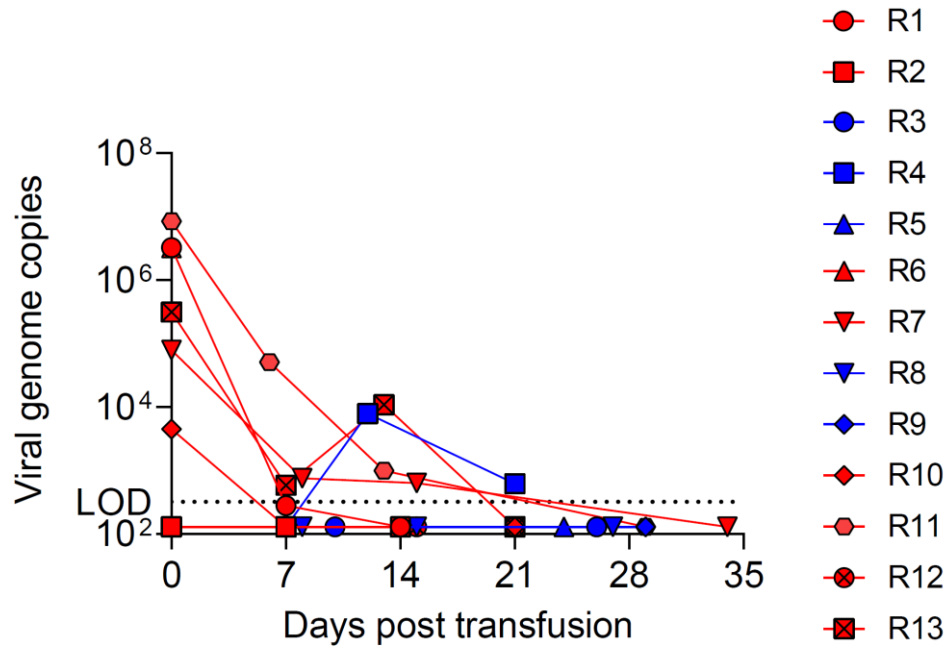
Supplementary Figure 2. Antibody titers in donors and recipient plasma measured by commercial assays. Results presented as signal to cut-off ratio (S/C). Recipients are graphed separately based on SARS-CoV-2 positivity, with those PCR negative (blue) on far right. Anti-spike IgG (A) and IgA (B) antibodies measured by ELISA (Euroimmun, Lubeck, Germany). Y-axes are segmented to demonstrate the manufacturer recommended assay thresholds: negative (S/C ratio < 0.8), borderline, (S/C ratio ≥ 0.8 & < 1.1) or positive (S/C ratio ≥ 1.1). (C) Anti-nucleocapsid (N) IgM/IgA/IgG measured using EIA (BioRad Platelia, Marnes-la-Coquette, France). Y-axes are segmented to demonstrate the manufacturer recommended assay thresholds: negative (S/C ratio < 0.8), borderline, (S/C ratio ≥ 0.8 & < 1.0) or positive (S/C ratio ≥ 1.0). For all assays, $n=13$ pairs of donors and recipients. A two-tailed Mann-Whitney U test was used to compare donor to recipient titers and recipient titers before and 30 minutes after transfusion. The corresponding p -values are shown.

A Summary of PK analysis

	Weight (kg)	Anti-Spike IgG		Anti-RBD IgG	
		CL (AUC/day)	T _{1/2} (days)	CL (AUC/day)	T _{1/2} (days)
R2	4.49	1.05	22.9	0.74	21.5
R3	13.8	0.77	7.3	1.1	9.2
R4	64.3	1.68	18.6	0.98	13
R5	65.8	1.73	6.3	2.05	7.6
R8	49.1	0.86	15.5	0.73	34.3
R9	16.4	3.24	17.2	0.49	10.1
R10	19.1	0.67	17.7	0.49	11.8



Supplementary Figure 3. Pharmacokinetic (PK) analysis of antibody titers in recipients. (A) Model predicted PK characteristics. Clearance (CL) and half-life (T_{1/2}) of anti-spike and anti-RBD IgG were estimated using two stage analysis. (B) Individual predictions of anti-spike and anti-RBD IgG from PK analysis. Red and blue dots represent the observed titers and black lines present the predicted time course of titers.



Supplementary Figure 4. Quantitative SARS-CoV-2 PCR. Nasopharyngeal swabs were taken on the day of and weekly following plasma administration for up to 4-5 weeks. Viral genome copies are shown for each recipient (red for PCR-positive and blue for PCR-negative). For recipients R2 and R12, a clinical (non-quantitative) SARS-CoV-2 PCR was positive at day 0. LOD – limit of detection.