

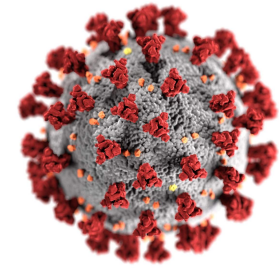


Bioanalytical solutions in support of the COVID-19 pandemic

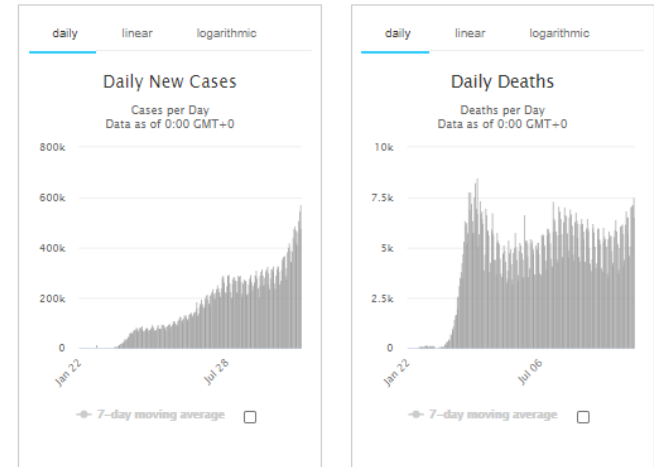
***Presenter: Joanne Goodman
on behalf of EBF***

Open Symposium
November 2020

2020 the year that changed the world



- Late December 2019 a novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was first reported in Wuhan, China
- Classified as an epidemic and subsequently a pandemic by the WHO
- Currently affecting 216 countries and territories around the world and 2 international conveyances
- Scientific communities mobilised swiftly
- Urgent need for tests, effective drugs and vaccines



<https://www.worldometers.info/coronavirus/>

PubMed.gov

COVID-19

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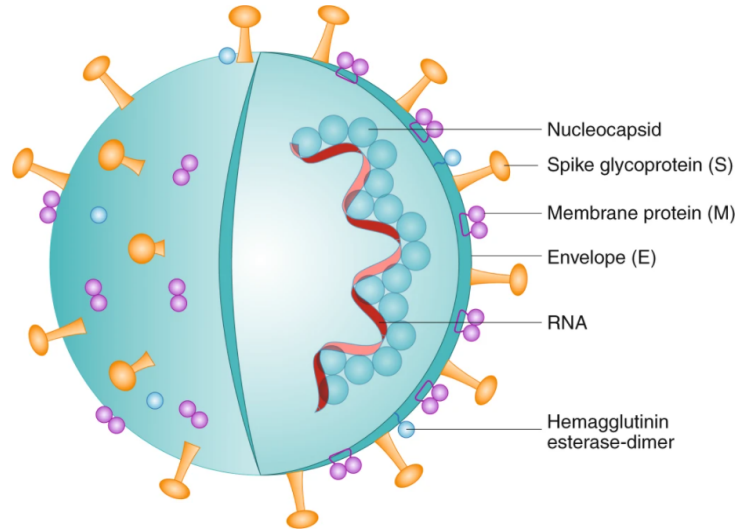
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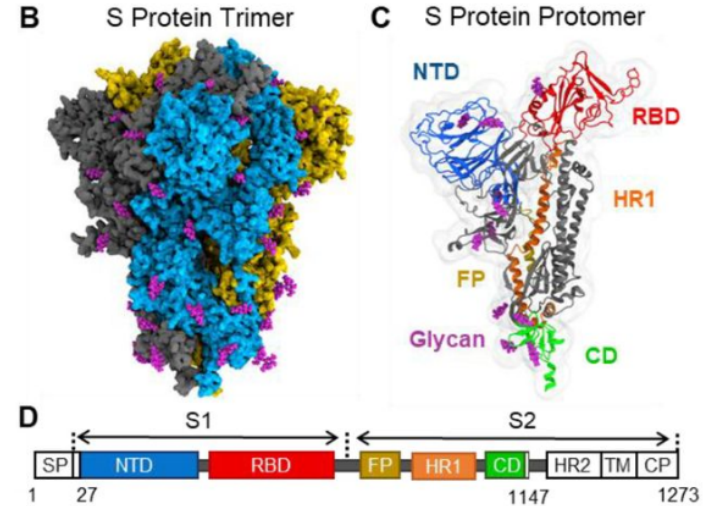
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71,713 results

Structure of SARS-CoV-2 and Spike Protein Trimer



Schematic representation of SARS-CoV-2 structure. This is an enveloped, positive-sense RNA virus with four main structural proteins, including spike (S) and membrane (M) glycoproteins, as well as envelope (E) and nucleocapsid (N) proteins.



