

9 July 2021

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Harmonization Study Data Review Update & Roadmap Manuscript

Tim Mercer and Marc Salit
Coronavirus Standards Working Group

What should a Coronavirus Standards Working Group do?



Assure development and availability of standards, controls, interlab testing, knowledge to support successful rollout & scaling of 2019-nCoV testing



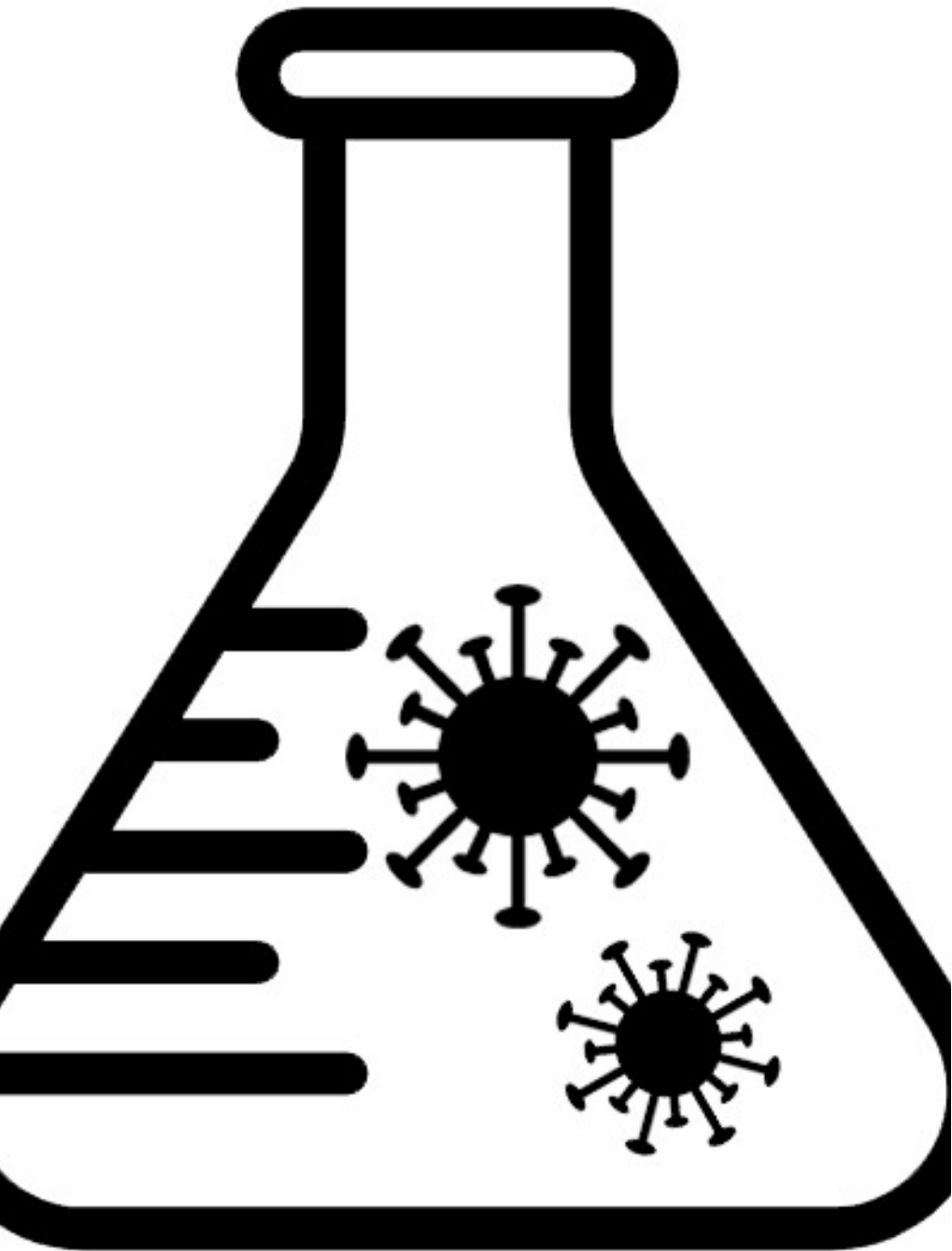
Identify and develop critical infrastructure to support...

