



UK Health
Security
Agency

Accurate diagnostics as part of metrology readiness for potential future pandemic events

CCQM

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16th November 2022



Recent emerging viruses

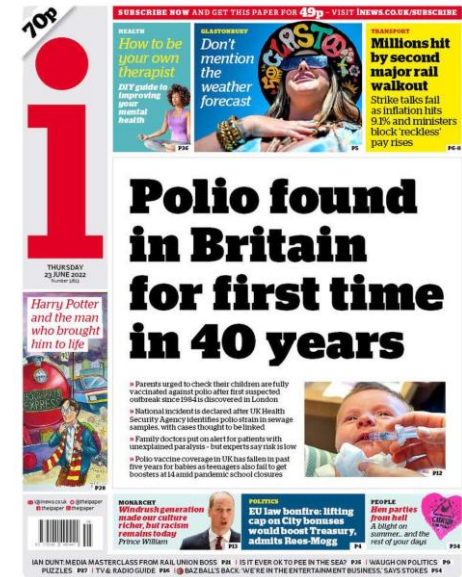
2020 SARS-CoV-2 (RNA)



2022 Hepatitis of unknown aetiology



2022 Polio (RNA)



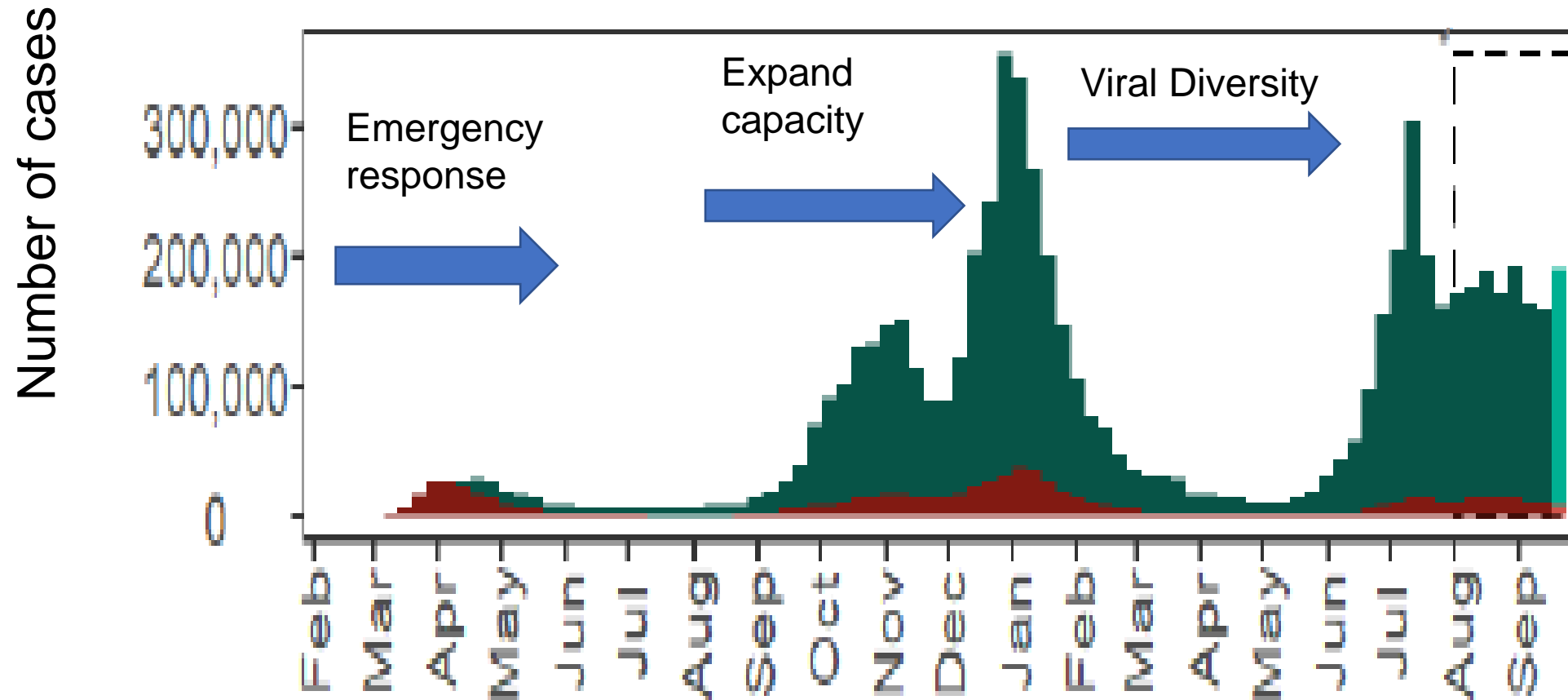
2022 Monkeypox (DNA)