Florindo, H.F., Kleiner, R., Vaskovich-Koubi, D. *et al.* Immune-mediated approaches against COVID-19. *Nat. Nanotechnol.* **15**, 630–645 (2020). <https://doi.org/10.1038/s41565-020-0732-3>

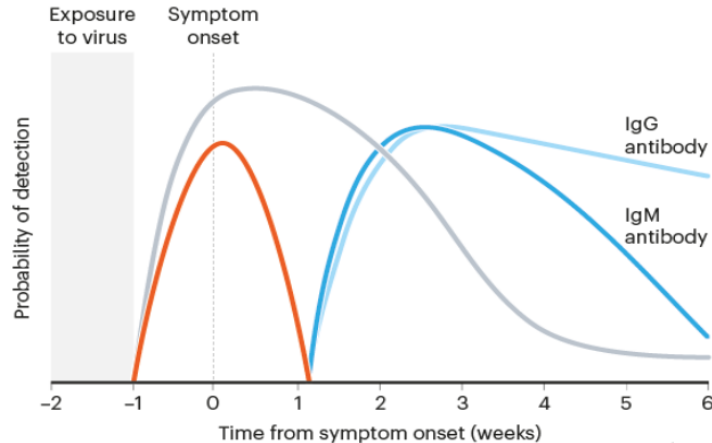
Mert Gur, Elhan Taka, Sema Zeynep Yılmaz, Ceren Kilinc, Umut Aktas, Mert Golcuk *bioRxiv* 2020.04.17.047324; doi: <https://doi.org/10.1101/2020.04.17.047324>

Detection of SARS-CoV-2 virus and antibody responses

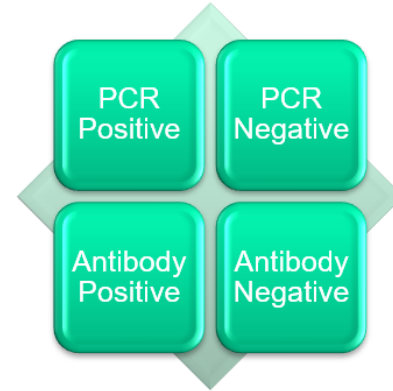
CATCHING COVID-19

Different types of COVID-19 test can detect the presence of the SARS-CoV-2 virus or the body's response to infection. The probability of a positive result varies with each test before and after symptoms appear.

- PCR-based tests** can detect small amounts of viral genetic material, so a test can be positive long after a person stops being infectious.
- Rapid antigen tests** detect the presence of viral proteins and can return positive results when a person is most infectious.
- Antibody tests** detect the body's immune response to the virus and are not effective at the earliest phase of infection.

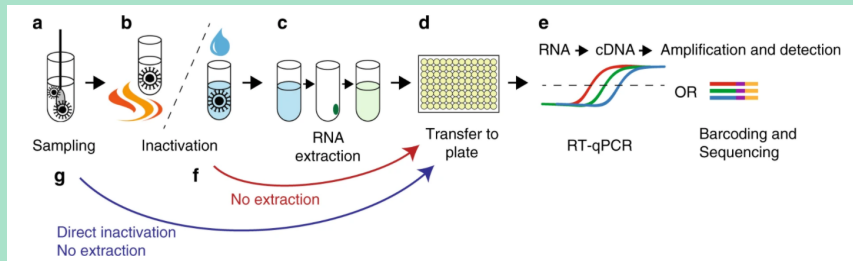


©nature



Virus detection

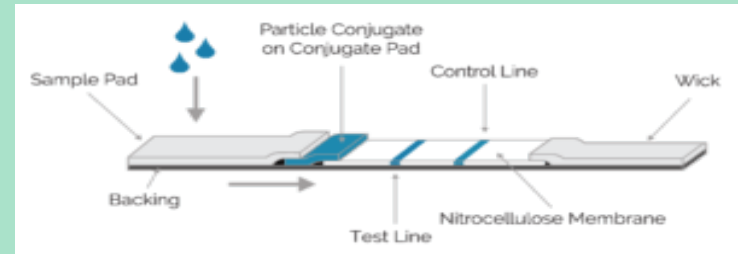
PCR methods



Nature Communications volume 11, Article number: 4812 (2020)

- Results take a few hours
- Reporting make take a few days
- Result is only as good as the day that the test is taken

