Position statement on ineffective and inappropriate use of plasma derived IgG preparations to prevent SARS-CoV-2 infection

And

Appeal by ALLSA (Allergy Society of South Africa) and PIDDSA (the Primary Immunodeficiency Working Group of ALLSA) for DOH and SAHPRA to prevent the inappropriate use of plasma derived IgG for prevention or treatment of SARS-CoV-2 infections

Plasma derived IgG (e.g. Polygam®, Intragam® & Beriglobin®) for immunoglobulin replacement therapy (IRT) is a limited resource which is essential and life-saving for patients living with primary and secondary immunodeficiency. Whilst IRT provides protection against a wide range of infections, no current immunoglobulin product contains anti-SARS-CoV-2 specific antibodies, hence it does not confer immunity against coronavirus.

1. IRT, at any dose or route of injection (intramuscular, subcutaneous or intravenously) should not be used by the general population as an “immune booster” against COVID-19.

2. Although patients with certain immunodeficiencies already receiving IRT may be at increased risk of infection or severe COVID-19 disease, there is no evidence to date that more frequent or higher dosing of immunoglobulin will offer more protection.

3. For patients with primary or secondary immunodeficiency whose condition does not require regular IRT, there is no need to start immunoglobulin therapy due to the risk of COVID-19.

ALLSA and PIDDSA are deeply concerned about the current inappropriate use of plasma derived IgG as an immune booster against SARS-CoV-2 and the consequences that stock shortages of these products will hold for patients in real need who have no alternative therapy.

We call on regulatory bodies and prescribers for the judicious use of plasma-derived IgG at this time of the COVID-19 outbreak to ensure against stock shortages and any unnecessary morbidity or loss of life.

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