WHO chief: Monkeypox is a global emergency
 White House says spread in US can be contained

New Virus emergence Challenges for Diagnostics

Not every emerging virus leads to a pandemic, but the problems of diagnostic preparedness remain the same in the early stages



<i>Phase of response</i>	<i>Challenge</i>	<i>Metrology readiness</i>
Emergency New Virus Detected	New tests New reagents Quantitated Standards Industry support for scale up	<ul style="list-style-type: none"> • Methodologies & platforms that can rapidly adapt for provision of reagents • Route for liaison to industry to provide standards
Expanding Capacity	Standards in quantity Panels of commutable materials	Scale up methods Documents & protocol templates
New variants	Industry response to new variants	Development of processes to help industry
Business as Usual	Improve preparedness	Methodology development Rehearsing capabilities



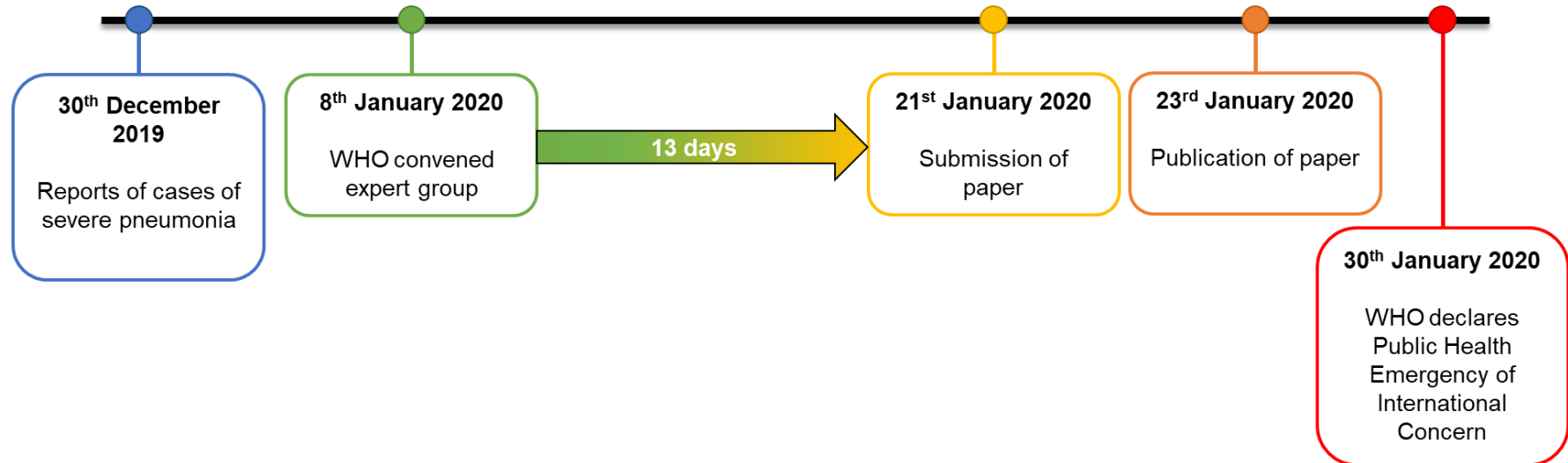


RESEARCH

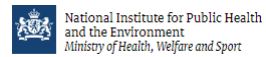
Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR

