

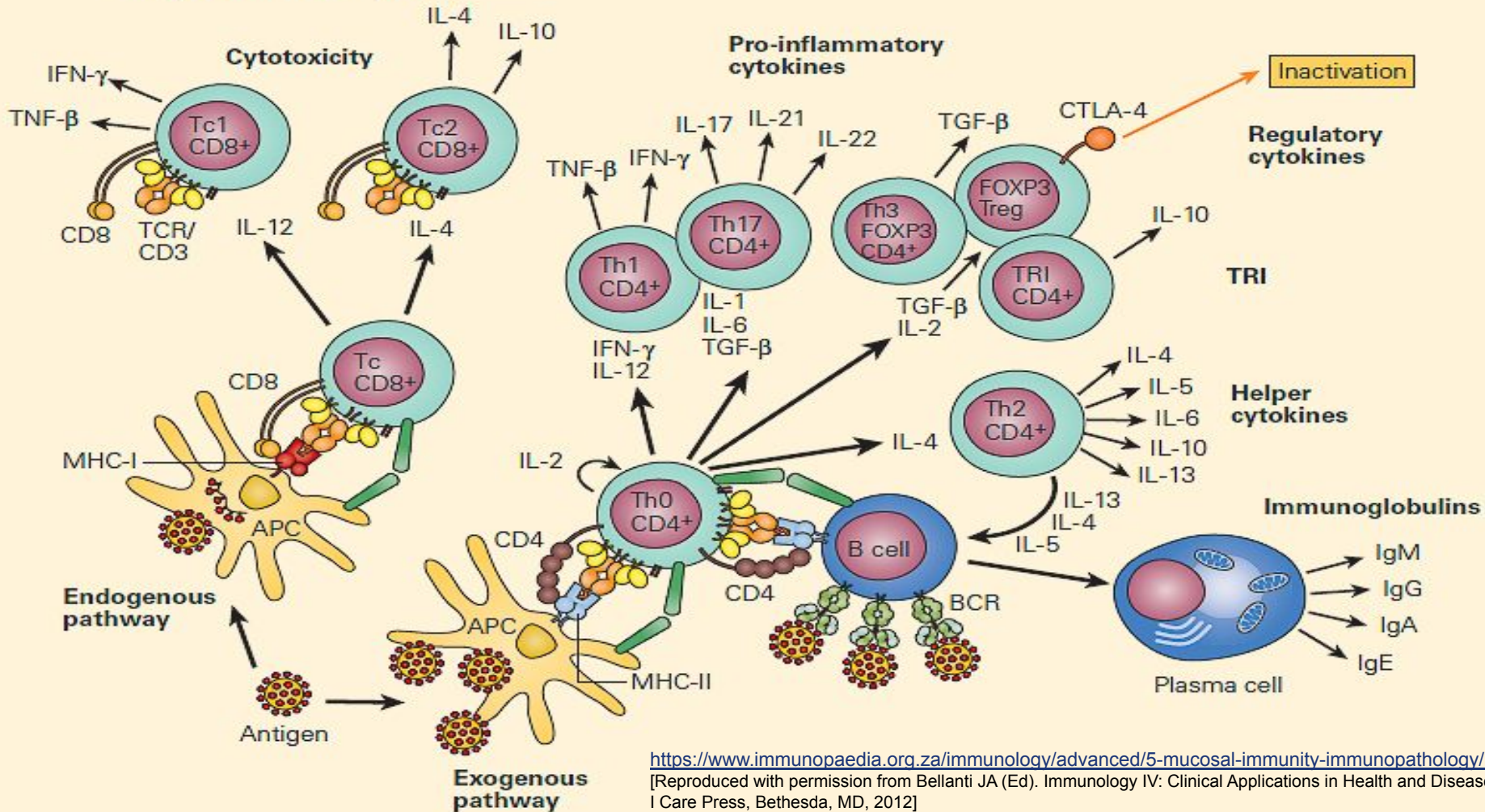
A world map with a dark grey background. Red circles of varying sizes are scattered across the map, representing the geographic distribution of SARS-CoV-2 cases. The circles are most densely packed in North America, Europe, and East Asia. The map includes labels for continents (NORTH AMERICA, AMERICA, EUROPE, ASIA) and oceans (Atlantic Ocean, Indian Ocean).

