



**Wisconsin State  
Laboratory of Hygiene**  
UNIVERSITY OF WISCONSIN-MADISON



# Update on COVID-19 Diagnostic Testing

04-22-20

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# Contents

- Situation Update
- Survey update
- Testing options update
- Data reporting
- Serology
- Q and A





# Notice

This information is subject to rapid change.

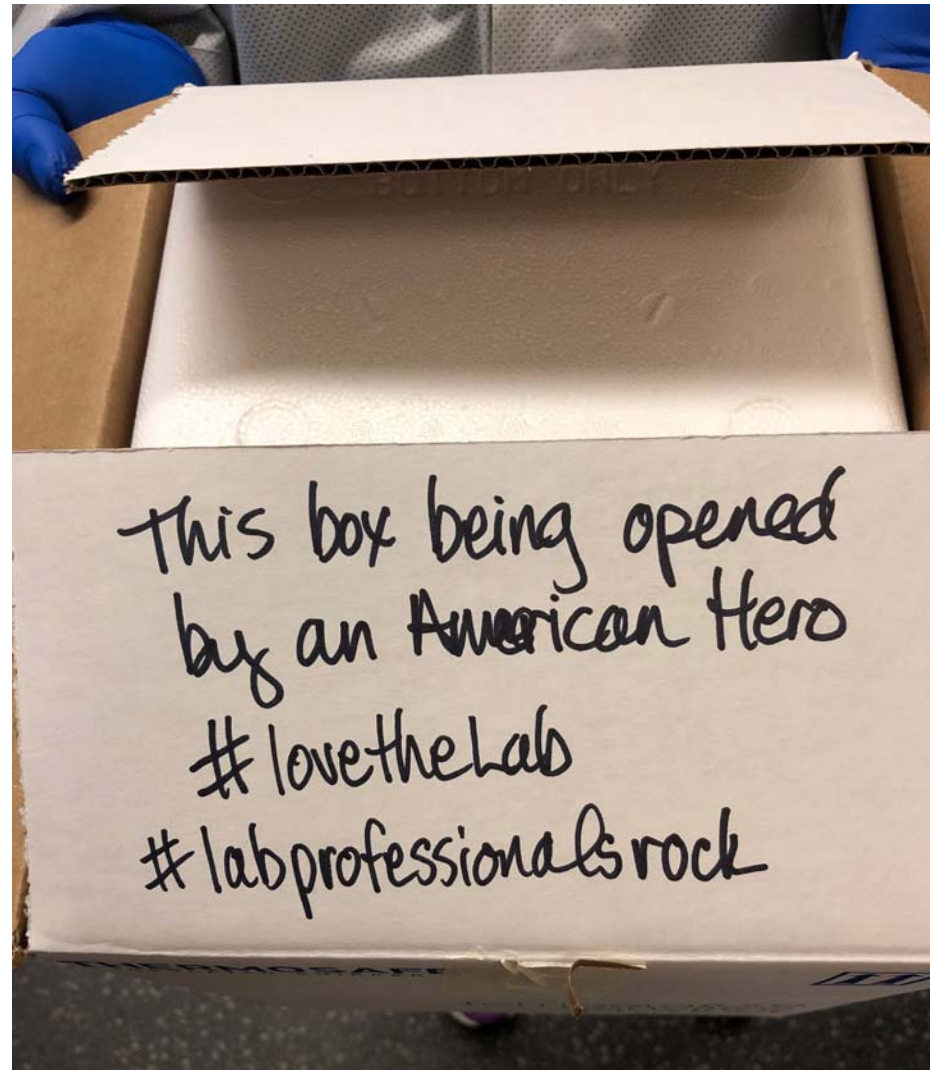
Please refer to our webpage for the most up to date guidance

<http://www.slh.wisc.edu/clinical/diseases/covid-19/>

The WSLH does not endorse any products



# Happy Lab Week!





**It's Official!**

Governor Evers Proclaims April 19-25

Medical Laboratory Professionals Week!

[https://evers.wi.gov/Documents/Proclamations/041920\\_Proclamation\\_Medical%20Laboratory%20Professionals%20Week\\_KO.pdf](https://evers.wi.gov/Documents/Proclamations/041920_Proclamation_Medical%20Laboratory%20Professionals%20Week_KO.pdf)



# STATE of WISCONSIN



OFFICE of the GOVERNOR



## Proclamation

**WHEREAS**, laboratory testing is crucial to ensuring accurate disease detection, diagnosis, and treatment that physicians and patients depend on to help answer important questions about an individual's health, from cholesterol levels to genetic disorders to cancer detection; and

**WHEREAS**, medical laboratory professionals uncover health issues by testing and carefully analyzing blood, body fluids, and tissue samples; and

**WHEREAS**, laboratory scientists and technicians that belong to this profession put their skills and training to use in a variety of settings, from hospitals to physicians' offices to private clinical laboratories, and are important members of medical teams across Wisconsin, meeting the health care needs of Wisconsinites 24 hours a day, seven days a week; and

**WHEREAS**, this Medical Laboratory Professionals Awareness Week, the State of Wisconsin joins individuals and organizations across our state in celebrating the efforts of Wisconsin's medical laboratory professionals and highlighting the important role they play in ensuring the health and well-being of our state's residents;

**NOW, THEREFORE**, I, Tony Evers, Governor of the State of Wisconsin, do hereby proclaim the week of April 19 – 25, 2020, as

### MEDICAL LABORATORY PROFESSIONALS WEEK


throughout the State of Wisconsin and I commend this observance to all of our state's residents.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed.  
Done at the Capitol in the city of Madison this 30<sup>th</sup> day of March 2020.

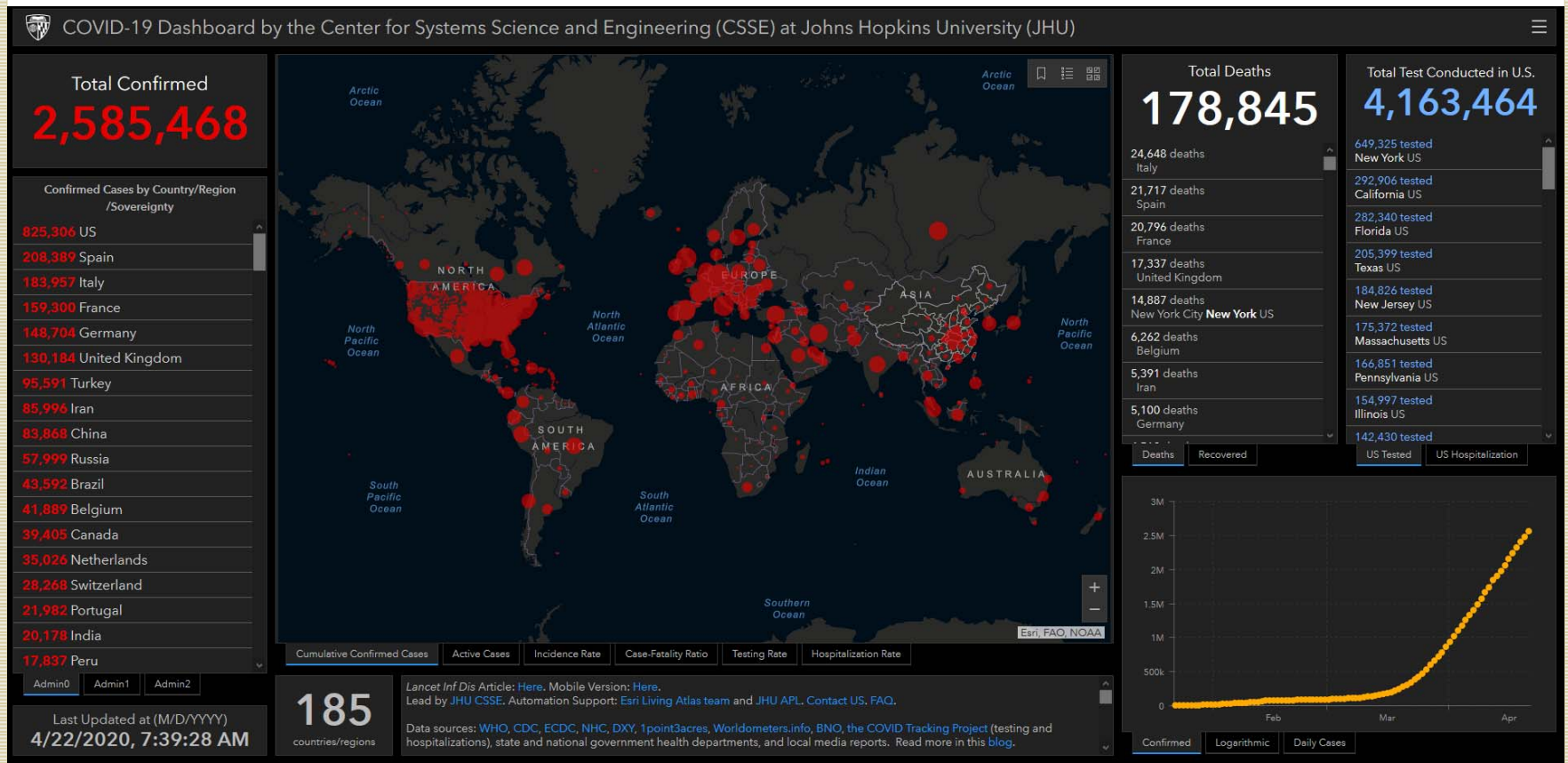
  
TONY EVERS  
GOVERNOR

By \_\_\_\_\_ Governor:

  
DOUGLAS LA FOLLETTE  
Secretary of State



# Global Impact

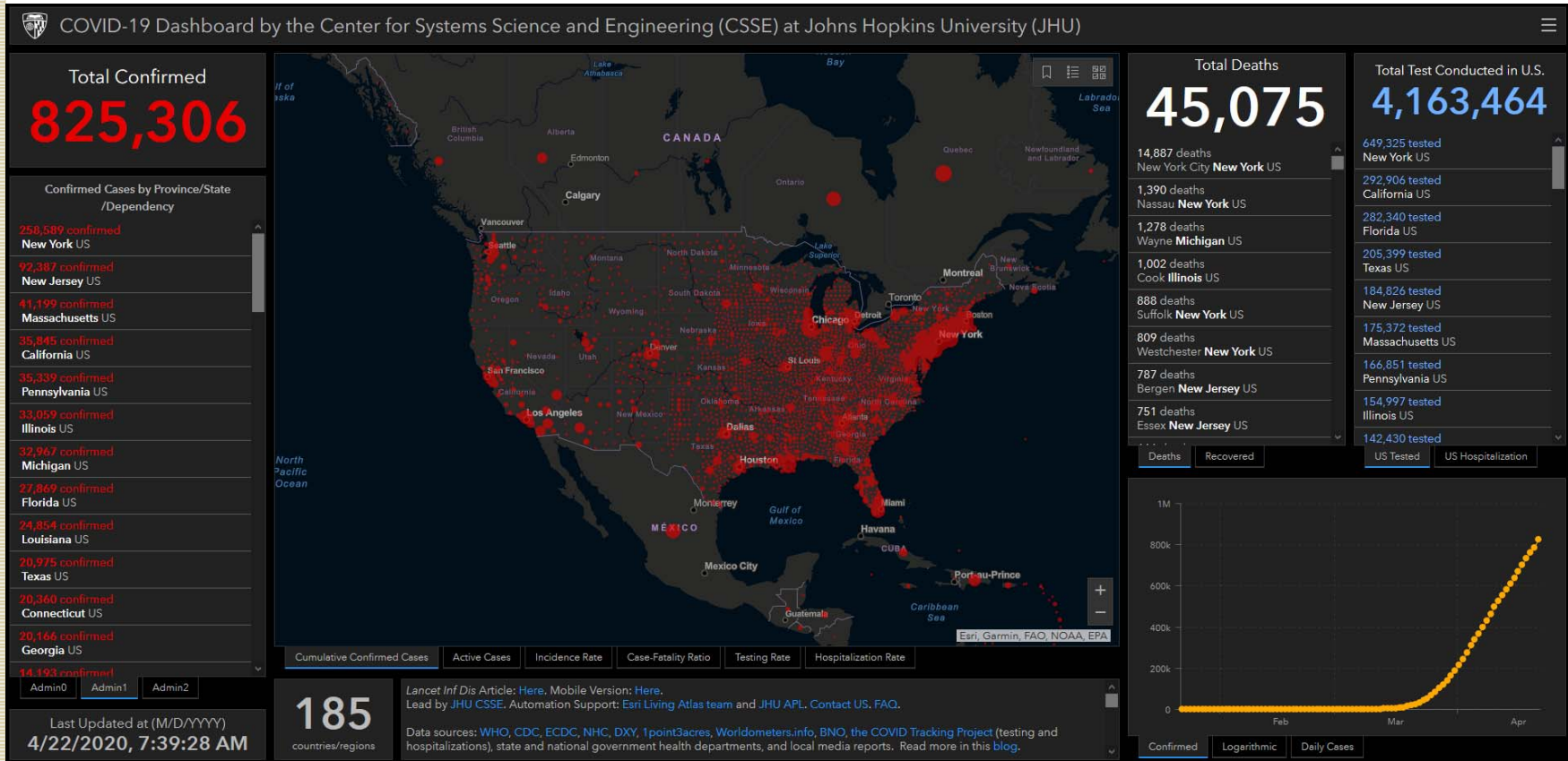


Johns Hopkins University Global Coronavirus Tracking:  
<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>



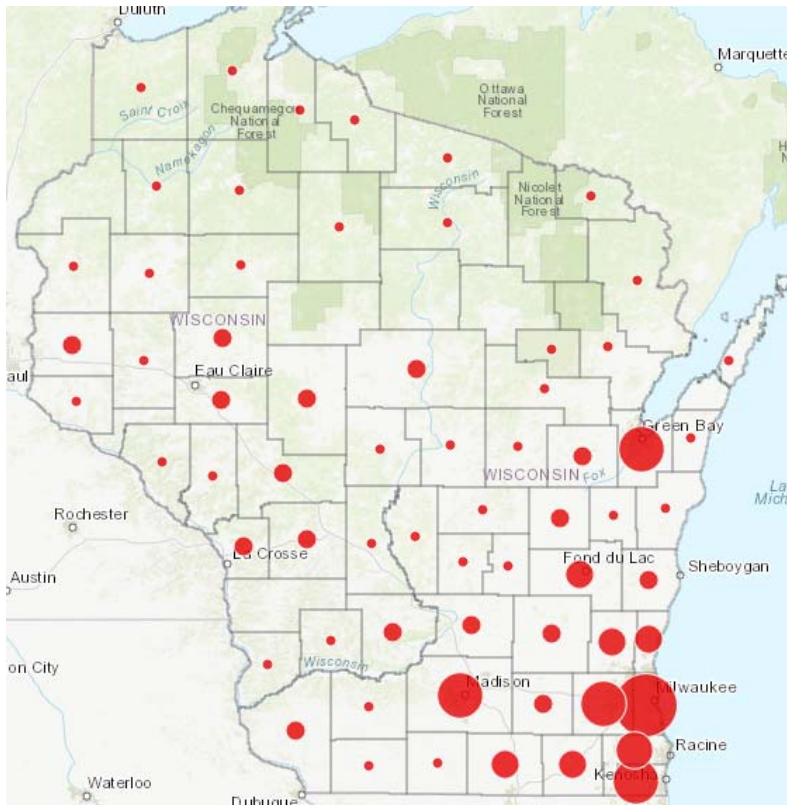


# COVID-19 in the US



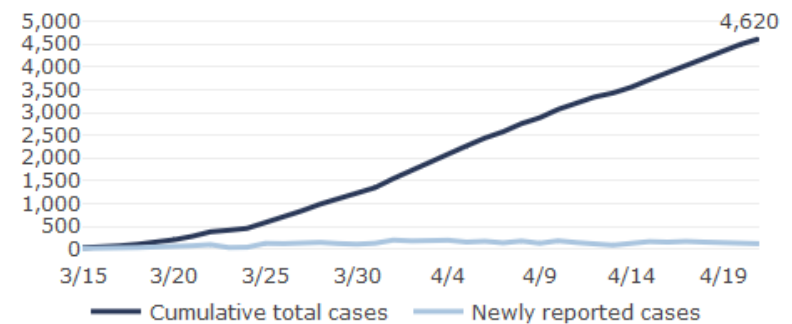


# Wisconsin



| Status                | Number (%) of People as of 4/21/2020 |
|-----------------------|--------------------------------------|
| Negative Test Results | 47,841                               |
| Positive Test Results | 4,620                                |
| Hospitalizations      | 1,252 (27%)                          |
| Deaths                | 242                                  |

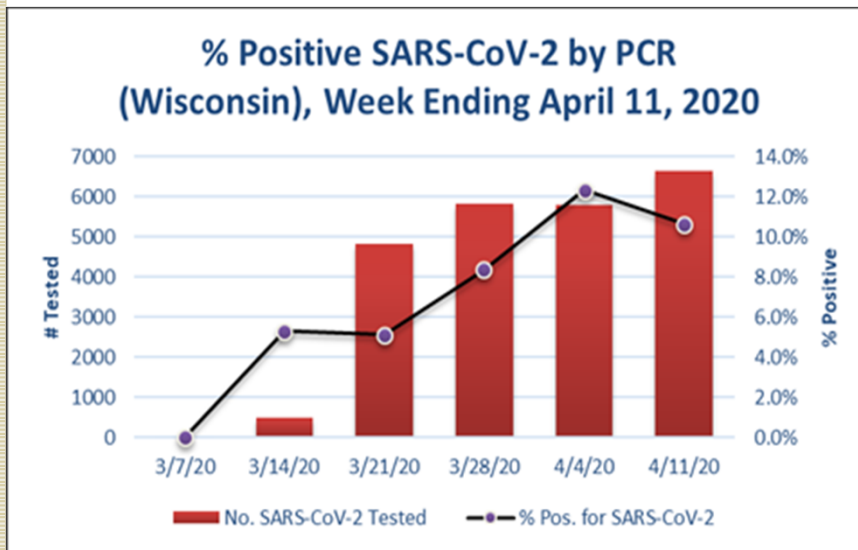
Updated: 4/21/2020



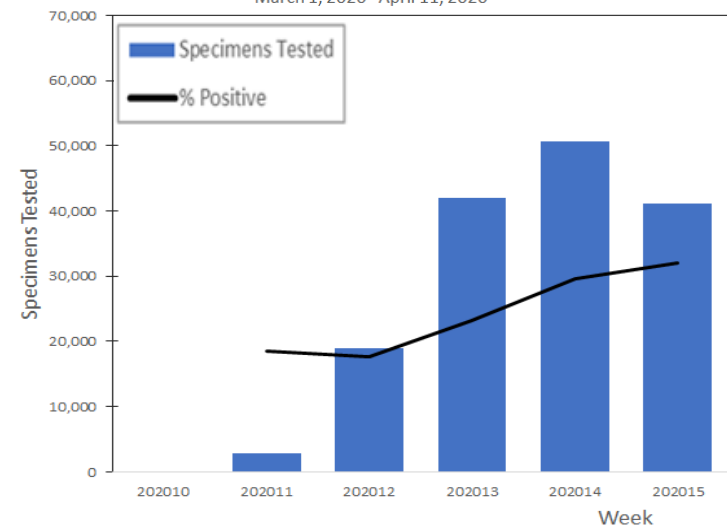
<https://www.dhs.wisconsin.gov/outbreaks/index.htm>