Victor M Corman¹, Olfert Landt², Marco Kaiser³, Richard Molenkamp⁴, Adam Meijer⁵, Daniel KW Chu⁶, Tobias Bleicker¹, Sebastian Brünink¹, Julia Schneider¹, Marie Luisa Schmidt¹, Daphne GJC Mulders⁴, Bart L Haagmans⁴, Bas van der Veer⁵, Sharon van den Brink⁵, Lisa Wijsman⁵, Gabriel Goderski⁵, Jean-Louis Romette⁷, Joanna Ellis⁸, Maria Zambon⁸, Malik Peiris⁶, Herman Goossens⁹, Chantal Reusken⁵, Marion PG Koopmans⁴, Christian Drosten¹

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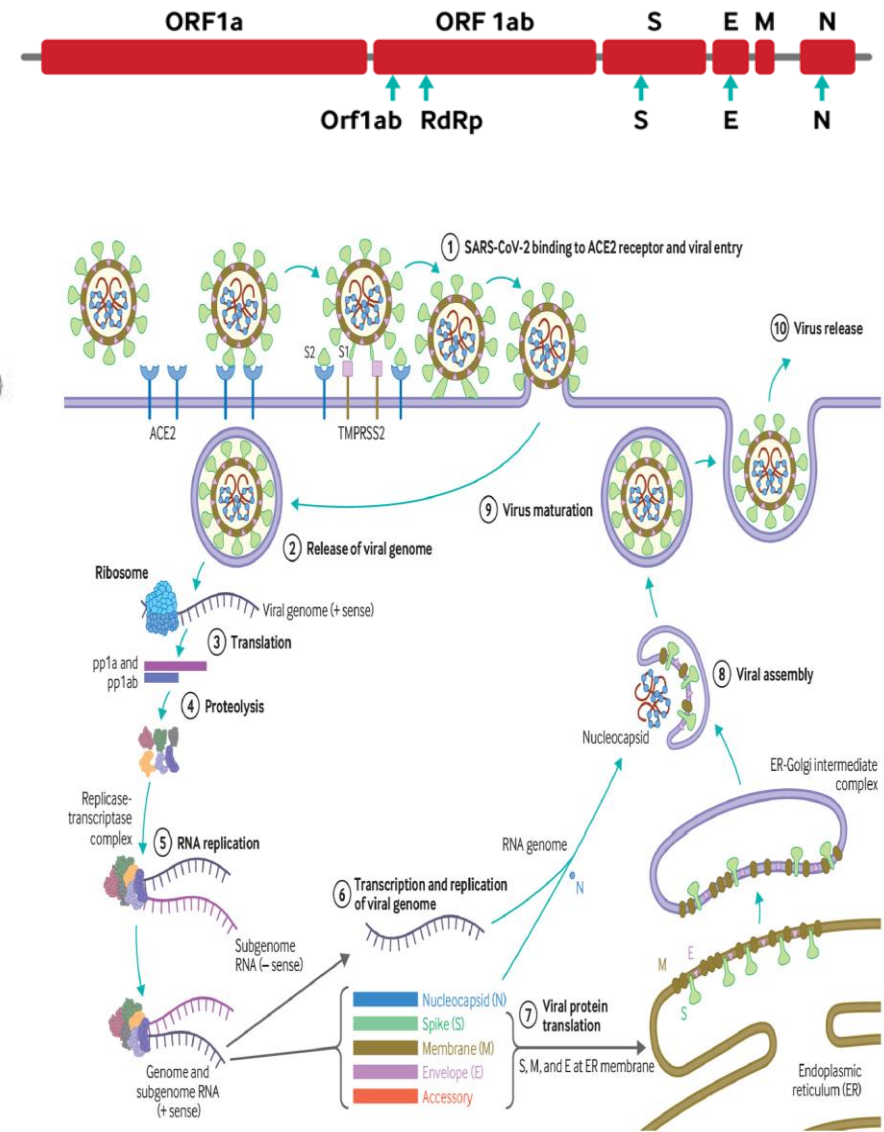
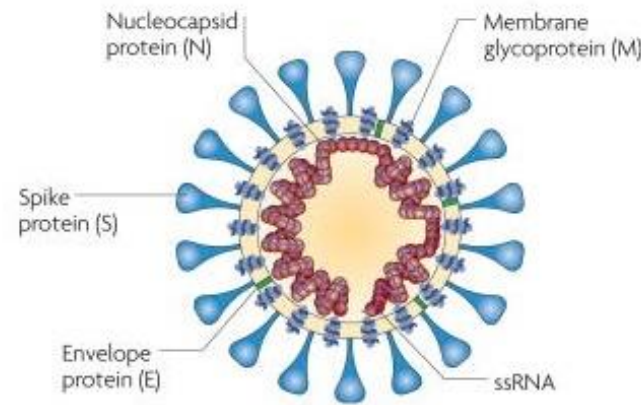


