Ultrasensitive diagnostic assays: examples with SARS-CoV-2/ Long COVID

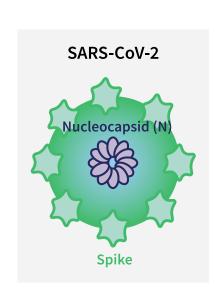
David R. Walt

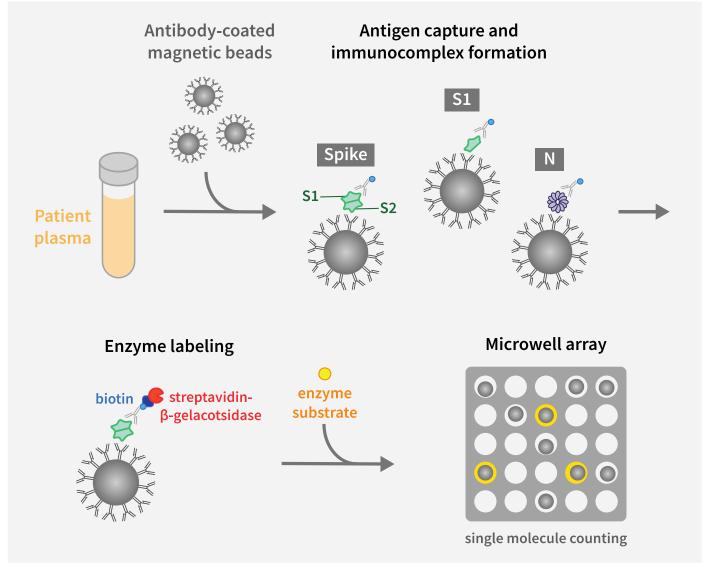




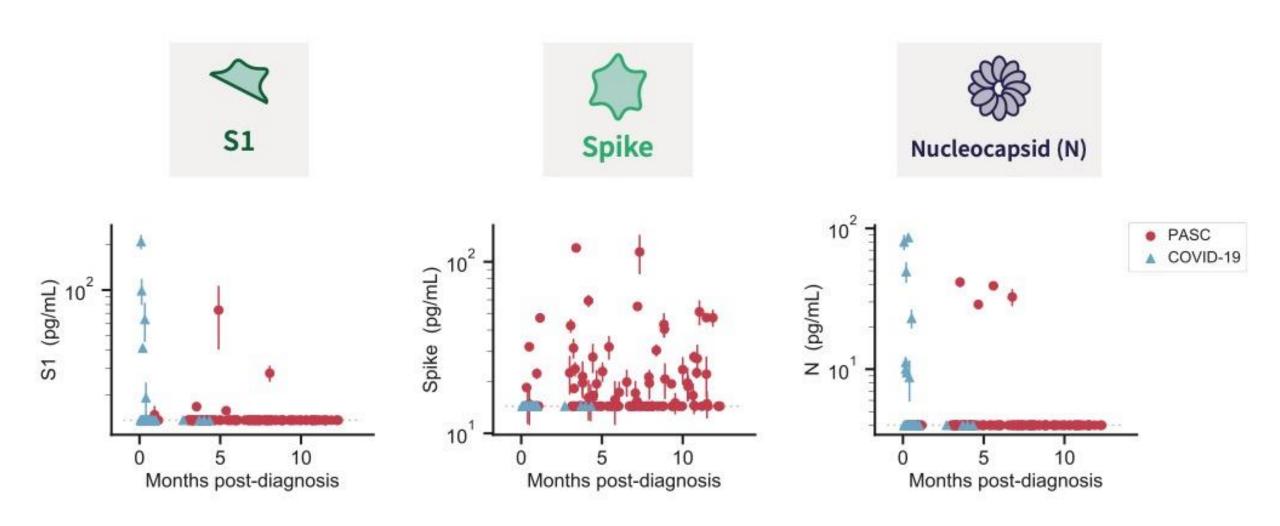


Simoa assays for detecting SARS-CoV-2 antigens



