Clinical Laboratory COVID-19 Response Call Monday, July 26, 2021, at 3:00 PM EDT

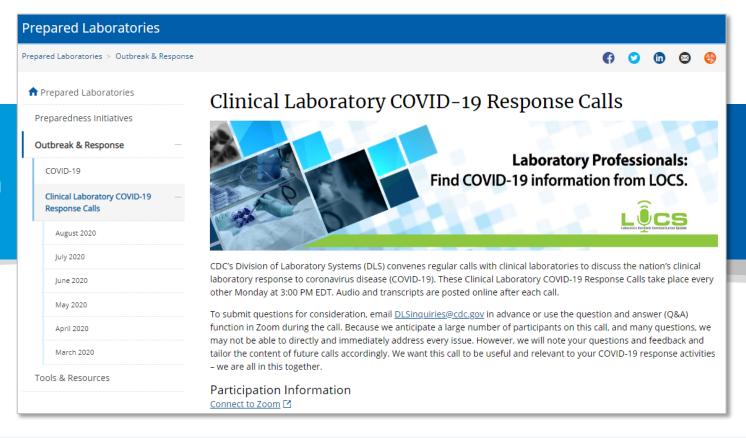
Welcome

- Nancy Anderson, CDC Division of Laboratory Systems (DLS)
- CDC Influenza SARS-CoV-2 Multiplex Assay
 - Brandi Limbago, CDC Laboratory and Testing Task Force for the COVID-19 Response
- Genomic Changes Causing SARS-CoV-2 Detection Partial Failure
 - Daniel D. Rhoads, Cleveland Clinic
- FDA Update
 - Tim Stenzel, U.S. Food and Drug Administration (FDA)

CDC Preparedness Portal

https://www.cdc.gov/csels/dls/preparedlabs/covid-19-clinical-calls.html

Find CLCR call information, transcripts, and audio recordings on the CDC Preparedness Portal



Schedule for Clinical Laboratory COVID-19 Response Calls

The next call will be on **Monday, August 9** from 3:00 PM to 4:00 PM EDT



We Want to Hear from You!

Training and Workforce Development

Questions about education and training?

Contact <u>LabTrainingNeeds@cdc.gov</u>



How to Ask a Question

- Using the Zoom Webinar System
 - Click the Q&A button in the Zoom webinar system
 - Type your question in the Q&A box and submit it
 - Please do not submit a question using the chat button





- For media questions, please contact CDC Media Relations at media@cdc.gov
- If you are a patient, please direct any questions to your healthcare provider

Slide decks may contain presentation material from panelists who are not affiliated with CDC. Presentation content from external panelists may not necessarily reflect CDC's official position on the topic(s) covered.