Erasmus MC



Materials to develop NAAT tests

- Knowledge of viral genome...sequence
- Reagents/enzymes/chemicals
- Template materials
 - Virus particles
 - Virus infected cells
 - VLPs
 - Recombinants
 - Transcribed RNA
 - Other synthetic template
- Panels of clinical material
- **Cannot distinguish between infectious and non-infectious virus.**



Process of Diagnostic Test Development

Performance assessment

Materials

- Quantitated materials...probit analysis for LoD
- Different virus controls...specificity
- Stored materials taken from appropriate clinical cases (specificity)
- Blinded panel of spiked clinical materials

Assurance

- Access to quantitated standards (RNA/virus/other)
- Purity of commercial reagents...contamination of key reagents
- Materials to assist quantitation/QC for laboratories starting to deliver a service

Documents

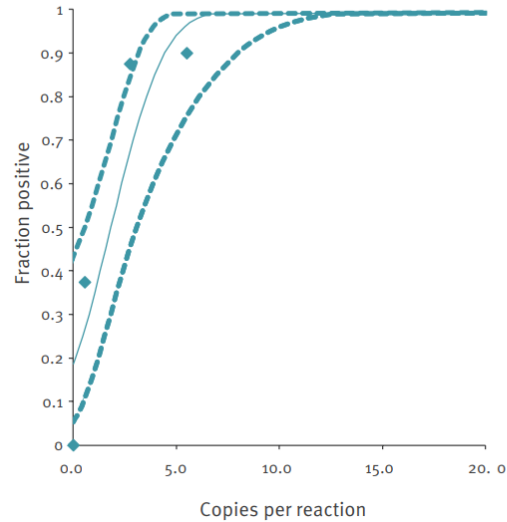
- Accessible documents that set out theories of assay development
- Instructions for laboratories to follow during implementation
- Template documents that can be adapted



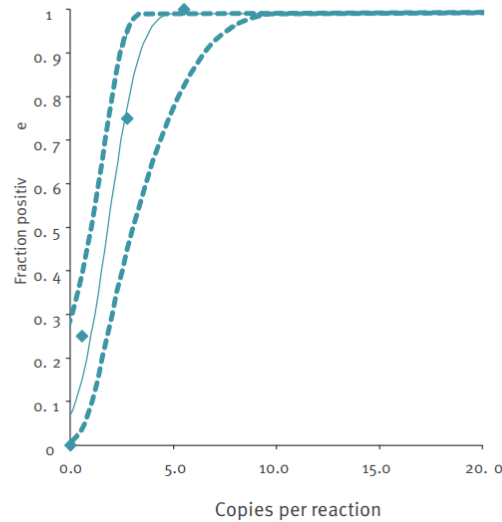
FIGURE 3

Determination of limits of detection based on SARS coronavirus genomic RNA and 2019 novel coronavirus-specific in vitro transcribed RNA