# COVID-19 Testing



U.S. Clinical Laboratories Reporting to the National Respiratory and Enteric Virus Surveillance System: Number of Specimens Tested and Percent Positive for SARS-CoV-2  
March 1, 2020 - April 11, 2020



<http://www.surveygizmo.com/s3/389222/Wisconsin-Laboratory-Surveillance-Reporting>

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

\*Not all labs reporting



# Reminder to Update the Survey

- First time to check for accuracy
- Update when there is a change in testing
  - Start testing for the first time
  - Add or change testing methods
  - Increase or decrease in testing capacity
  - Report major reagent/supply limitations
    - Collection kits
    - Testing components
  - Remove a shortage report

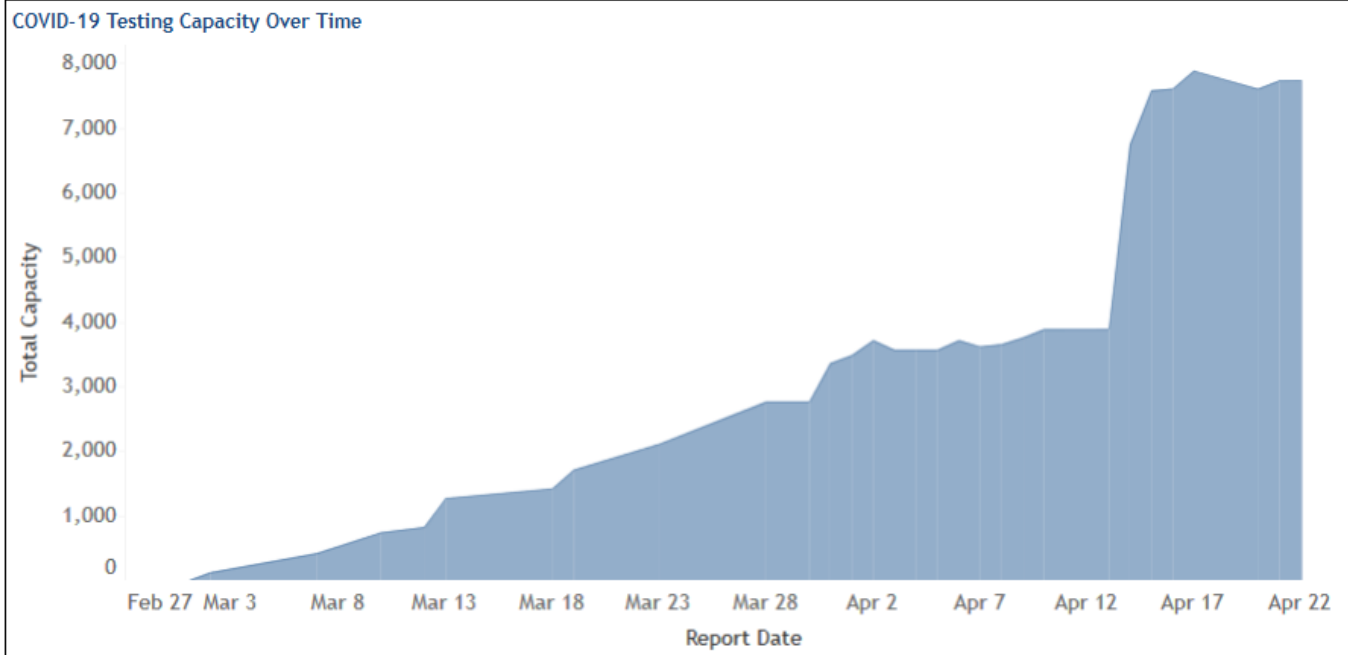
<https://covidlabsurvey.wi.gov>



# Survey Results

## Wisconsin COVID-19 Laboratory Testing Capacity

|                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| Laboratories actively testing | Laboratories planning to test | Current state capacity (tests/day) |
| 49                            | 35                            | 7,901                              |



Data collected by voluntary reporting from public, private, and commercial laboratories in Wisconsin. All data are estimates and do not reflect actual number of tests performed in the state. Capacity is dependent on availability of test supplies and adequate staffing

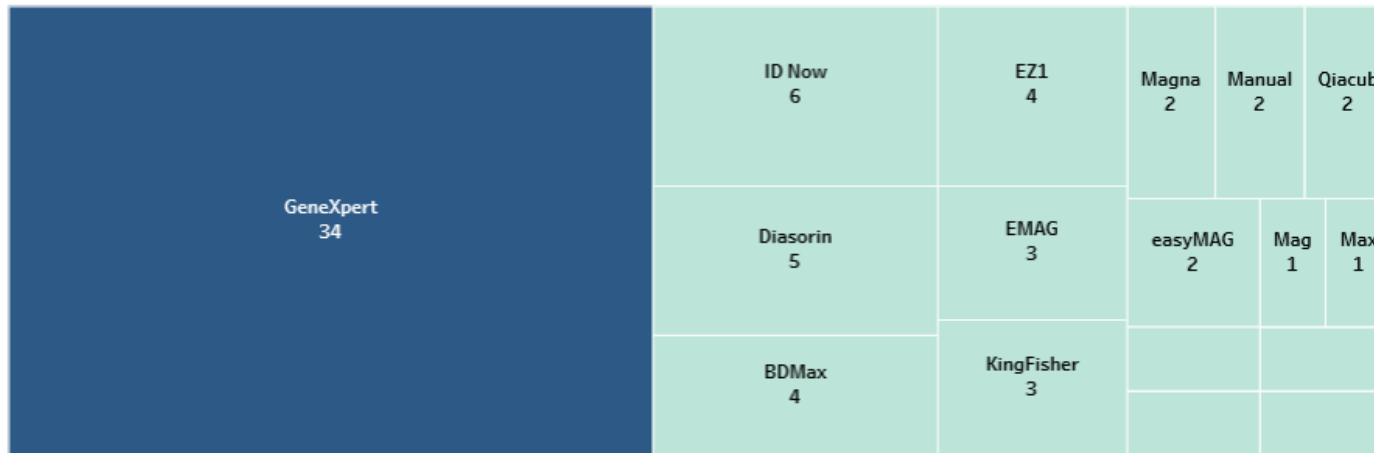
[https://bi.wisconsin.gov/t/COVID19\\_Analytics/views/LabDashboards/PublicDashboard?:origin=card\\_share\\_link&:embed=y&:isGuestRedirectFromVizportal=y](https://bi.wisconsin.gov/t/COVID19_Analytics/views/LabDashboards/PublicDashboard?:origin=card_share_link&:embed=y&:isGuestRedirectFromVizportal=y)



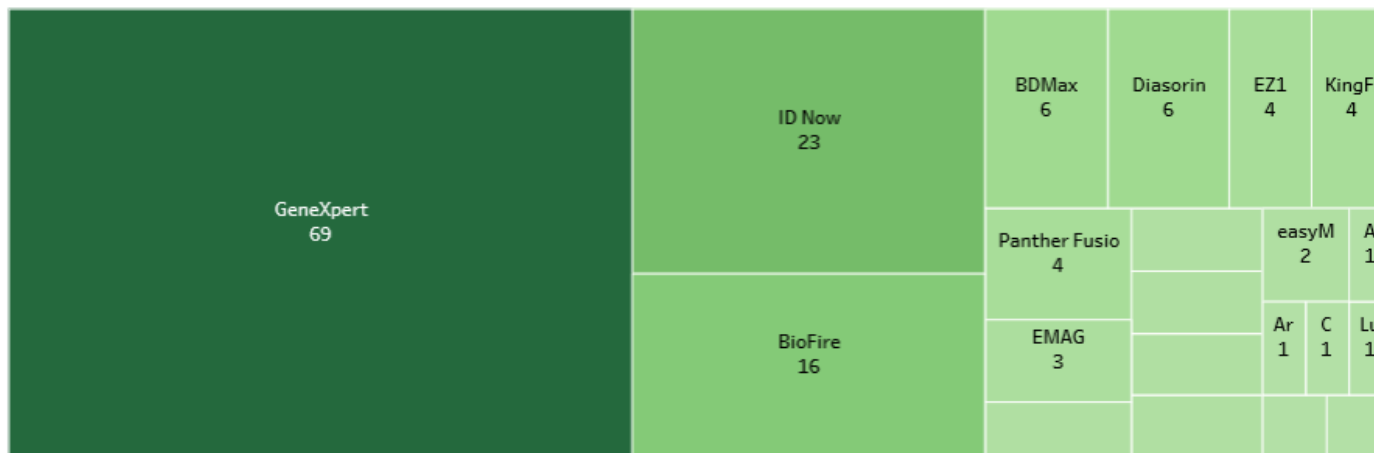


# What Tests are Being Used?

Active Test Methods Statewide



Current and Planned Methods



[https://bi.wisconsin.gov/t/COVID19\\_Analytics/views/LabDashboards/TestingMethods?:origin=card\\_share\\_link&:embed=y&:isGuestRedirectFromVizportal=y](https://bi.wisconsin.gov/t/COVID19_Analytics/views/LabDashboards/TestingMethods?:origin=card_share_link&:embed=y&:isGuestRedirectFromVizportal=y)



# What are the Challenges?

| # of reports | Problems                              |
|--------------|---------------------------------------|
| 43           | GeneXpert cartridges                  |
| 19           | Collections Kits (NP swab and/or VTM) |
| 13           | Abbott ID Now cartridges              |
| 5            | BioFire supplies                      |
| 3            | EMAG/EasyMAG supplies                 |
| 3            | BD Max supplies                       |
| 2            | Abbott ID Now Instruments             |
| 1            | PPE                                   |

\*Please continue to submit these updates!



## How has your data helped?

- State Distribution Center created to provide collection kits and swabs
- Informed on state guidance to clinicians to broaden testing
- Letters from the Governor sent to Cepheid, BioFire, ThermoFisher, and BioMerieux
- Used by labs to predict which reagents are in highest demand and when new tests hit Wisconsin.