- confidence in test results
- interoperability
- scale-up
- long-term capacity



Identify best practices that should be institutionalized

Learn what we need to do next time we have a global network in place ready to make standards.



Agenda

Harmonization Study Results

- Value Assignment
- Consistency
- Plan to publish

Roadmap Manuscript

- Outline
- Recommendations
- Plan to publish

Harmonization Dashboard Updates

- added data tables for calibration panel
 - calibration results
 - all raw data
- added material summary tab
 - robust "value assignment" estimates
- fixed unitage
- fixed 2x dilution problem with International Standard value

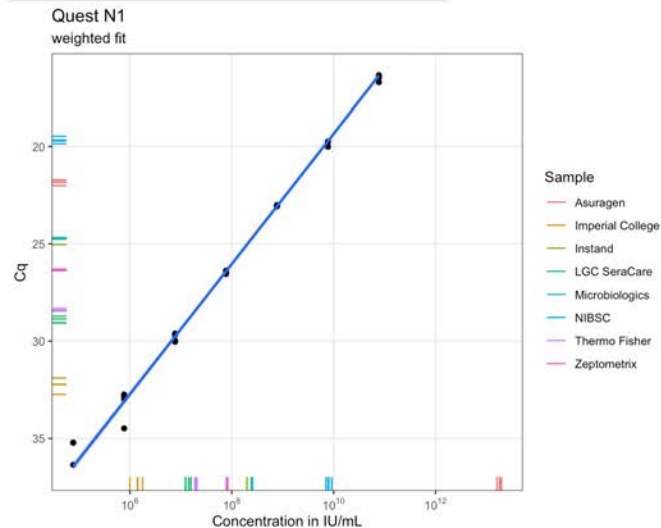
CSWG RNA Harmonization Study -- preliminary results

Calibration Curve & Lab Data

Lab: Target:

[Calibration Curve](#) [Calibration Fit Stats](#)

Raw Data



Material Results

Material:

[Material Plot](#) [Material Results](#) [Material Summary](#)

Search:

Median log₁₀ IU/mL Values & 95% CI

	Material	Median log ₁₀ IU/mL	95% CI
1	Asuragen	13.31	0.671
2	Imperial College	6.111	0.373
3	Instand	8.245	0.206
4	LGC SeraCare	7.098	0.188
5	Microbiologics	8.32	0.274
6	NIBSC	9.836	0.31
7	Thermo Fisher	7.216	0.225
8	Zeptomatrix	7.663	0.363

Showing 1 to 8 of 8 entries

Comparison to nominal values

- added tab with graph of log results v. log nominal
- line has slope 7.7/8, intercept = 0

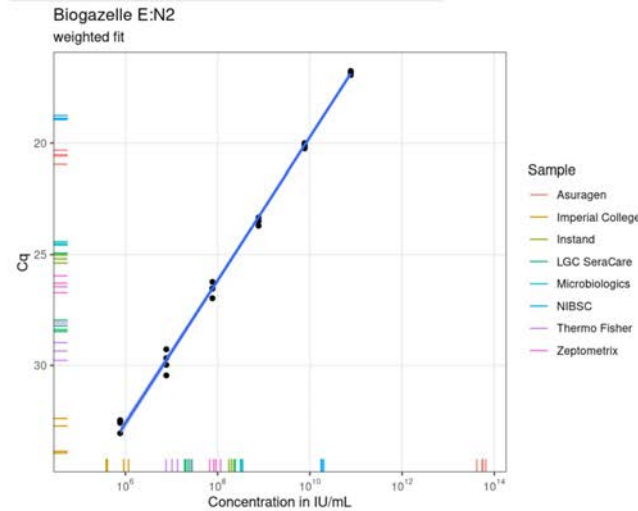
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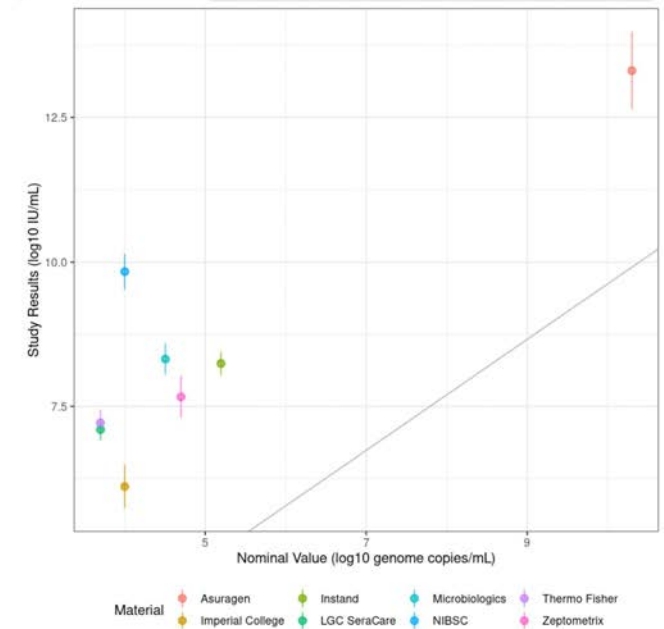