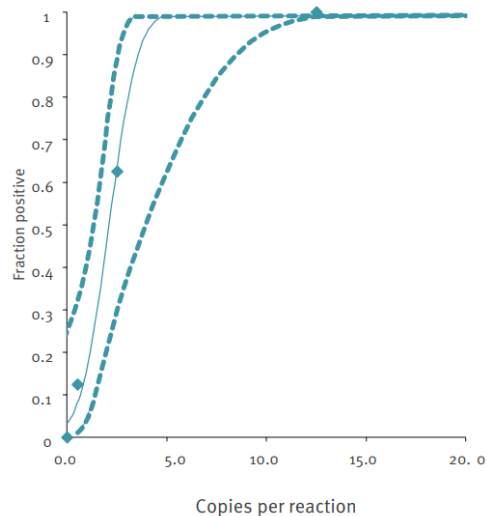
A. E gene assay vs SARS-CoV: 5.2 c/r (95% CI: 3.7–9.6)



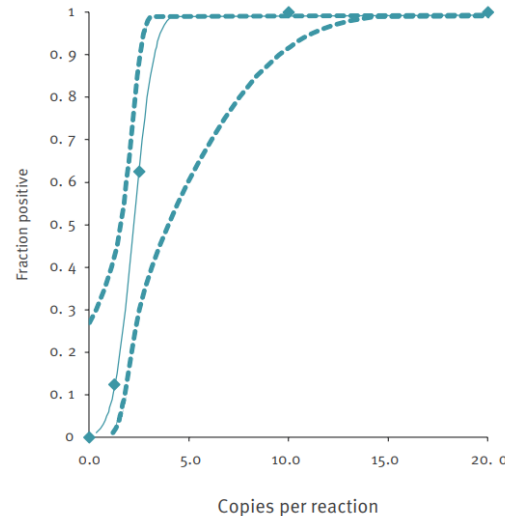
B. RdRp gene assay vs SARS-CoV: 3.8 c/r (95% CI: 2.7–7.6)



C. E gene assay vs 2019-nCoV IVT RNA: 3.9 c/r (95% CI: 2.8–9.8)



D. RdRp assay vs 2019-nCoV IVT RNA: 3.6 c/r (95%: 2.7–11.2)



LoD work is critical

Need access to quantitated target materials

Infectious virus
Copy Numbers
Transcribed RNA

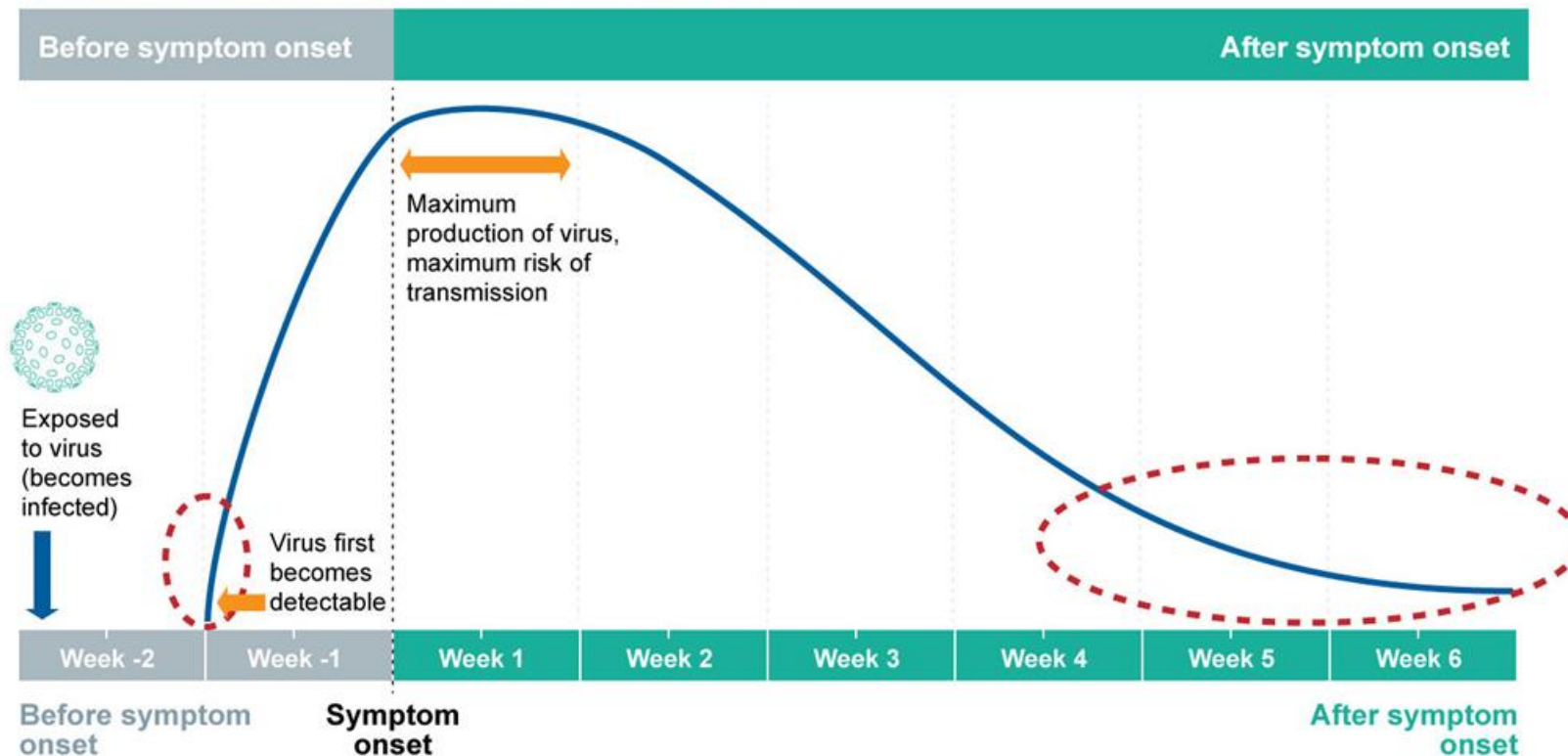
Clinical Understanding of kinetics of infection: Limit of Detection - False Positives & Negatives