# Emergency Supplies

- Quantities limited, available on allocation
- Intended to allow continuity of testing
- Available at no charge

## **Collection supplies available**

- Locally produced VTM kits with NP swabs
- M4 Remel VTM kits with NP swab (limited)
- Exact Sciences kits (Nasal swab with saline)
- NP swabs alone (limited)

Call the WSLH Clinical Orders Department

1-800-862-1088

Mon-Fri 7:45 AM – 2:45 PM

Online ordering to come!

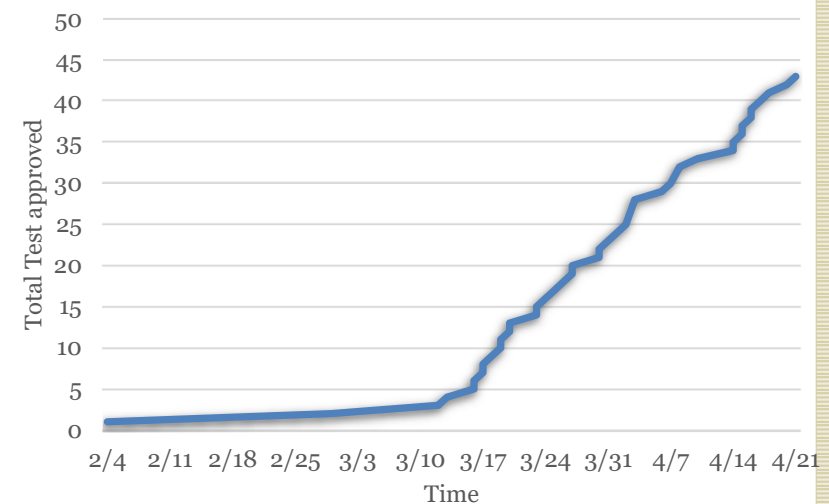


# New FDA EUA Assays

6 new assays are all primer/probe kits with separate extraction

- SARS-CoV-2 Fluorescent PCR Kit (Maccura Biotechnology (USA) LLC)
- GS™ COVID-19 RT-PCR KIT (GenoSensor, LLC)
- Fosun COVID-19 RT-PCR Detection Kit (Fosun Pharma USA Inc.)
- GeneFinder COVID-19 Plus RealAmp Kit (OSANG Healthcare)
- PhoenixDx 2019-CoV (Trax Management Services Inc.)
- Allplex 2019-nCoV Assay (Seegene, Inc.)

**FDA EUA of COVID-19 tests**







# FDA notified (Non-EUA) assays

## Manufacturers that have notified FDA that they have validated and are offering serology tests as set forth in Section IV.D:

Where the Authorization Status is "FDA Authorized," the FDA reviewed and issued an EUA for the test after notification was given. Where the Authorization Status is shown as "Not FDA Authorized," the FDA has not yet reviewed the manufacturer's validation and issued an EUA for the manufacturer's test, and the test is included in this list to provide transparency regarding the notifications submitted to FDA. The "Setting for Use" designation of "H" refers to a laboratory certified under CLIA to perform high-complexity testing.

Search:

| Manufacturer and Test  | Authorization Status | Settings for Use <sup>2</sup> |
|--|----------------------|-------------------------------|
| Abbott Laboratories SARS-CoV-2 IgG (for use on ARCHITECT)  | Not FDA Authorized   | H                             |
| Alfa Scientific Designs, Inc. Clarity COVID-19 IgG/IgM Antibody Test   | Not FDA Authorized   | H                             |
| Alfa Scientific Designs, Inc. Instant-view plus COVID-19 IgG/IgM Antibody Test                               | Not FDA Authorized   | H                             |
| Anhui Deepblue Medical Technology Co., Ltd. COVID-19 (SARS-CoV-2) IgG/IgM Antibody Test Kit (Colloidal Gold) | Not FDA Authorized   | H                             |
| Artron BioResearch Inc./ Artron Laboratories Inc. Artron COVID-19 IgM/IgG Antibody Test                      | Not FDA Authorized   | H                             |
| Assure Tech (Hangzhou) Co., Ltd.'s COVID-19 IgG/IgM Rapid Test Device  | Not FDA Authorized   | H                             |
| Atlas Link (Beijing) Technology Co., Ltd NovaTest: One Step COVID-19 IgG/IgM rapid test                      | Not FDA Authorized   | H                             |

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2>



# Home Self Collection

LabCorp “Pixel” self collection at home avoids the healthcare system and preserves PPE

Requires Physician order



<https://www.pixel.labcorp.com/blog/introducing-self-collection-kits-covid-19-testing>



# Abbott ID NOW COVID-19 Assay

- Recent study by Cleveland Clinic showed false-negative rate of 14.8% using ID NOW.
- Abbott responded that problems with the test could stem from samples being stored in VTM before being tested instead of being inserted directly into the ID Now testing machine.
- Abbott statement – “When a direct swab is used, the test is performing as expected”



<https://www.npr.org/sections/health-shots/2020/04/21/838794281/study-raises-questions-about-false-negatives-from-quick-covid-19-test>



# Reporting COVID-19 Results

- Report **all** COVID-19 test results in WEDSS via ELR or WLR
  - COVID-19 testing performed in-house
  - COVID-19 testing sent to a reference lab
- Report weekly total number of positives and total number tested to WCLN Surveillance Data
  - COVID-19 testing performed in-house
  - COVID-19 testing performed at out-of-state reference lab
- Report daily to HHS per VP Pence letter



# CDC COVID-19 Updated Healthcare Safety Information

- ***Updated Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings*** – [This guidance](#) has been updated to include the recommendation that all U.S. healthcare facilities put policies into place requiring everyone entering the facility to practice source control, regardless of symptoms.
- Healthcare personnel (HCP) should wear a facemask at all times while they are in a healthcare facility.
- This recommendation does not change CDC's guidance for healthcare personnel to use N95 or equivalent respirators when providing care for patients with suspected or known COVID-19.