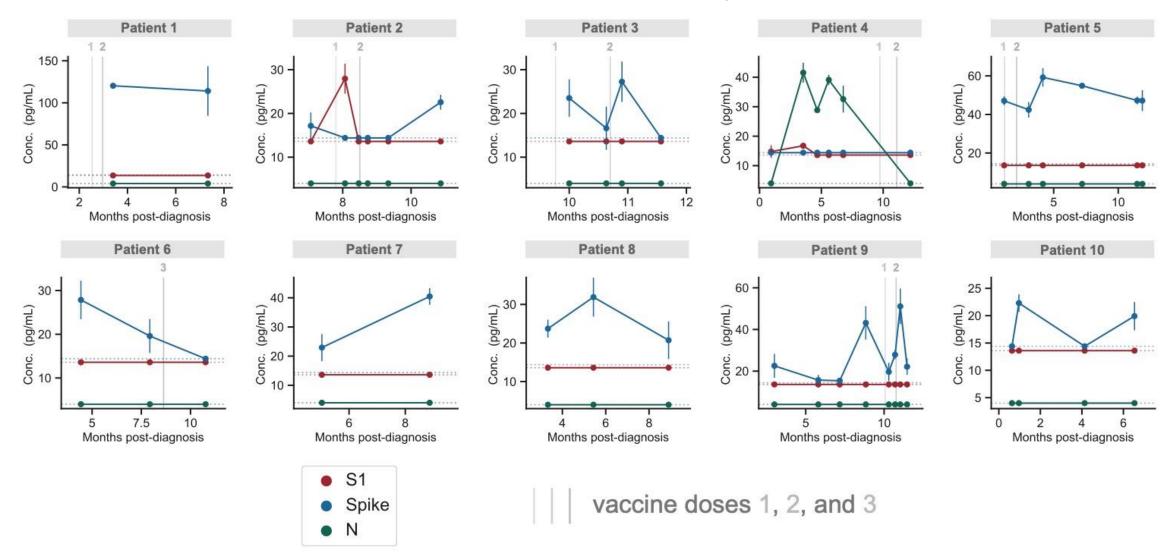


Preliminary Mass General Brigham cohort

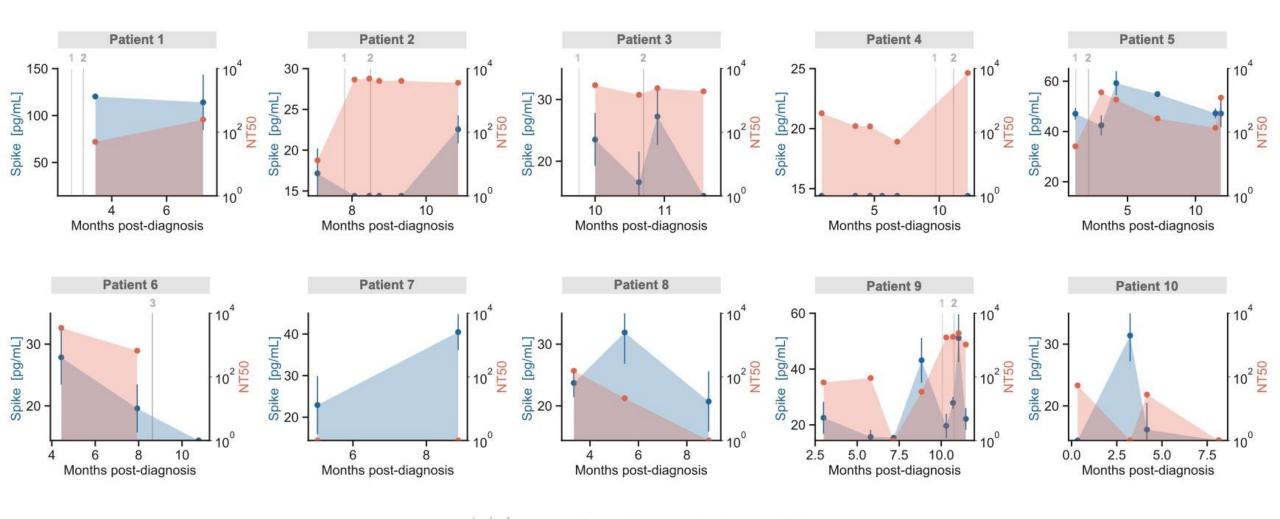


Spike detected in 60% of PASC patients

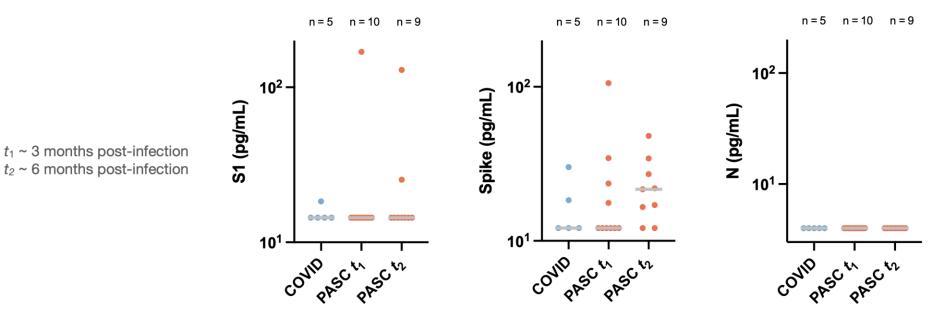
Temporal antigen profiles for individual PASC patients