Center for Surveillance, Epidemiology, and Laboratory Services

CDC Influenza SARS-CoV-2 Multiplex Assay

CDC Laboratory and Testing Task Force for the COVID-19 Response



Genomic changes causing SARS-CoV-2 detection partial failure

CDC's Clinical Laboratory COVID-19 Response Call 26 July 2021

Daniel D. Rhoads, MD, FCAP, D(ABMM)
Section Head of Microbiology
Cleveland, Ohio





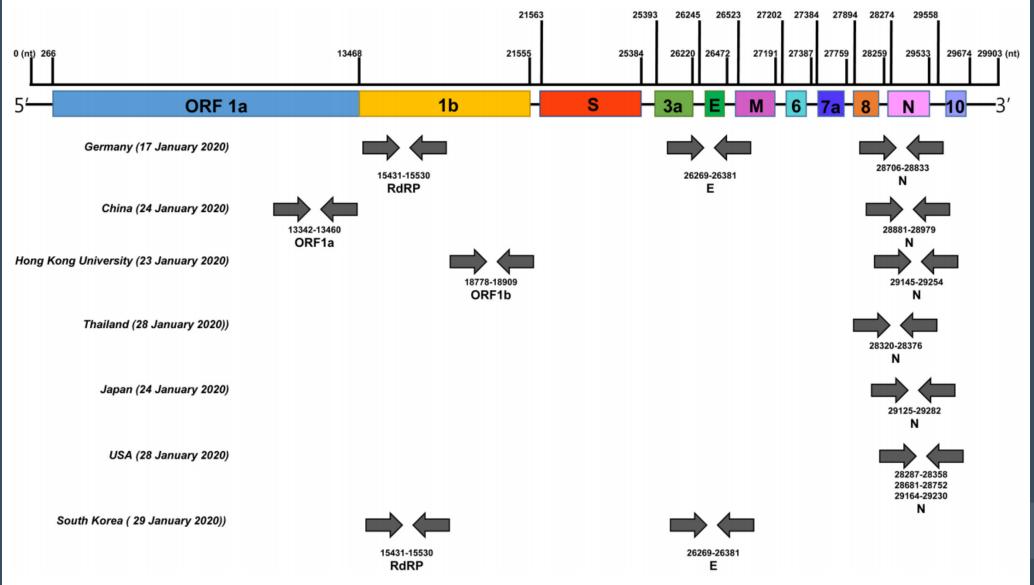


Fig. 5. A representative diagram showing currently available diagnostic primer sets on SARS-CoV-2 genome. Numbers represent genome positions according to SARS-CoV-2 isolate Wuhan-Hu-1 (GenBank: MN908947.3). Each primer set for the diagnosis was indicated by grey arrows.

Variant of Concern

Variant of Concern

A variant for which there is evidence of an increase in transmissibility, more severe disease (e.g., increased hospitalizations or deaths), significant reduction in neutralization by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic detection failures.

Possible attributes of a variant of concern:

In addition to the possible attributes of a variant of interest

- Evidence of impact on diagnostics, treatments, or vaccines
 - Widespread interference with diagnostic test targets […]

SARS-CoV-2 detection failure

- To my knowledge, no complete diagnostic failures have been reported to date.
- Several "partial" failures or single target failures have been reported and will be described.

Know your assay(s)

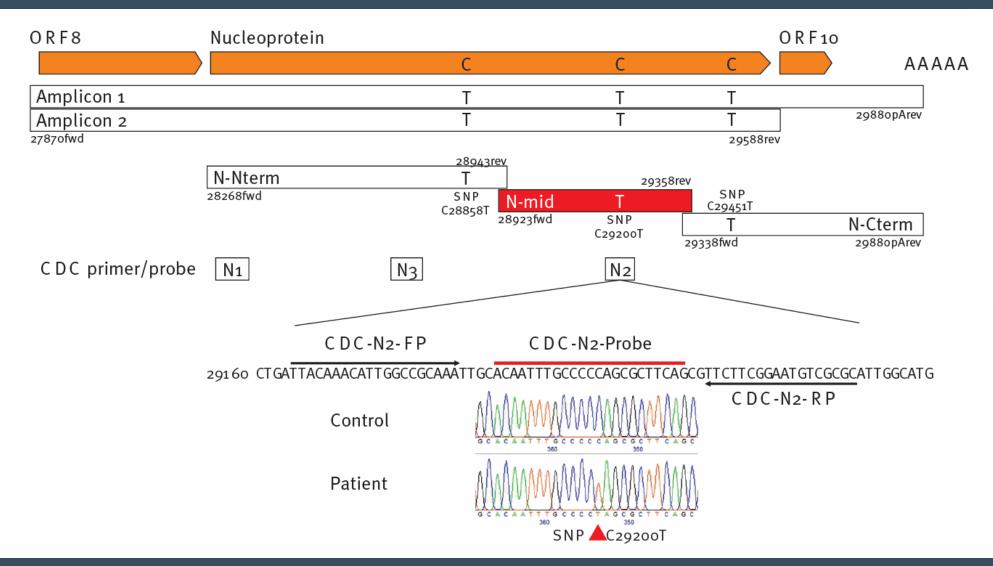
- Some *in vitro* diagnostic (IVD) assays use a single genomic target to detect SARS-CoV-2. Single mutations could result in complete diagnostic failure.
- Many IVD assays use multiple genomic targets to detect SARS-CoV-2, which would require multiple mutations to achieve complete diagnostic failure.
 - Some assays use different fluorophores for each of multiple targets. Single target failure can be identified.
 - Some assays use a single fluorophore for multiple targets, which helps to facilitate multiplexing. Single target failure cannot be identified.