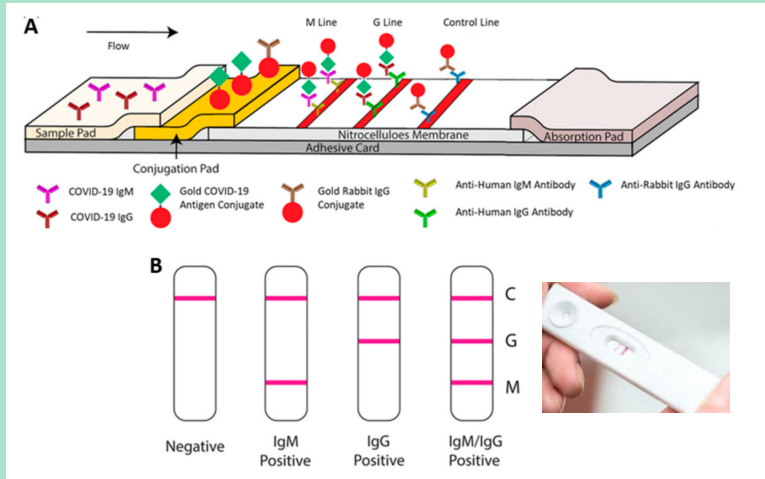
Rapid Antigen Tests (Point of Care Tests)



- Performed alongside the patient
- Results within 15-30 minutes
- Usually less sensitive than PCR
- Good for high viral loads
- Useful if no access to PCR methods

Antibody responses (serology)

Lateral flow assay (Point of Care Test)

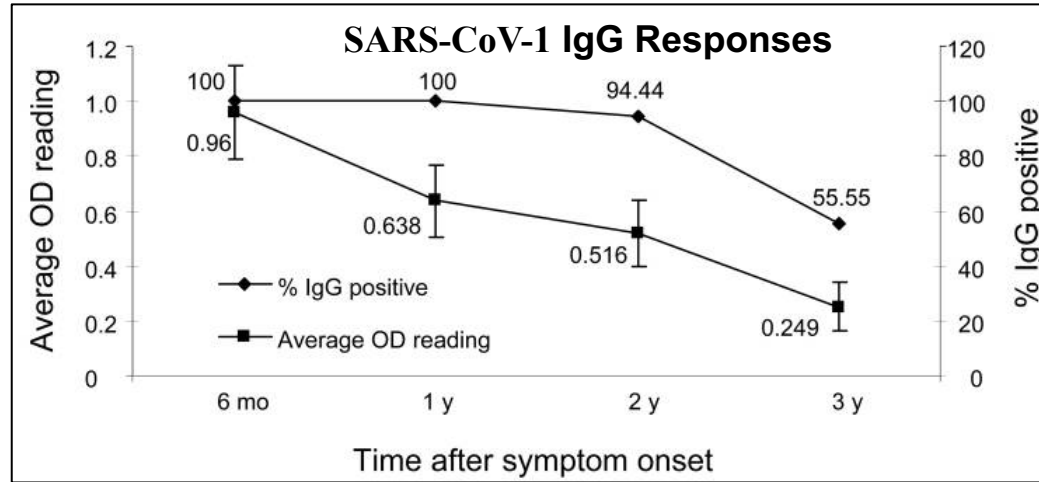


J. Clin. Med. **2020**, 9(10), 3372; <https://doi.org/10.3390/jcm9103372>

Other methods:

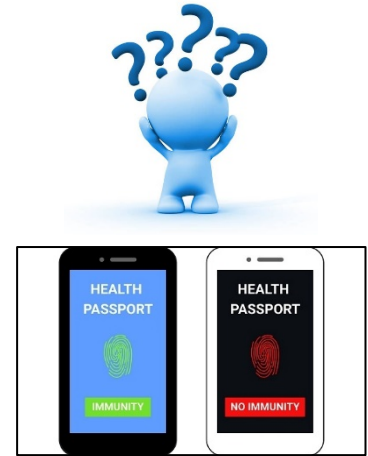
- Immunoassay methods
 - May differ in the antigen used or the assay format (ELISA, ECL etc.)
- Flow based methods
 - Immunoglobulins
 - T cell responses
 - B cell responses

Still much to learn about immunity



Li-Ping Wu *et al.* Emerg Infect Dis. 2007 Oct; 13(10): 1562–1564.

- Which antigen is the best for neutralising responses?
- Will a vaccine confer long-term immunity?
- Will COVID passports become reality?