NT50s measured over time in PASC patients



MGH cardiology PASC/COVID-19 cohort



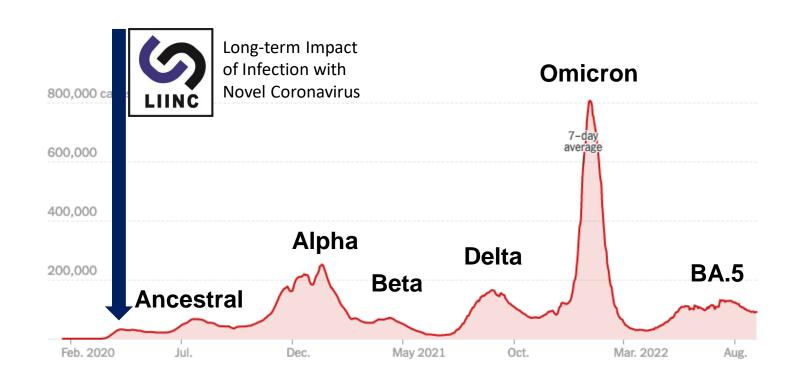
Percent of samples in which antigen was detected for each group

	COVID	PASC t ₁	PASC t ₂
S1	20%	10%	22%
Spike	40%	40%	78%
N	0%	0%	0%

RECOVER Cohort

3 Months	Analysis: Any Symptom				
		Total	Spike	S1	Nucleocapsid
PASC+		189/239 (79%)	38/189 (20%)	4/189 (2%)	7/189 (3%)
	Fatigue-Malaise	124/189 (65%)	30/124 (24%)	1/124 (0%)	7/124 (5%)
	Dysautonomia	69/189 (36%)	16/69 (23%)	0/69 (0%)	3/69 (4%)
	Cardio-Pulmonary	81/189 (42%)	15/81 (18%)	1/81 (1%)	1/81 (1%)
	Musculoskeletal	130/189 (68%)	28/130 (21%)	3/130 (2%)	7/130 (5%)
	Neurologic	70/189 (37%)	18/70 (25%)	1/70 (1%)	2/70 (2%)
	Psychiatric	26/189 (13%)	10/26 (38%)	0/26 (0%)	0/26 (0%)
	Sleep	56/189 (29%)	14/56 (25%)	0/56 (0%)	3/56 (5%)
	HEENT	105/189 (55%)	20/105 (19%)	0/105 (0%)	2/105 (1%)
	Dermatologic	33/189 (17%)	10/33 (30%)	0/33 (0%)	2/33 (6%)
	Genito-urinary	39/189 (20%)	10/39 (25%)	1/39 (2%)	0/39 (0%)
PASC-		50/239 (20%)	8/50 (16%)	1/50 (2%)	2/50 (4%)
	All Patients	239	46/239 (19%)	5/239 (2%)	9/239 (3%)

The UCSF LIINC study investigates COVID sequelae



- Prospective
- > 700 participants
- Detailed clinical phenotyping
- > 50K specimens collected
- > 50 collaborations
- > 25 publications



Michael Peluso



Tim Henrich



Priscilla Hsue



Matt Durstenfeld



Kim Rhoads



Carina Marquez



Dan Kelly



Lekshmi Santhosh



Jeff Martin



Steven Deeks

LIINC Persistent Antigen: Design and Cohort



- 172 individuals across 661 timepoints using banked plasma specimens from 2020-2021
- All participants with prior confirmed SARS-CoV-2 infection
- Up to 5 samples per person, 30-450 days post-infection
- 77% of samples before any SARS-CoV-2 vaccine ever received
- Each biospecimen annotated with presence/absence of 32 individual symptoms around time of visit