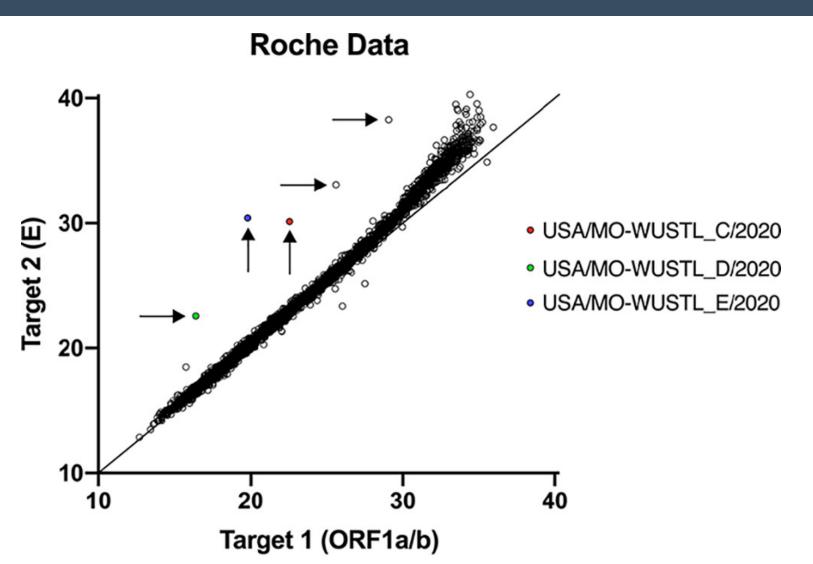
One of two targets detected raised curiosity.

"Since information on the proprietary [...] primers and probe(s) was unavailable [...]."













https://journals.asm.org/doi/10.1128/JCM.00075-21

Empiric detection failures of commercial assays

Polymorphism	Target Failure	Gene	Mutation	Associated Lineage	Assay	Reference
g.21765_21770 deletion	Complete	Spike	2 AA Deletion	B.1.1.7 (Alpha)	Thermo Fisher TaqPath	https://doi.org/10.2807/1560- 7917.ES.2021.26.3.2100008
g.29197C>T	Complete or Partial	Nucleocapsid	Synonymous	B.1.1.222, B.1.1.519	Cepheid Xpert	https://doi.org/10.1128/JCM. 00913-21
g.29200C>W	Complete or Partial	Nucleocapsid	Synonymous		Cepheid Xpert	https://journals.asm.org/doi/10.1 128/JCM.03278-20; https://doi.org/10.2807/1560- 7917.ES.2020.25.39.2001650
g.26340C>T	Complete	Envelope	Synonymous		Roche cobas 6800/8800	https://doi.org/10.1128/JCM. 01598-20
g.26372G>T	Partial	Non-coding (E region)	N/A		Roche cobas 6800/8800	https://doi.org/10.1128/JCM. 00075-21

Surveillance sequencing is helpful

- Currently, once a polymorphism has empirically been demonstrated to result in target failure, then sequencing surveillance data can be used to monitor the frequency of the mutation.
- In the future, ideally genomic regions targeted by IVDs would be made publicly available by manufacturers, so prospective investigation of polymorphisms occurring within targeted regions could be identified. Then, the sentinel laboratory performing the sequencing could subsequently empirically challenge the IVD assay known to target the polymorphic region.

References

Vogels, C.B.F., Brito, A.F., Wyllie, A.L. et al. Analytical sensitivity and efficiency comparisons of SARS-CoV-2 RT–qPCR primer–probe sets. Nat Microbiol 5, 1299–1305 (2020). https://doi.org/10.1038/s41564-020-0761-6. https://doi.org/10.1038/s41564-020-0761-6

Bal Antonin, Destras Gregory, Gaymard Alexandre, Stefic Karl, Marlet Julien, Eymieux Sébastien, Regue Hadrien, Semanas Quentin, d'Aubarede Constance, Billaud Geneviève, Laurent Frédéric, Gonzalez Claudia, Mekki Yahia, Valette Martine, Bouscambert Maude, Gaudy-Graffin Catherine, Lina Bruno, Morfin Florence, Josset Laurence, the COVID-Diagnosis HCL Study Group. Two-step strategy for the identification of SARS-CoV-2 variant of concern 202012/01 and other variants with spike deletion H69–V70, France, August to December 2020. Euro Surveill. 2021;26(3):pii=2100008. https://doi.org/10.2807/1560-7917.ES.2021.26.3.2100008

Rhoads DD, Plunkett D, Nakitandwe J, Dempsey A, Tu ZJ, Procop GW, Bosler D, Rubin BP, Loeffelholz MJ, Brock JE. Endemic SARS-CoV-2 Polymorphisms Can Cause a Higher Diagnostic Target Failure Rate than Estimated by Aggregate Global Sequencing Data. J Clin Microbiol. 2021 Jul 19;59(8):e0091321. https://doi.org/10.1128/JCM.00913-21

