In the commentary\textsuperscript{1} accompanying the Sullivan et al. COVID-19 convalescent plasma (CCP) trial\textsuperscript{2}, the authors assert that antibodies to human common cold coronaviruses (hCCCoV) in control plasma could have harmed control group subjects. They cite a study suggesting that hCCCoV infection biases subsequent SARS-CoV-2 responses toward non-neutralizing SARS-CoV-2 antibodies\textsuperscript{3}. This is, however, a B cell activation phenomenon that is not applicable to passive immunization such as plasma administration. In fact, a separate patient study found lower ICU admission rates and higher survival in patients with hCCCoV infection history\textsuperscript{4}. Based on these studies, it is instead quite possible that control plasma tends to prevent, not cause, severe COVID-19, leading Sullivan et al. to underestimate the beneficial effect of CCP therapy.

Given that plasma and other blood products are transfused daily in every hospital, the suggestion that normal human plasma worsens COVID-19 should not be made lightly. The totality of evidence from studies with and without plasma control groups is most consistent with an absolute benefit from FDA-qualified CCP, given early in disease, or to immunosuppressed patients.

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