Characteristic	
Age	46 (37-57)
Female	50%
Race/Ethnicity	
White	50%
Hispanic/Latino	27%
Asian	10%
Black/African American	5%
Pacific Islander	2%
Prior COVID Hospitalization	19%
Max Symptoms Across Visits	5 (1-8)
Median Symptoms Across Visits	2 (0-5)

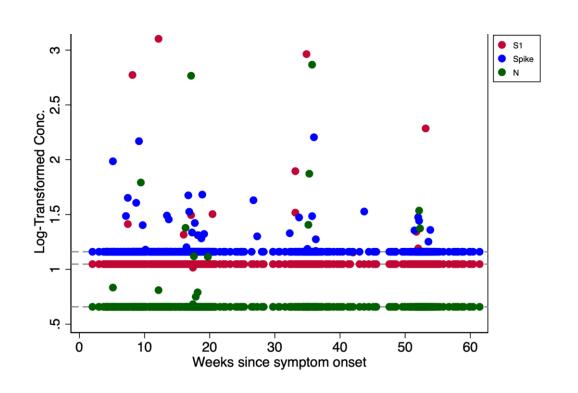
Peluso et al CROI 2023

LIINC Persistent Antigen: Results 1



• 61/661 (9.2%) samples positive for at least 1 antigen

- These 61 samples came from 42 unique people (26% of the cohort)
 - 29/42 individuals had antigen positive at 1 time point
 - 13/42 individuals had antigen positive at >1 time point
- Prevalence of antigen positivity
 - In visits with persistent symptoms = 9.8%
 - In visits without persistent symptoms = 7.8%



LIINC Persistent Antigen: Results 2



Prevalence of antigen by median symptom count in the cohort (by individuals)

Median	Ever S1	Ever Spike	Ever N	Ever Antigen
Symptom Count	Positive	Positive	Positive	Positive
0	3 (27%)	6 (23%)	2 (20%)	10 (24%)
0.5-3	5 (45%)	11 (42%)	2 (20%)	16 (38%)
3.5-7.5	1 (9.1%)	4 (15%)	3 (30%)	8 (19%)
≥8	2 (18%)	4 (19%)	3 (30%)	8 (19%)
Total	11	26	10	42

Interpretation: Highest concentration of positivity in those with relatively low number of symptoms (not necessarily the most extreme cases).

Prevalence of antigen by median symptom count (running median) in the cohort (by visit)

Median	S1 Positive at	Spike Positive	N Positive at	Antigen
Symptom Count	Timepoint	at Timepoint	Timepoint	Positive
0	5 (33%)	10 (30%)	3 (20%)	18 (30%)
0.5-3	4 (27%)	9 (27%)	1 (6.7%)	14 (23%)
3.5-7.5	3 (20%)	8 (24%)	7 (47%)	17 (28%)
≥8	3 (20%)	6 (18%)	4 (27%)	12 (20%)
Total	15	33	15	61

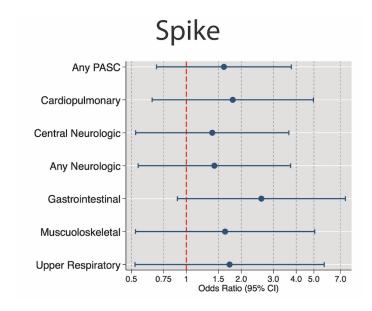
Interpretation: Among those with PASC, antigen detected among those with moderate number of symptoms up to that point. But a higher proportion without symptoms to that point also have antigen.

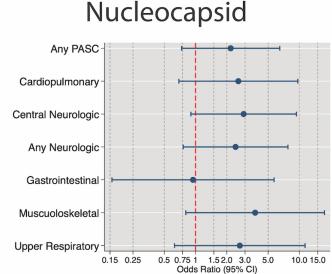
Ongoing analyses (Feb 2023) to look at overall health scores and severity of symptoms

LIINC Persistent Antigen: Results 3



- Spike associated with GI symptoms (OR 2.2, p=0.036)
- N associated with CNS symptoms (OR 2.83, p=0.06) and musculoskeletal symptoms (OR 2.98, p=0.038)
- In regression models, persistent antigen associated with prior hospitalization (more severe illness), (OR 2.54, p=0.004)