Hasan MR, Sundararaju S, Manickam C, Mirza F, Al-Hail H, Lorenz S, Tang P. A Novel Point Mutation in the N Gene of SARS-CoV-2 May Affect the Detection of the Virus by Reverse Transcription-Quantitative PCR. J Clin Microbiol. 2021 Mar 19;59(4):e03278-20. https://journals.asm.org/doi/10.1128/JCM.03278-20

Ziegler Katharina, Steininger Philipp, Ziegler Renate, Steinmann Jörg, Korn Klaus, Ensser Armin. SARS-CoV-2 samples may escape detection because of a single point mutation in the N gene. Euro Surveill. 2020;25(39):pii=2001650. https://doi.org/10.2807/1560-7917.ES.2020.25.39.2001650

Artesi M, Bontems S, Göbbels P, Franckh M, Maes P, Boreux R, Meex C, Melin P, Hayette MP, Bours V, Durkin K. A Recurrent Mutation at Position 26340 of SARS-CoV-2 Is Associated with Failure of the E Gene Quantitative Reverse Transcription-PCR Utilized in a Commercial Dual-Target Diagnostic Assay. J Clin Microbiol. 2020 Sep 22;58(10):e01598-20. https://doi.org/10.1128/JCM.01598-20

Tahan S, Parikh BA, Droit L, Wallace MA, Burnham CD, Wang D. SARS-CoV-2 E Gene Variant Alters Analytical Sensitivity Characteristics of Viral Detection Using a Commercial Reverse Transcription-PCR Assay. J Clin Microbiol. 2021 Jun 18;59(7):e0007521. https://doi.org/10.1128/JCM.00075-21

Cleveland Clinic

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FDA Update

Tim Stenzel

U.S. Food and Drug Administration (FDA)



U.S. Food and Drug Administration (FDA)

COVID-19 Emergency Use Authorization (EUA)
 Information for Medical Devices

https://www.fda.gov/medical-devices/emergencysituations-medical-devices/emergency-useauthorizations

COVID-19 In Vitro Diagnostic EUAs

https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas

COVID-19 Frequently Asked Questions

https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/coronavirus-disease-2019-covid-19-frequently-asked-questions

COVID-19 Updates

https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov

FDA Townhall Meetings

https://www.fda.gov/medical-devices/workshopsconferences-medical-devices/virtual-town-hall-seriesimmediately-effect-guidance-coronavirus-covid-19diagnostic-tests-06032020

 Independent Evaluations of COVID-19 Serological Tests

https://open.fda.gov/apis/device/covid19serology/



U.S. Food and Drug Administration (FDA)

- COVID-19 Diagnostic Development
 CDRH-EUA-Templates@fda.hhs.gov
- Spot Shortages of Testing Supplies: 24-Hour Support Available
 - 1. Call 1-888-INFO-FDA (1-888-463-6332)
 - 2. Then press star (*)
- FDA MedWatch

https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program



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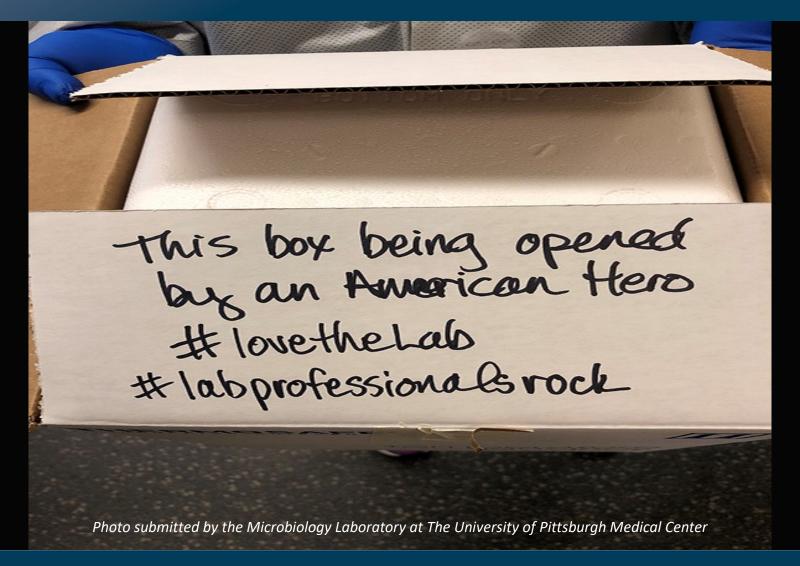




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24

Thank You For Your Time!



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