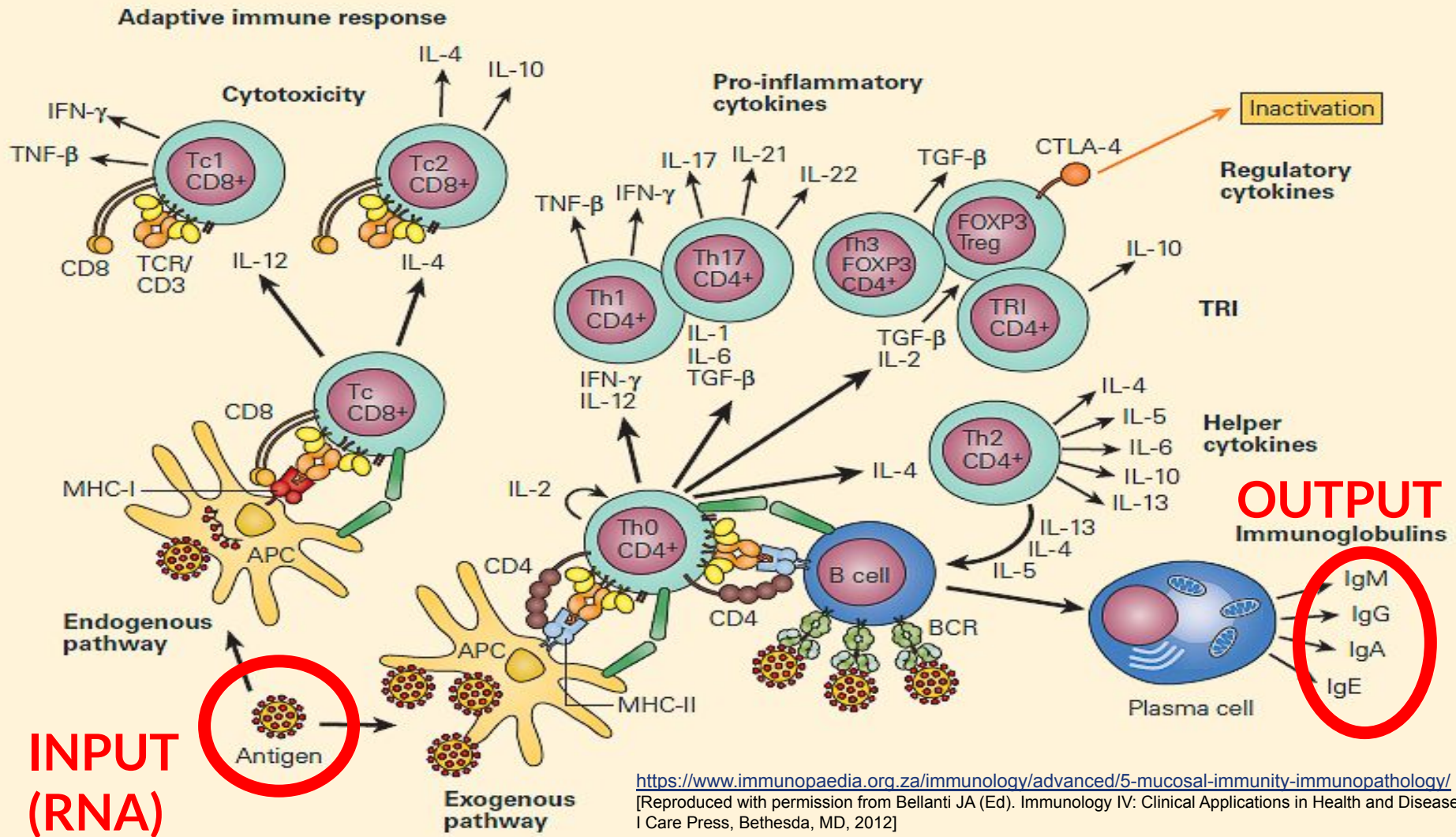
SARS-CoV-2

Serology/Antibody testing

Preston Estep, PhD
Harvard Personal Genome Project
Coronavirus Standards Working Group