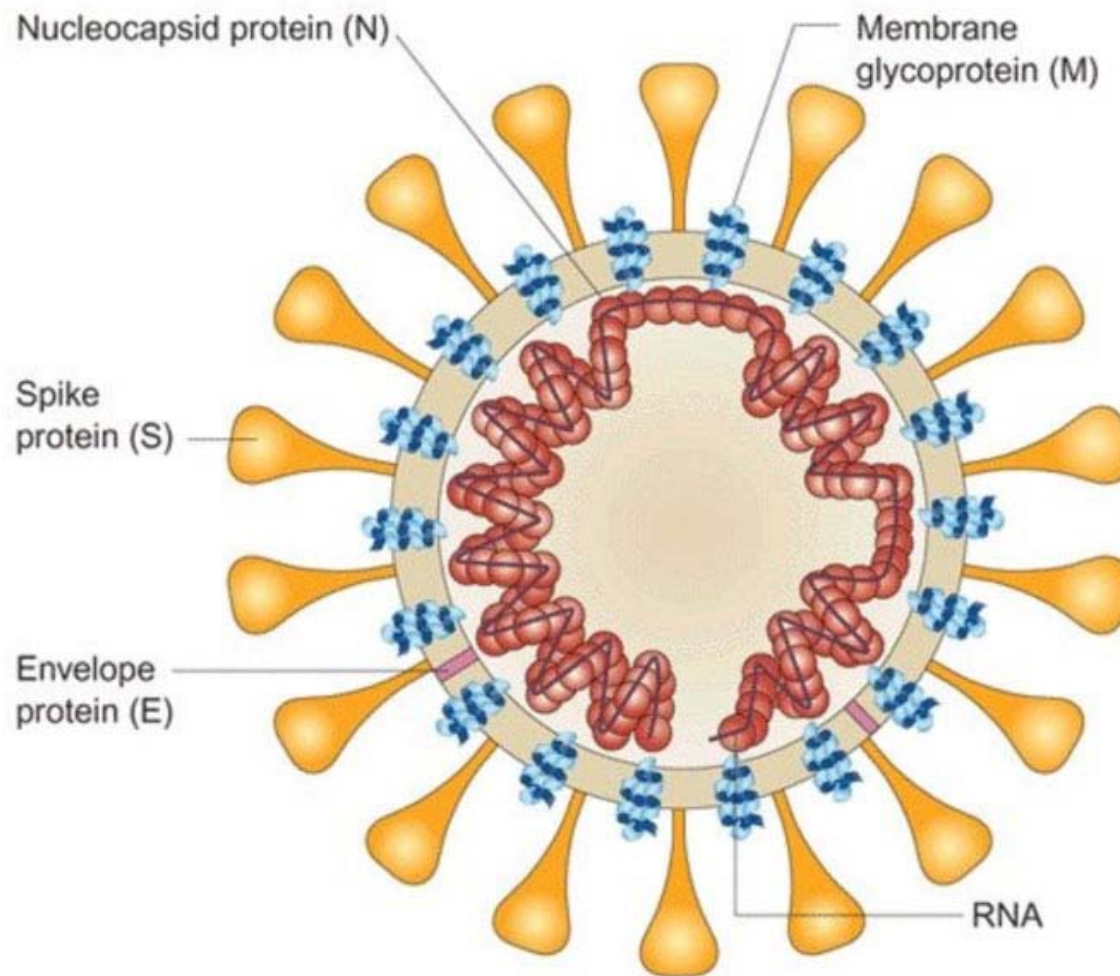




# Serology

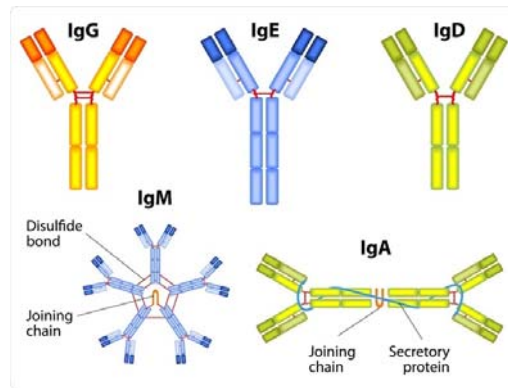
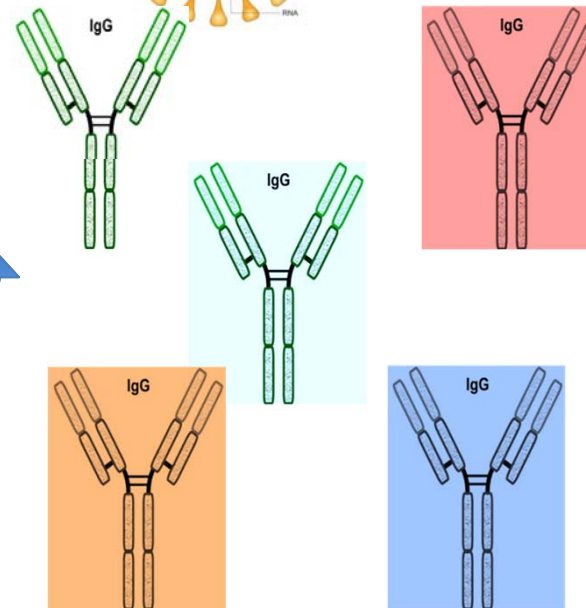
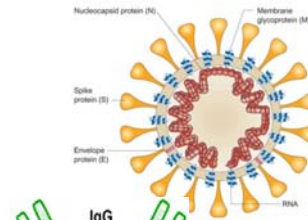
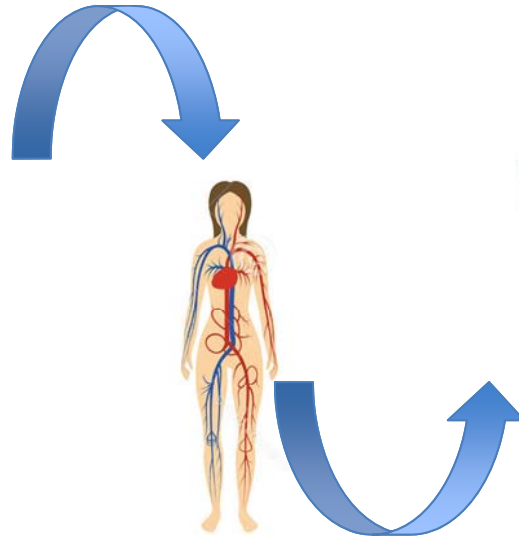
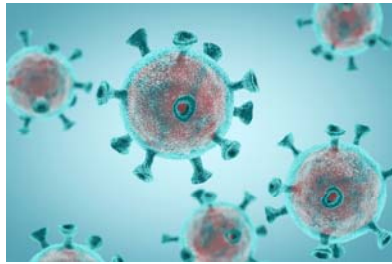


# Coronavirus





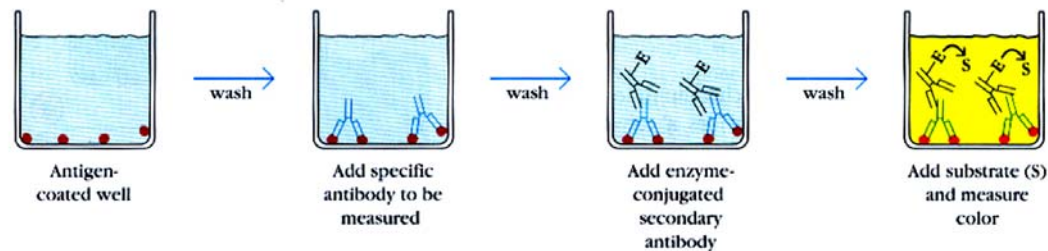
# Quick Immunology Review





# How do the Different Tests Work?

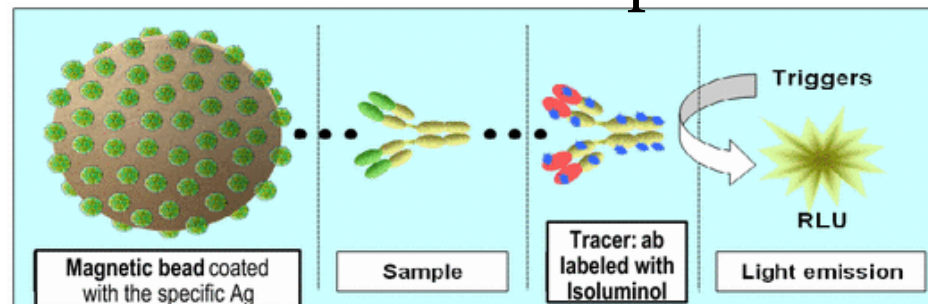
## ELISA (Enzyme Linked ImmunoSorbent Assay)



## Lateral Flow Assays

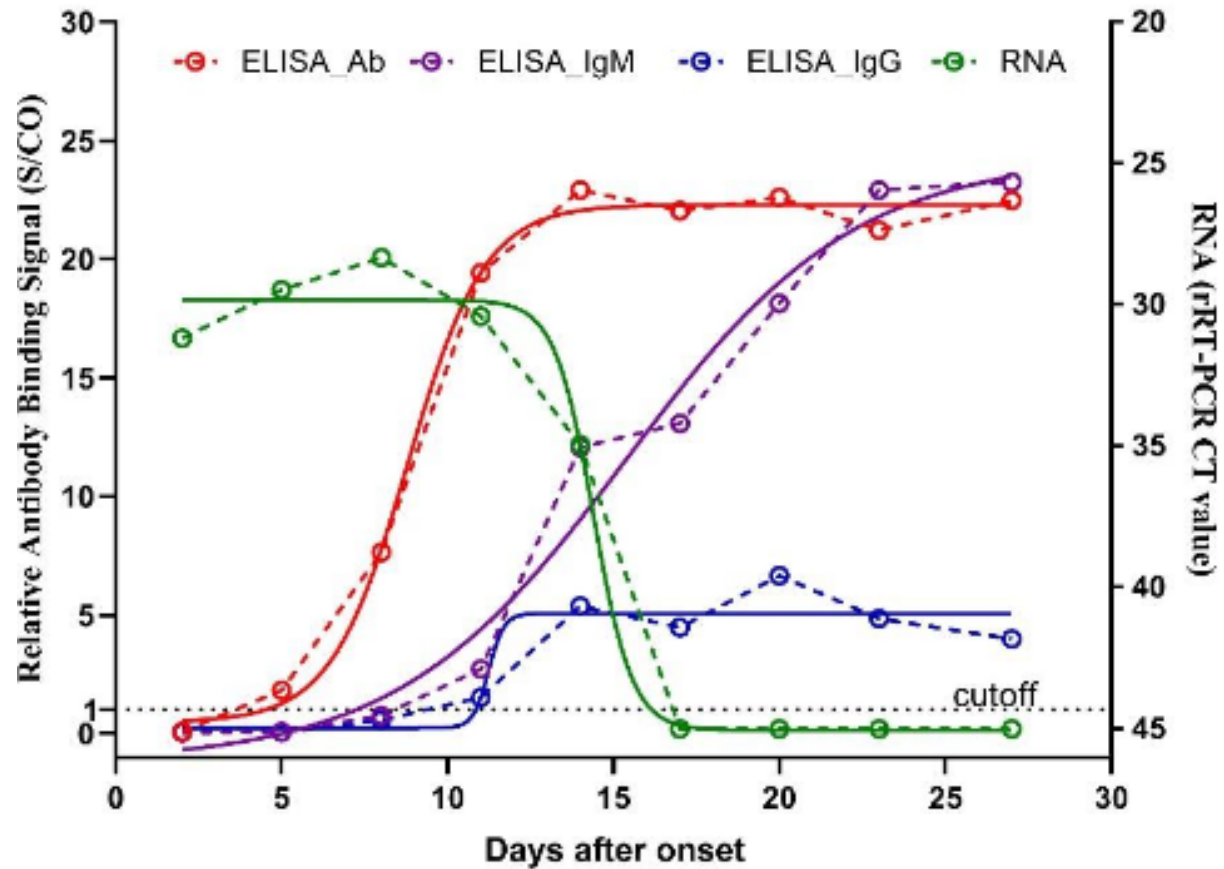


## CMIA (Chemiluminescent microparticle immunoassay)





# Time Frame for Detection



<https://www.medrxiv.org/content/10.1101/2020.03.23.20041707v1.full.pdf>





# Sero-prevalence of seasonal Cov

18-24% of Children

91-100% of Adults >50

| HCoV | Positive |                                    |           | Negative |            |            |
|------|----------|------------------------------------|-----------|----------|------------|------------|
|      | All      | IgG+ (%)                           | IgG- (%)  | All      | IgG+ (%)   | IgG- (%)   |
| NL63 | 21       | 5 <sup>a</sup> (23.8) <sup>b</sup> | 16 (76.2) | 246      | 142 (57.7) | 104 (42.3) |
| 229E | 30       | 7 (23.3)                           | 23 (76.7) | 246      | 124 (50.4) | 122 (49.6) |
| OC43 | 38       | 7 (18.4)                           | 31 (81.6) | 246      | 123 (50.0) | 123 (50.0) |
| HKU1 | 26       | 6 (23.1)                           | 20 (76.9) | 246      | 133 (54.1) | 113 (45.9) |