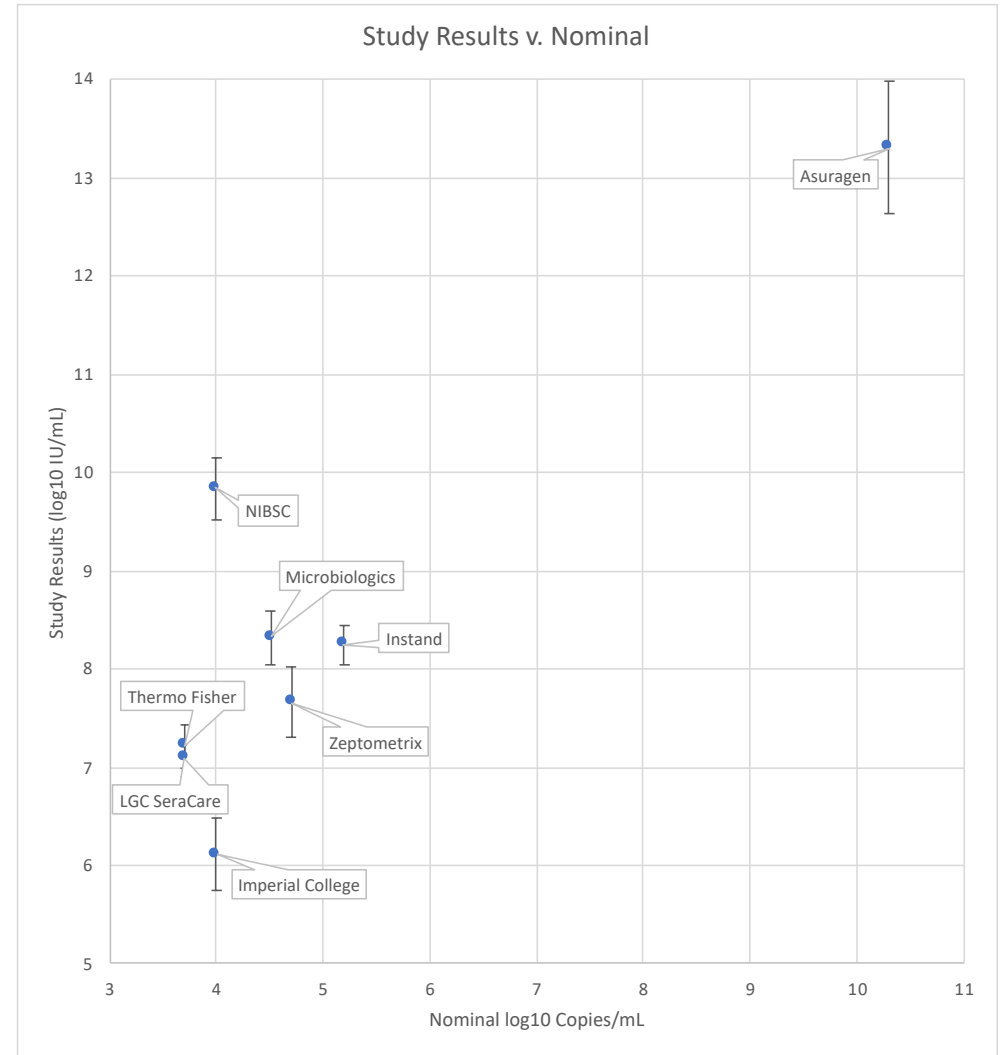
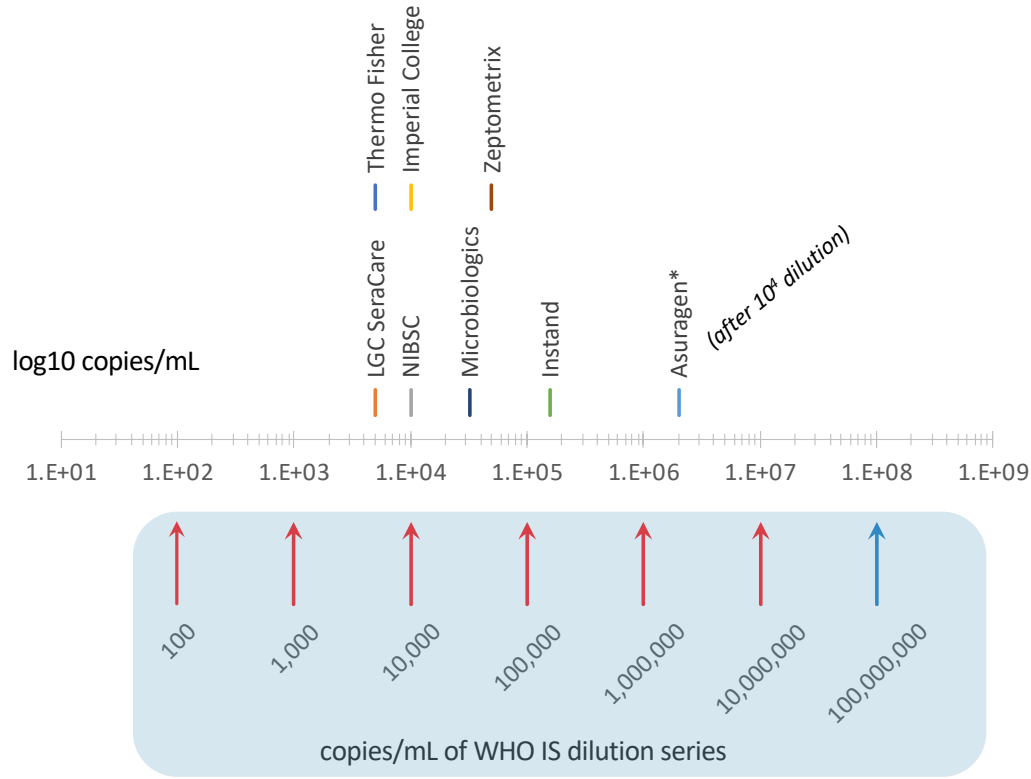
Material Results