Assurance of SARS-CoV-2 Positive and Indeterminate PCR Results During Periods of Low Prevalence

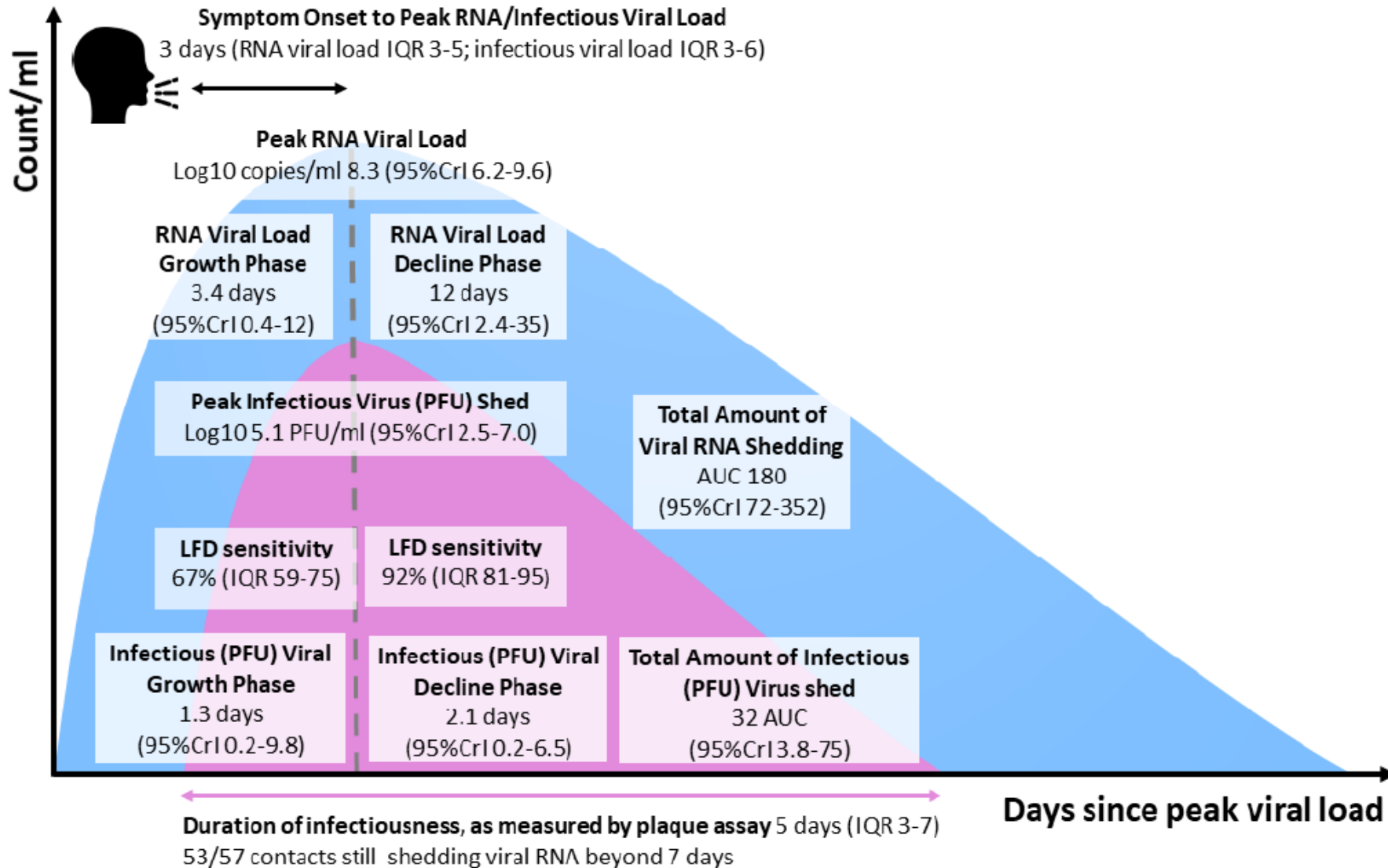
Public Health England

- > unnecessary treatment and investigation
- > missing or delayed surgery
- > unnecessary isolation and contact tracing with subsequent negative impact on workforce and resources
- > a risk of subsequent increased exposure if the individual changes their behaviour as a result of believing that they have been infected
- > the individual being placed with other inpatients with COVID-19 and consequently exposed to the virus.

COVID-19 symptom onset schematic diagram



Viral Kinetics



Clinical Importance: Test method sensitivity

LFDs



Loop Amp



Biorisk Management: Implications for assay development

Example polio

GAP IV

- No propagative activity
- Destroy/transfer all PIMS
- No storage of polio containing materials
- No use of nucleic acid
- **Need surrogate templates**

ACDP

- Sabin 1 and 3 ACDP 2
- Sabin 2 ACDP class 2
- Can propagate under appropriate condition
- Can hold materials
- Can work with nucleic acid
- **Can use virus materials**



A ROADMAP TO METROLOGY READINESS FOR INFECTIOUS DISEASE PANDEMIC RESPONSE



QA NEEDS	GAPS	FUTURE PLANNING
<p>Calibrated virus materials</p> <p>Synthetic RNA covering all targets</p>	<p>Pace & agility to meet massive expansion</p> <p>Distribution network</p>	<p>Rapid production of synthetic RNA</p>
<p>Diagnostic samples for evaluation work</p>	<p>Diagnostic samples for evaluation work</p> <p>Commutable materials</p> <p>Regulatory recognition</p>	<p>Preparation of simulated clinical samples</p>
<p>Sample types & sites</p>	<p>Inventories</p> <p>Performance characteristics</p>	<p>Comparison studies</p> <p>Pilot surveillance</p>
<p>EQAs</p>	<p>Rapid distribution</p> <p>Low copy number controls</p> <p>SMART analysis/middleware programmes for LIMS</p>	<p>Open-source software development</p>
<p>Proficiency panels</p>	<p>Rapid feedback</p>	<p>Panel preparation</p>
<p>Material suitable for mass testing outside laboratories</p>	<p>Easily distributed materials</p>	<p>Commercial providers linked to standards</p>
<p>Materials which account for viral diversity</p>	<p>Rapid provision of international standards</p>	<p>Rapid scale-up</p>



Acknowledgements

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UKHSA regional laboratories

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UKHSA Incident Management team