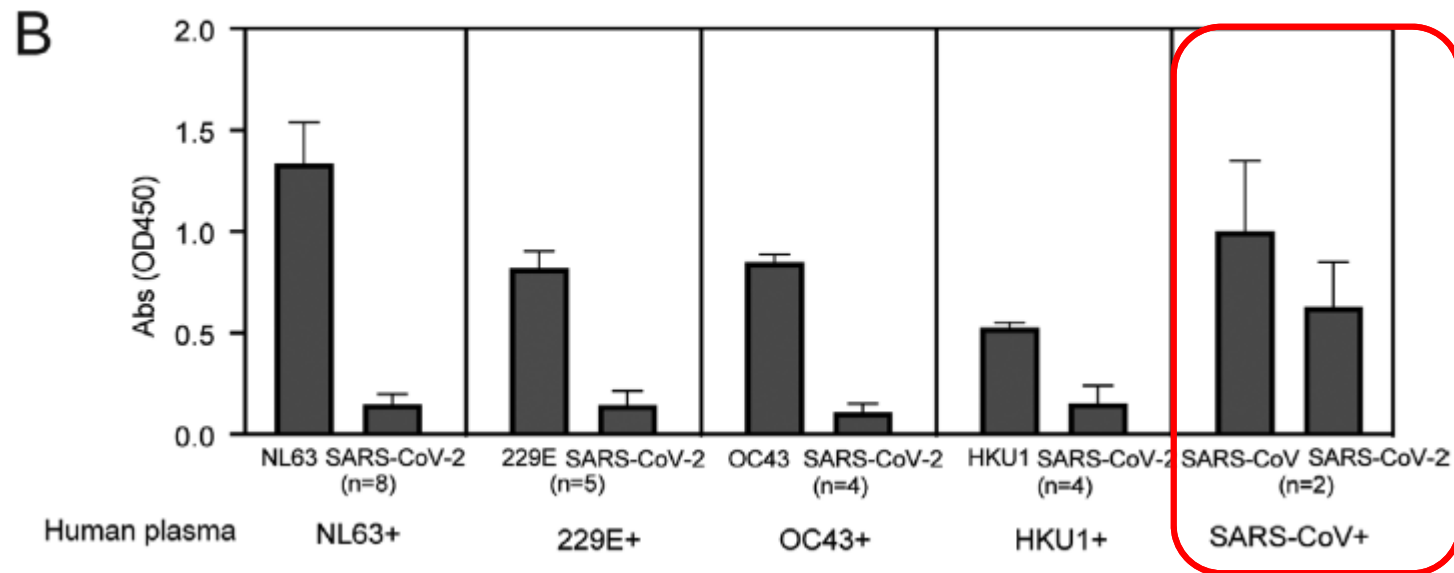
| Strain          | No. of positive samples (%) / total no. of samples tested | GMT of all sera <sup>a</sup> | IgG antibody to HCoV in serum |        |            |
|-----------------|---|------------------------------|-------------------------------|--------|------------|
|                 |   |                              | GMT                           | Median | Range      |
| <b>Group I</b>  |   |                              |                               |        |            |
| HCoV-229E       | 104 (99)/105 <sup>c</sup>                                 | 994 <sup>d</sup>             | 1,022                         | 1,038  | 127-23,706 |
| HCoV-NL63       | 103 (98)/105 <sup>c</sup>                                 | 567 <sup>d,e</sup>           | 595                           | 629    | 109-3,095  |
| <b>Group II</b> |   |                              |                               |        |            |
| HCoV-OC43       | 105 (100)/105 <sup>c</sup>                                | 1,235 <sup>d,e</sup>         | 1,235                         | 1,137  | 127-45,816 |
| HCoV-HKU1       | 96 (91)/105 <sup>c</sup>                                  | 466 <sup>d,e</sup>           | 575                           | 527    | 106-8,392  |

<https://www.sciencedirect.com/science/article/pii/S016344531500225X#fig1>

<https://cvi.asm.org/content/cdli/17/12/1875.full.pdf>



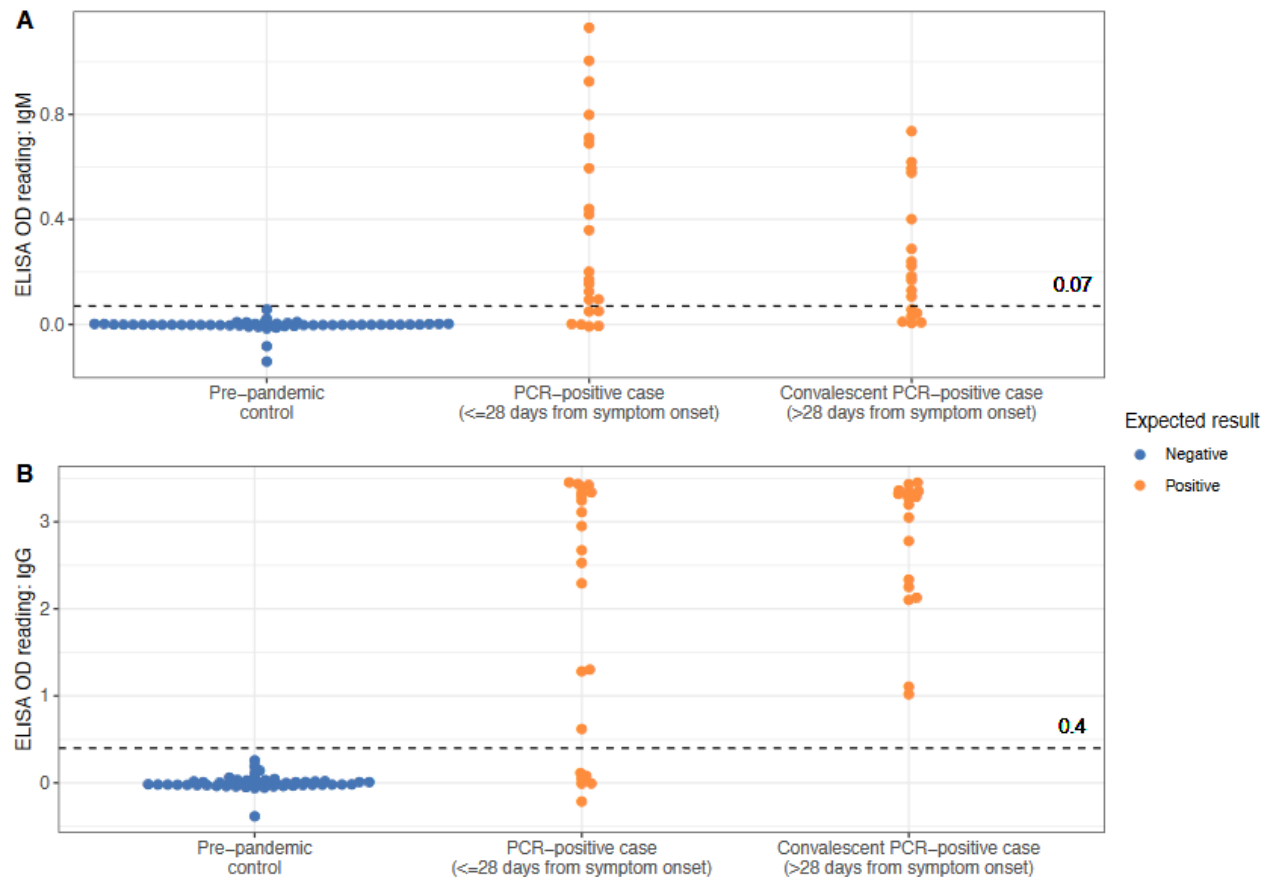
# Cross reactivity with other coronaviruses



<https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa310/5810754>



# Minimal Cross Reactivity with seasonal CoV



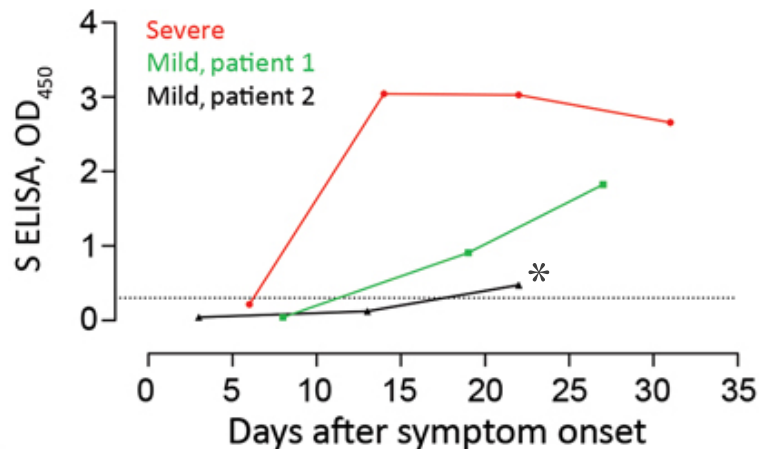
<https://www.medrxiv.org/content/10.1101/2020.04.15.20066407v1.full.pdf>



# Severe disease leads to a more robust immune response

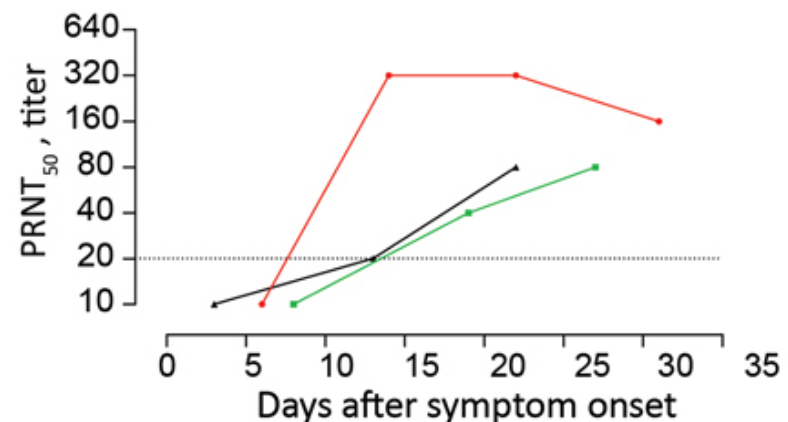
Total S Antibody

**A**



Neutralizing Antibody

**F**

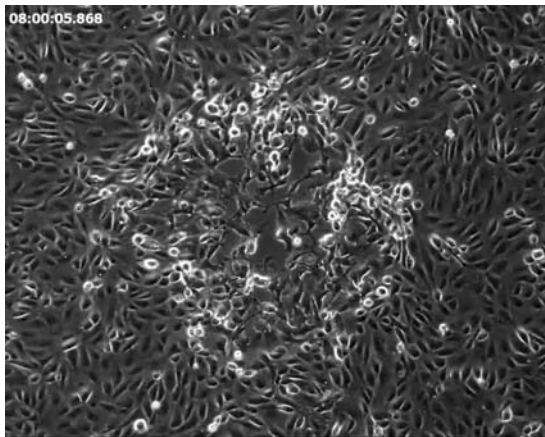


\*Some people do not develop detectable antibody responses

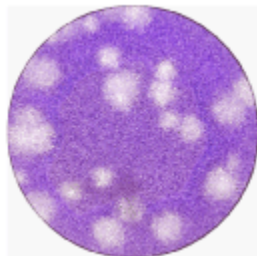
<https://wwwnc.cdc.gov/eid/article/26/7/20-0841-f1>