Material:

Material Plot Material Results Material Summary

Results v. Nominal





Nominal material values and study results

Conversion from copies/mL to IU/mL



Medicines & Healthcare products
Regulatory Agency



World Health
Organization

WHO/BS/2020.2402
ENGLISH ONLY

EXPERT COMMITTEE ON BIOLOGICAL STANDARDIZATION
Geneva, 9 - 10 December 2020

WHO International Standard
First WHO International Standard for SARS-CoV-2 RNA
NIBSC code: 20/146
Instructions for use
(Version 2.0, Dated 05/01/2021)

**Collaborative Study for the Establishment of a WHO International Standard
for SARS-CoV-2 RNA**

Emma Bentley¹, Edward T. Mee¹, Stephanie Routley¹, Ryan Mate², Martin Fritzsche², Matthew Hurley³, Yann Le Duff³, Rob Anderson³, Jason Hockley⁴, Peter Rigsby⁴, Mark Page¹, Nicola Rose¹, Giada Mattiuzzo^{1#} and the Collaborative Study Group*

3. UNITAGE

The assigned potency of the WHO International Standard for SARS-CoV-2 RNA for NAT-based assays is 7.40 Log₁₀ IU/ampoule. After reconstitution in 0.5mL of molecular grade water or PBS, the final concentration of the preparation is 7.70 Log₁₀ IU/mL.

was detected. The inactivation procedure was approved by the NIBSC Biological Safety committee.