Peluso et al CROI 2023

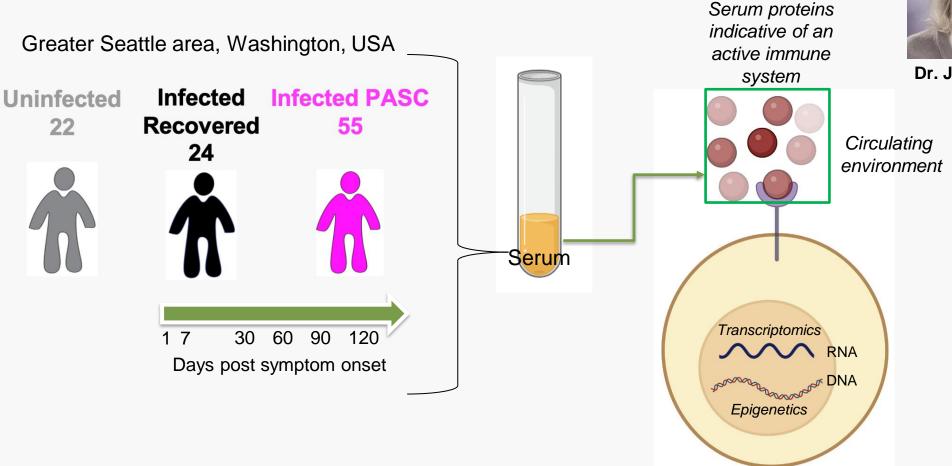


Assessing viral persistence in an inflammatory sub-category of long COVID

Collaborative study with Fred Hutch to study the immune responses underlying long COVID

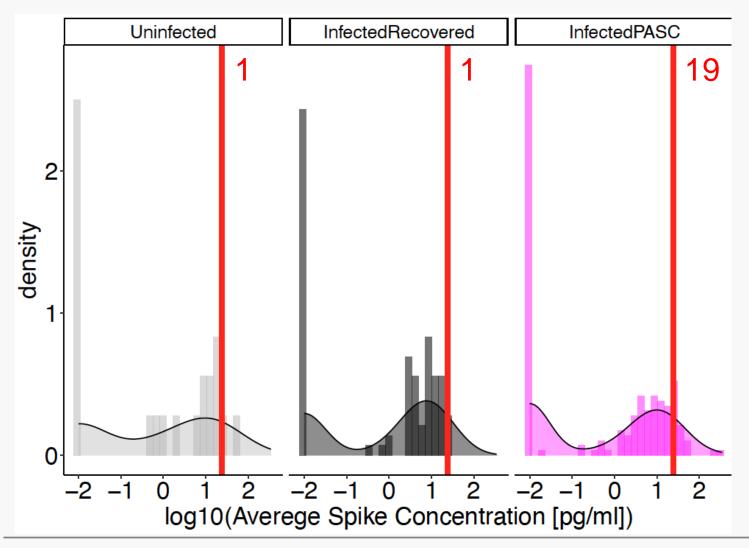


FRED HUTCH



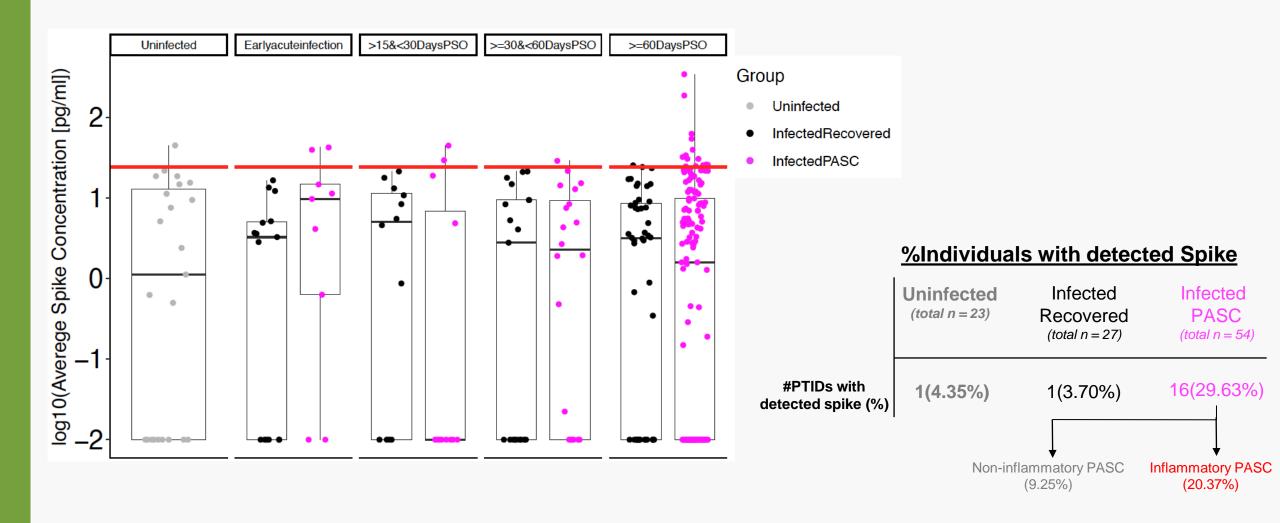


Spike concentration distribution in participant groups in samples CV < 50% 1 uninfected, 1 Recovered and 19 PASC samples had spike detected (>LOD)