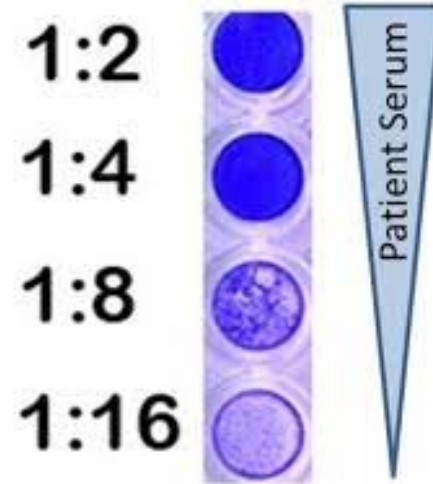
# Plaque Reduction Neutralization Test (PRNT)



Uninfected



Infected



- Time consuming (multiple days)
- Complex (special lab space)
- Subjective (advanced training)
- Biosafety risks (concentrated live virus)

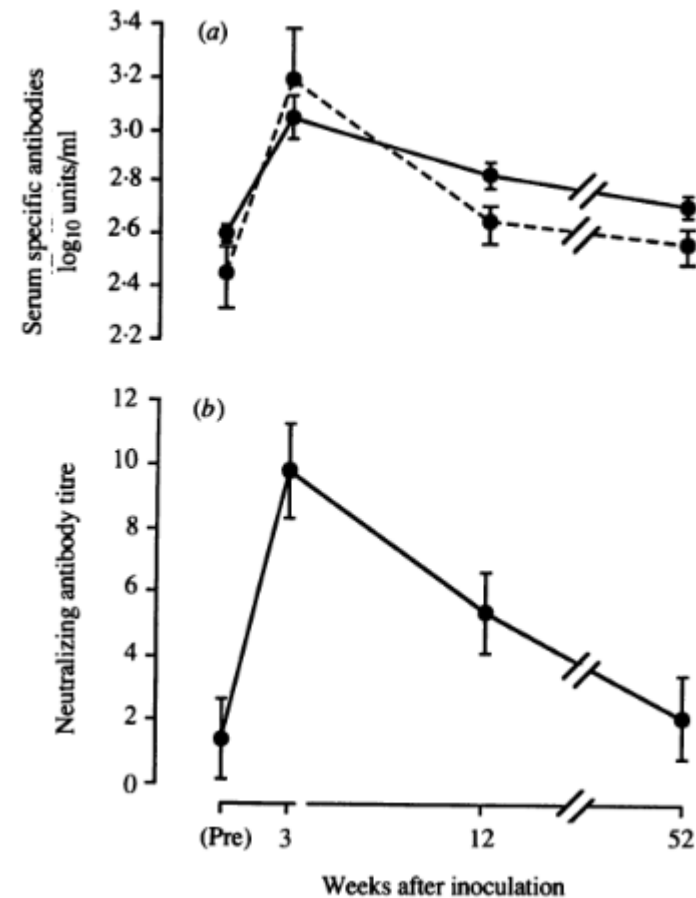


# Does Immunity Last?

Neutralizing antibodies to CoV-229E drop after about a year

Subsequent infections tend to be less severe

Could explain seasonality



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2271881/pdf/epid infect00023-0213.pdf>



## Re-infection?

- South Korea reporting increasing numbers of cases of re-infection
- About half have symptoms, dead virus?
- Symptoms tend to be mild
- May still be infective, no reports of transmission
- Usually detected within 35 days of “recovery”
- May be due to intermittent shedding or poor collection

<https://www.npr.org/sections/coronavirus-live-updates/2020/04/17/836747242/in-south-korea-a-growing-number-of-covid-19-patients-test-positive-after-recover>





## Re-Cap

- The body develops many kinds of antibodies in response to infection, not all are protective.
- It takes much longer to detect antibodies than virus, making molecular tests better for diagnosis of acute infections.
- Cross reactivity with seasonal Coronaviruses seems to be low. Higher with SARS-1
- Neutralizing antibodies are produced but are hard to test for.
- We don't know if immunity will last or for how long.



# Lateral Flow Assays Not all created equal

- 9 different lateral flow assays compared to ELISA
- PCR as gold standard
- Specificity high >95%
- Sensitivity low <70%

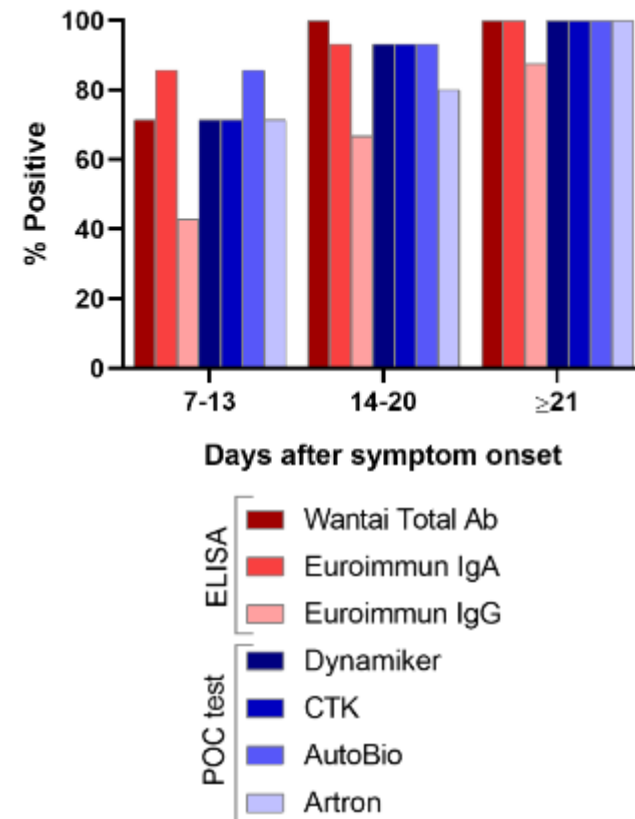
<https://www.medrxiv.org/content/10.1101/2020.04.15.20066407v1.full.pdf>

| Assay | RT-PCR positive |                | Pre-pandemic control |                | Sensitivity (95% CI) | Specificity (95% CI) |
|-------|-----------------|----------------|----------------------|----------------|----------------------|----------------------|
|       | True positive   | False negative | True negative        | False positive |                      |                      |
|       | True            | False          | True                 | False          |                      |                      |
| ELISA | 34              | 6              | 50                   | 0              | 85 (70,94)           | 100 (93,100)         |
| 1     | 18              | 15             | 60                   | 0              | 55 (36,72)           | 100 (94,100)         |
| 2     | 23              | 15             | 90                   | 1              | 61 (43,76)           | 99 (94,>99)          |
| 3     | 21              | 12             | 58                   | 2              | 64 (45,80)           | 97 (88,>99)          |
| 4     | 25              | 13             | 59                   | 1              | 66 (49,80)           | 98 (91,>99)          |
| 5     | 19              | 12             | 58                   | 2              | 61 (42,78)           | 97 (91,>99)          |
| 6     | 20              | 11             | 59                   | 1              | 65 (45,81)           | 98 (91,>99)          |
| 7     | 23              | 10             | 57                   | 3              | 70 (51,84)           | 95 (86,>99)          |
| 8     | 18              | 14             | 60                   | 0              | 56 (38,74)           | 100 (94,100)         |
| 9     | 22              | 18             | 138                  | 4              | 55 (38,74)           | 97 (93,>99)          |



# Sensitivity Improves Over Time

- 9 different assays
  - 3 ELISA
  - 4 Lateral flow
- PCR as gold standard
- Sensitivity greatest  $\geq 21$  days



<https://www.medrxiv.org/content/10.1101/2020.04.09.20056325v1.full.pdf>



# How do the Different Tests Compare?

## ELISA

- Time consuming
- Technically challenging

## Lateral Flow Assays

- 100+ on the market
- highly variable

## CMIA

- Need more data



# VITROS® XT Systems

- 150 tests/hour
- Installed in 1000 labs in the US
- Has FDA EUA
  - VITROS Immunodiagnostic Products Anti-SARS-CoV-2 Total Reagent Pack (Ortho Clinical Diagnostics, Inc.)





# VITROS Data

| Days between PCR positive and Serum Collection* | Number Reactive | Number Non-Reactive | Total Number Tested |
|---|-----------------|---------------------|---------------------|
| 1-3   | 6               | 2                   | 8                   |
| 4-6   | 7               | 2                   | 9                   |
| 7-9   | 2               | 0                   | 2                   |
| Not Provided                                    | 15              | 2                   | 17                  |
| Total   | 30              | 6                   | 36                  |

\* SARS-CoV-2 positive PCR result confirms presence of virus. Immune response in patient is expected to be latent following initial viral infection.