To prepare the bulk material, quantification of the SARS-CoV-2 genome copies within the inactivated material was determined relative to a plasmid standard curve by in-house real-time RT-PCR using primer/probe targeting the E-gene [9]. The material was prepared to contain 1x10⁸ genomes per mL and as with the chimeric LVP, was formulated in universal buffer containing a background of 1x10⁵ copies/mL of human genomic DNA.

Next steps on Viral RNA Harmonization Study



review anomalies



identify trends in results

extraction effects from different
labs?



**develop key conclusions
and takeaways**



disseminate values

suggest preprint publication



**plan to publish
manuscript**

build a team to develop
•need a lead to do Methods
section

Tim and Marc's recent review is on the cover of this month's *Nature Reviews Genetics*

- bringing the band back together again to lead development of the **CSWG Roadmap** paper



“A roadmap to better COVID-19 testing from the Coronavirus Standards Working Group”

Introduction

Standards needed for COVID-19 testing

- **Reference materials**
- **Proficiency testing schemes**
- **Information standards**
- *Are we missing anything?*
- *Stories, studies, findings specific to COVID-19 pandemic.*

The COVID-19 testing process.

- **Molecular testing**
- **Antigen testing**
- **Serology testing**
- *What standards are needed used to measure vaccine performance, immune protection in population? - needed for safe recovery*

Genome surveillance

- *What standards are needed for genome surveillance of SARS-*
- *Foresee new standards for the future?*

Concluding recommendations.

- *What did we get right? What did we get wrong?*
- *What can we improve testing/standards now? In the future? The next pandemic?*
- *We want bold, fair and thoughtful recommendations.*

Develop consensus on draft recommendations

Materials

- bring attention to developing standards that underpin *reliability of tests*
 - **“X-Prize for Pandemic Pathogen Standards”**
- scalable distribution of widely-available calibration materials, controls, and standards of *trusted* quality
- rapid studies to establish traceability to International Unit
- recommend EUA for Standards
- EUAs for Tests should be comparable by using comparable standards to calibrate

Proficiency Tests/EQA

- establish/identify coordinating body for EQA schemes
- recommend ongoing demonstration of EUA test comparability with EQA
 - address limitation of EUA by demonstrating field performance of authorized tests

Minimum Information Standards

- about a control – standardize information on how to use this control accurately
- about a test – standardize information about a test and how to use and interpret results accurately

Develop consensus recommendations

- Scalable distribution of widely-available calibration materials, controls, and standards for tests
 - oversight/evaluation/authorization of these standards
 - this could be an “EUA” for standards
 - calibration of these standards against the International Standard when it becomes available from WHO
- EUAs for tests should be calibrated with standards that have a provenance
 - standards that can be compared across EUAs
 - this would be a way to make EUAs comparable

Next steps

Timeline

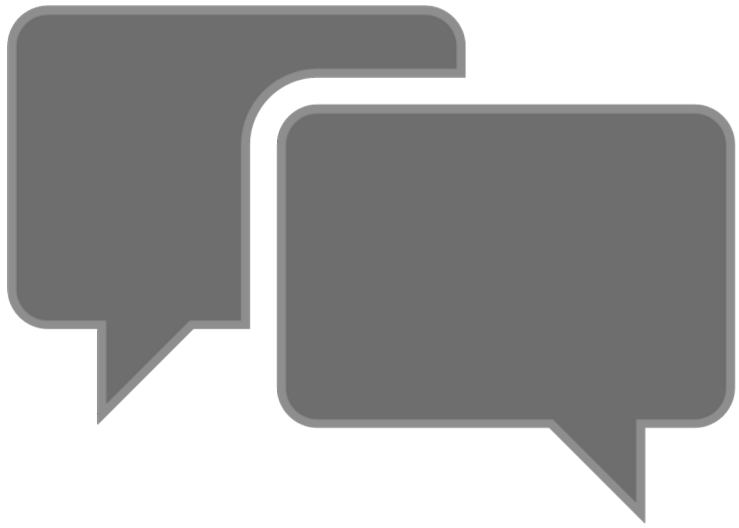
- share draft today
- contributions by 26 July

Protocol for contributions

- shared Word Doc
- shared Google Doc

Google sheet for authorship

- Name, Contributions, Affiliation(s), COI



Discussion