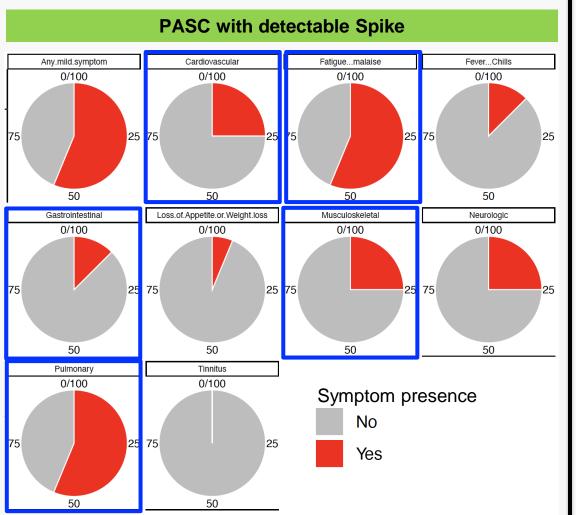


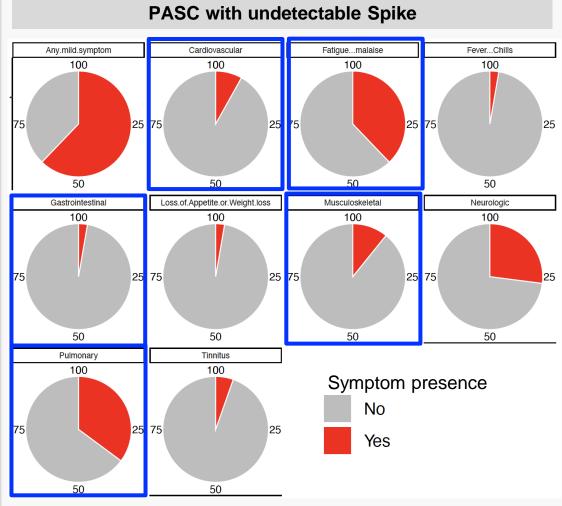
Spike concentration distribution across timepoint bins in samples CV < 50%





Cardiovascular, Gastrointestinal, Musculoskeletal, Pulmonary symptoms and Fatigue were more prevalent among PASC individuals with detectable Spike compared to PASC individuals with undetectable Spike

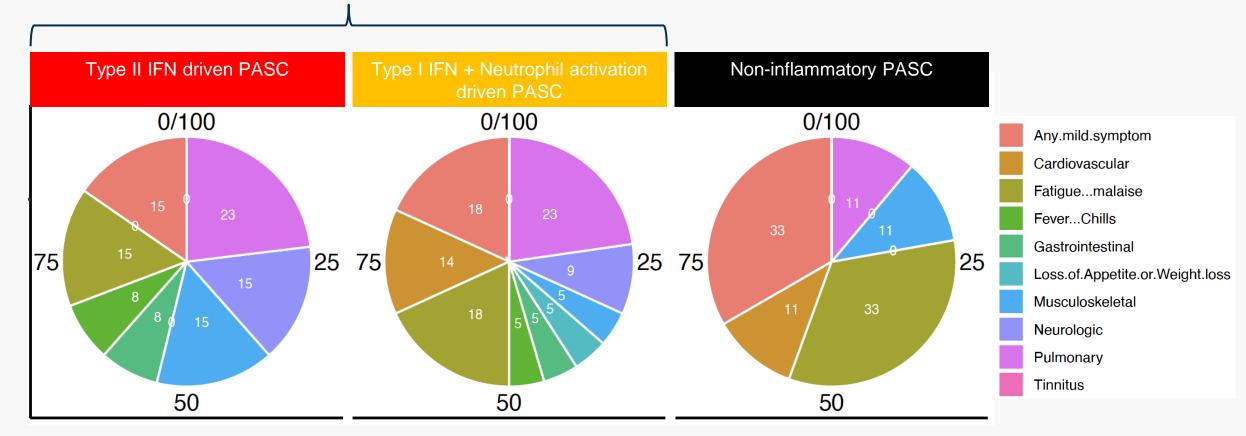






Among PASC with detected Spike, Pulmonary, Neurologic and gastrointestinal symptoms were more prevalent among the "inflammatory PASC" individuals