VITROS SARS-CoV-2 Total showed 100% (400/400) negative agreement in 400 presumed SARS-CoV-2 antibody negative subjects and 83.3% (30/36) positive agreement (95% CI: 67.2–93.6%) in 36 PCR positive subjects.

|        | Comparator method/PCR Positive |                   |
|--------|--------------------------------|-------------------|
|        | Positive                       | Presumed Negative |
| VITROS | Reactive                       | 0                 |
|        | Non-reactive                   | 400               |

\*Their package insert



# Abbott Architect i1000 or i2000

- More than 2000 architects in the US
- Mass production of test kits
  - 1 million next week
  - 4 million in April
  - 20 million in June
- 100-200 tests/hour
- They have applied for FDA EUA
- Already shipping tests







# Abbott Data

## Positive Agreement by Days Post-Symptom Onset

| Days Post-Symptom Onset | n  | Positive | Negative | PPA<br>(95% CI)            |
|-------------------------|----|----------|----------|----------------------------|
| < 3                     | 5  | 0        | 5        | 0.00%<br>(0.00, 52.18)     |
| 3 - 7                   | 10 | 5        | 5        | 50.00%<br>(18.71, 81.29)   |
| 8 - 13                  | 34 | 31       | 3        | 91.18%<br>(76.32, 98.14)   |
| ≥ 14                    | 73 | 73       | 0        | 100.00%<br>(95.07, 100.00) |

## Negative Agreement by Category

| Category                  | n    | Positive | Negative | NPA<br>(95% CI)            |
|---------------------------|------|----------|----------|----------------------------|
| Pre-COVID-19 Outbreak     | 997  | 4        | 993      | 99.60%<br>(98.98, 99.89)   |
| Other Respiratory Illness | 73   | 0        | 73       | 100.00%<br>(95.07, 100.00) |
| Total                     | 1070 | 4        | 1066     | 99.63%<br>(99.05, 99.90)   |

\*Their package insert



# BioRad- EVOLIS

- IgM/IgG/IgA
- Manual or automated on the EVOLIS
- Started Shipping yesterday
- They have applied for FDA EUA
- Reporting “99 Percent Specificity and 98 Percent Sensitivity”





# DiaSorin- LIAISON

- They have applied for FDA EUA
- IgG antibodies directed against the S1 and S2 domains
- Up to 170 patient sera samples per hour
- About 500 platforms in the US





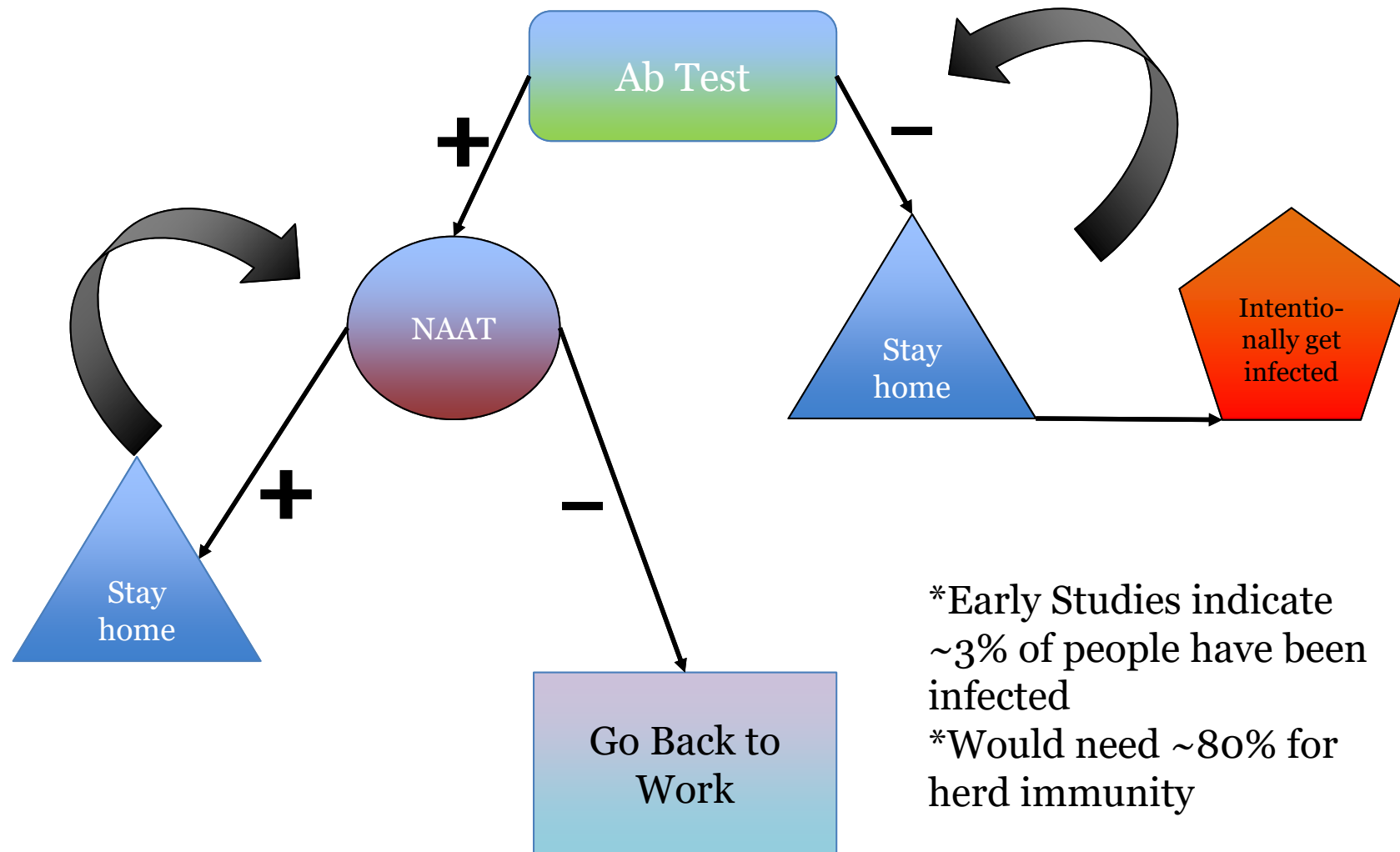
# Siemens - Centaur

- Seeking FDA EUA
- 240 tests/hour





# Option 1- Return to work testing



\*Early Studies indicate  
~3% of people have been  
infected

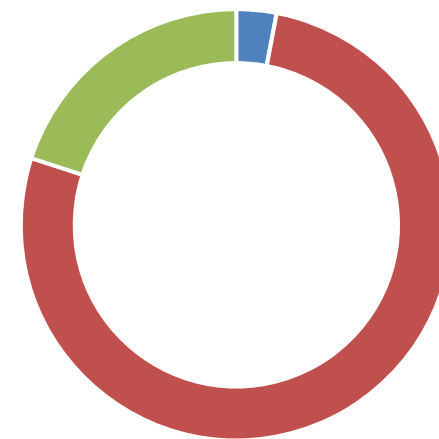
\*Would need ~80% for  
herd immunity



## Option 2- Ab Surveillance

- Track Prevalence to inform policy
  - If rate higher than NAAT suggests virus may be less dangerous than we thought
- Test until we reach herd immunity status
  - Current surveys ~3% are positive
  - ~80% of the population would need to be immune for herd immunity (based on infectivity)

Herd Immunity



■ Current ■ Needed ■ non-immune

\*Vaccine still a long way off

<https://www.sciencemag.org/news/2020/04/antibody-surveys-suggesting-vast-undercount-coronavirus-infections-may-be-unreliable>



## Option 3- the Swedish approach

Open wide to let immunity develop naturally

- At current 5% death rate= **232,880 dead\***
- If we are missing 2/3 of cases so death rate is actually only 1.7%= **79,179 dead\***

\*Assuming transmission stops when ~80% have been infected

\*\*Based on Wisconsin population of 5.822 M





## Option 4- Massive NAAT

- Test everyone that wants it
- Follow-up with every positive for case investigation and quarantine to stop transmission chains

### **Badger Bounce Back Plan**

- Estimates 85,000 tests per week needed
  - Current capacity 55,307/week (supply dependent)
- 1000+ Epidemiologists
- Current stay at home orders gave us time to develop testing to make this possible.



# A clear use for Serology

Testing previous positive patients prior to donation for Plasma therapy of COVID-19 infection

- Neutralizing antibodies
- Shown to help severely ill patients



<https://www.fda.gov/vaccines-blood-biologics/investigational-new-drug-ind-or-device-exemption-ide-process-cber/recommendations-investigational-covid-19-convalescent-plasma>



# Serology

- Antibodies take multiple days longer to detect a positive than NAAT.
- These tests cannot be used to diagnose a patient.
- Testing for return to work has problems
- They could be used for sero-prevalence
- Massive NAAT with case investigation more likely to be a solution
- Testing prior to plasma donation is useful



# Additional Resources

FDA Serology Guidance for clinicians

[https://www.fda.gov/medical-devices/letters-health-care-providers/important-information-use-serological-antibody-tests-covid-19-letter-health-care-providers?utm\\_campaign=FDA%20MedWatch%20Use%20of%20Serological%20%28Antibody%29%20Tests%20for%20COVID-19&utm\\_medium=email&utm\\_source=Eloqua](https://www.fda.gov/medical-devices/letters-health-care-providers/important-information-use-serological-antibody-tests-covid-19-letter-health-care-providers?utm_campaign=FDA%20MedWatch%20Use%20of%20Serological%20%28Antibody%29%20Tests%20for%20COVID-19&utm_medium=email&utm_source=Eloqua)

More FDA Serology Guidance (FAQ page)

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2>

FDA Educational materials

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-serological-test-validation-and-education-efforts>



Please Type Your Questions in the  
Question Box!