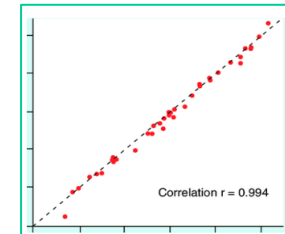


Such assays are diagnostic tests

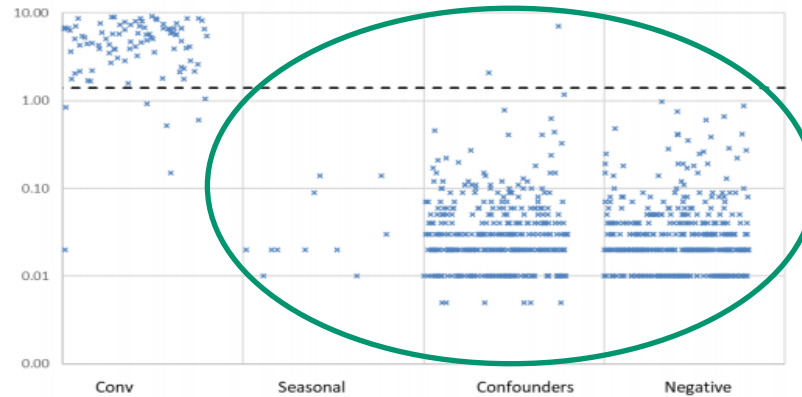
- Diagnostic tests and therefore validation looks different from typical BMV
 - For serology assays assay thresholds are not set in the same way as immunogenicity cut points
- Sensitivity (% true positives) and specificity (% true negatives) using blinded sample sets
- Serology:
 - ≥98% sensitivity ≥20 days post symptoms
 - ≥98% specificity >6 months before the pandemic
- Concordance of data between testing labs

<p><small>Contains Nonbinding Recommendations</small></p> <p>Policy for Coronavirus Disease-2019 Tests During the Public Health Emergency (Revised)</p> <p>Immediately in Effect Guidance for Clinical Laboratories, Commercial Manufacturers, and Food and Drug Administration Staff</p> <p><small>Document issued on the web on May 11, 2020.</small></p> <p><small>This document supersedes: Policy for Diagnostic Tests for Coronavirus Disease-2019 during the Public Health Emergency; Immediately in Effect Guidance for Clinical Laboratories, Commercial Manufacturers, and Food and Drug Administration Staff issued May 4, 2020.</small></p>	<p><small>Medicines & Healthcare products Regulatory Agency</small></p> <p>MHRA</p> <p>TARGET PRODUCT PROFILE</p> <p>Antibody tests to help determine if people have immunity to SARS-CoV-2</p> <p><small>Issued by MHRA</small></p> <p>Version Control</p> <table border="1"> <tr> <th>Version</th> <th>Description</th> </tr> <tr> <td>1.0</td> <td>Initial document</td> </tr> <tr> <td>1.1</td> <td>Changes to specifications</td> </tr> <tr> <td>1.2</td> <td>Changes to introduction</td> </tr> </table>	Version	Description	1.0	Initial document	1.1	Changes to specifications	1.2	Changes to introduction
Version	Description								
1.0	Initial document								
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		Sample type	
		Positive	Negative
Immunoassay test result	Positive	True positive (TP)	False positive (FP)
	Negative	False negative (FN)	True negative (TN)
		Sensitivity	=TP/(TP + FN) * 100%
		Specificity	=TN/(TN + FP) * 100%



PHE evaluation of serological assays show potential of false positives/cross reactivity



Test	Specificity	Sensitivity >21 days	Antigen
Ortho	99.5%	93.5%	Spike
<u>EuroImmune</u>	99.0%	74.7%	Spike
<u>Diasorin</u>	97.7%	71.4%	S1, S2
Beckman Coulter	99.3%	79.2%	RBD
Siemens	100%	92.4%	RBD
Abbott	100%	93.5%	NP
Roche	100%	86.7%	NP

RBD: receptor binding domain
NP: nucleocapsid protein

Data compiled from: <https://www.gov.uk/government/publications/covid-19-laboratory-evaluations-of-serological-assays>

Figure 3: Scatterplot of all samples according to sample group.

<https://www.gov.uk/government/publications/covid-19-laboratory-evaluations-of-serological-assays>

Looking to the future

- Better access to testing
 - Such tools may be useful to allow “COVID secure” workplaces when combined with measures such as regular hand washing, physical distancing, wearing of masks and temperature monitoring
- Better understanding of immune responses
- Assessment of mutations in the virus and infectivity
- Repurposing and novel drugs to improve clinical outcomes
- The availability of one or even multiple vaccines
 - Logistical issues in vaccination of 8 billion people
 - Willingness of the population to be vaccinated





European Bioanalysis Forum vzw

Email: info@e-b-f.eu

Website: www.e-b-f.eu