Inflammatory PASC groups





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- Lynne Becker



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- Zoe Moodie
- Maria Lemos
- Evan Newall
- Hugh MacMillan



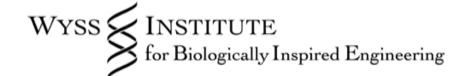
- Ken Stuart
- Paurvi Shinde

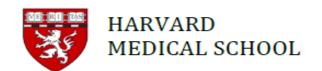
Long-term monitoring of baseline serum cytokines in healthy subjects at sub-femtomolar concentrations



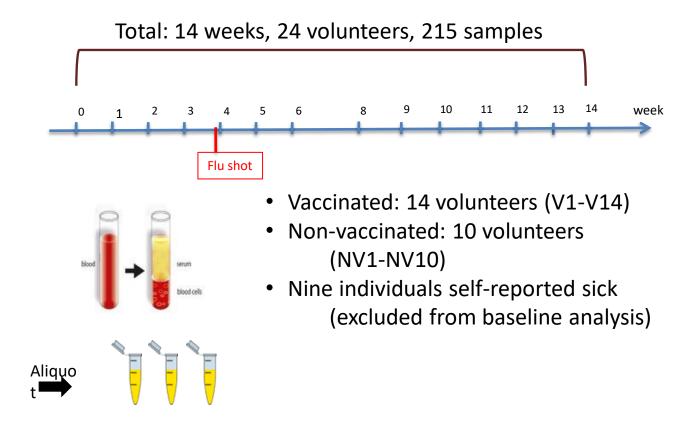
Bruce Bausk





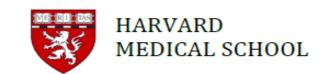


Study design

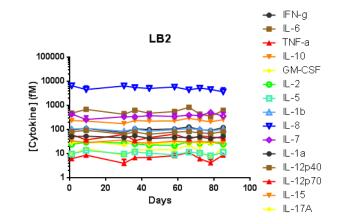


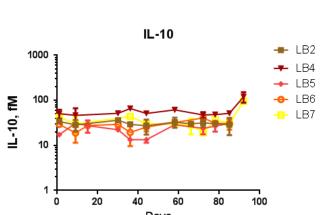


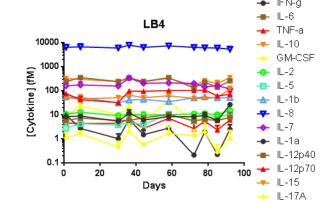


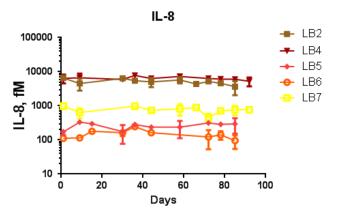


Baseline Study (Control Healthy Samples)

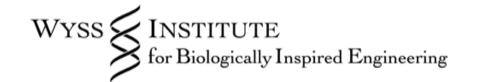


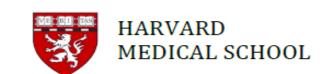




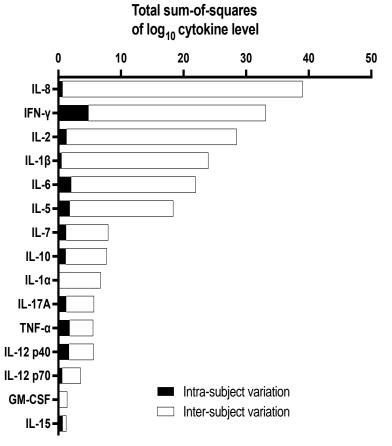






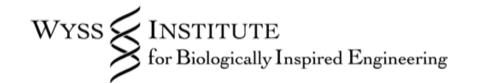


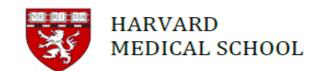
Variation in baseline cytokine levels in healthy subjects



Am. J. Pathology 2017







Conclusions and outlook

- Determining the link between antigen persistence and PASC may depend on:
 - Definition of PASC
 - Pandemic wave
 - Vaccination status and comorbidities
 - Sample timing
 - Source of circulating antigen
- Later time points have higher prevalence.
- Original strain is different and had higher spike than post omicron
- "Uninfected"—not really
- Should be thought of as qualitative not quantitative.
- Oscillatory—mobilization and immune response
- Viral persistence does not necessarily cause PASC



RECOVER-VITAL

(<u>V</u>iral pers<u>I</u>stence and reac<u>T</u>ivation, <u>A</u>nd immune dysregu<u>L</u>ation)

Key Question: Does a study intervention improve outcomes for people with ongoing symptoms from PASC?



Population ~900 adults with 3 symptom clusters



Intervention(s)
Antiviral drug



Health Measures

 Patient-reported outcomes

 Performancebased outcomes

Safety and tolerability



Sites Up to 100



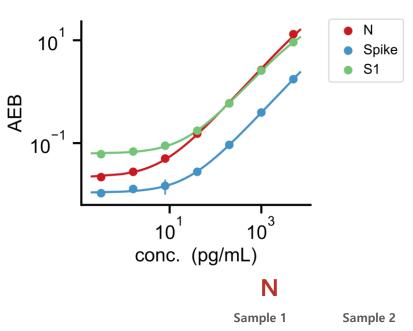
Launch Summer 2023

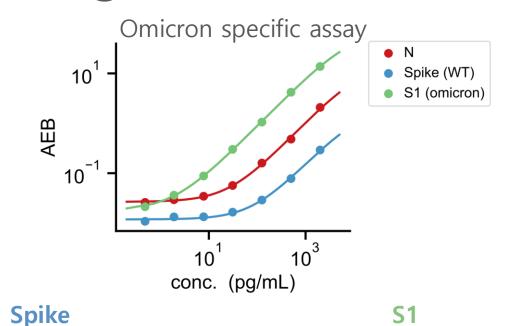


RECOVER Antigen Assay

CLIA Validation Update

Linearity and Dynamic Range





Recovery Recovery 60% 70%

69%

Conc.	Recovery	Recovery
100 pg/mL	58%	60%
500 pg/mL	70%	54%

Sample 1

Sample 2

Conc.	Recovery	Recovery	
100 pg/mL	136%	149%	
500 pg/mL	116%	134%	

Sample 1

Sample 2

Conc. Recovery Recovery 95% 100% 100 pg/mL 500 pg/mL 124% 115%

75%

Conc.

100 pg/mL

500 pg/mL

Conc. Recovery Recovery 83% 82% 100 pg/mL 500 pg/mL 94% 81%

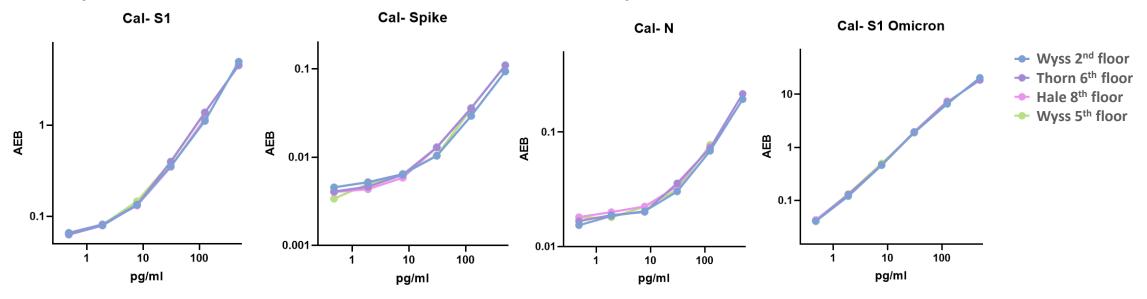
Conc.	Recovery	Recovery
100 pg/mL	103%	117%
500 pg/mL	117%	109%

0.5% tween

0.5% triton

Equipment equivalency

Calibration curves and spike and recovery measurements were performed on four HDx instruments: Wyss 2nd floor, Thorn 6th floor, Hale 8th floor, and Wyss 5th floor



	S1	Spike	N	S1 Omicron
LoD AVERAGE (fg/ml)	66.94	6.09	19.39	12.66
LoD CV%	6	16	8	13

Average Calibration Curve CV%	6
Inter-Assay Calibration	7
Curve CV%	,

Thank you!

Dr. David R. Walt

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Dr. Danielle Manning & lab

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Dr. Steven Deeks

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