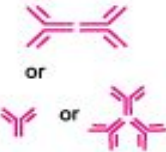
Adaptive immune response



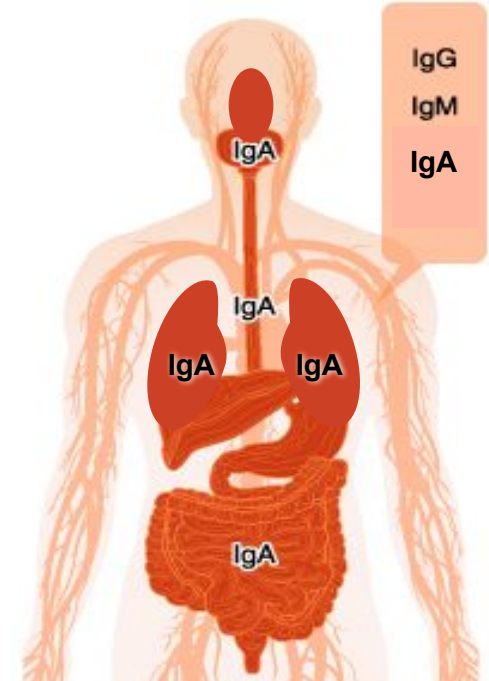


Separation of Systemic and Mucosal Immune Monitoring

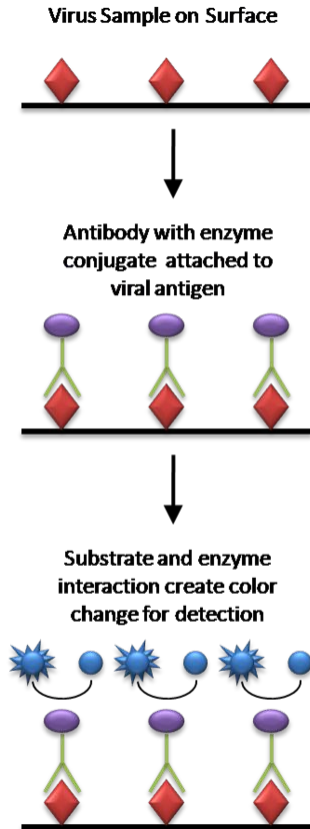
Types and Characteristics of Antibodies

IgG		<ul style="list-style-type: none">• ~75% of systemic antibody in circulatory system.• Minor fraction of Ab in mucosal tissue.
IgM		<ul style="list-style-type: none">• Produced first upon antigen invasion. Increases transiently.
sIgA IgA		<ul style="list-style-type: none">• 80+% of antibody in mucosal tissues.• Also expressed systemically at lower levels.

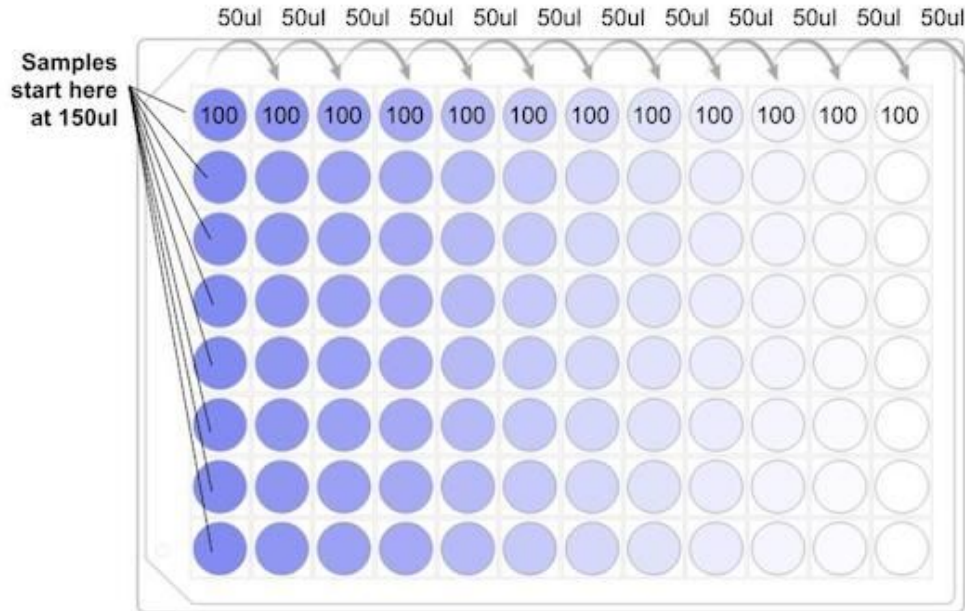
Main Location in the Body



ELISA, Enzyme-Linked Immunosorbent Assay



Example Serial Dilution



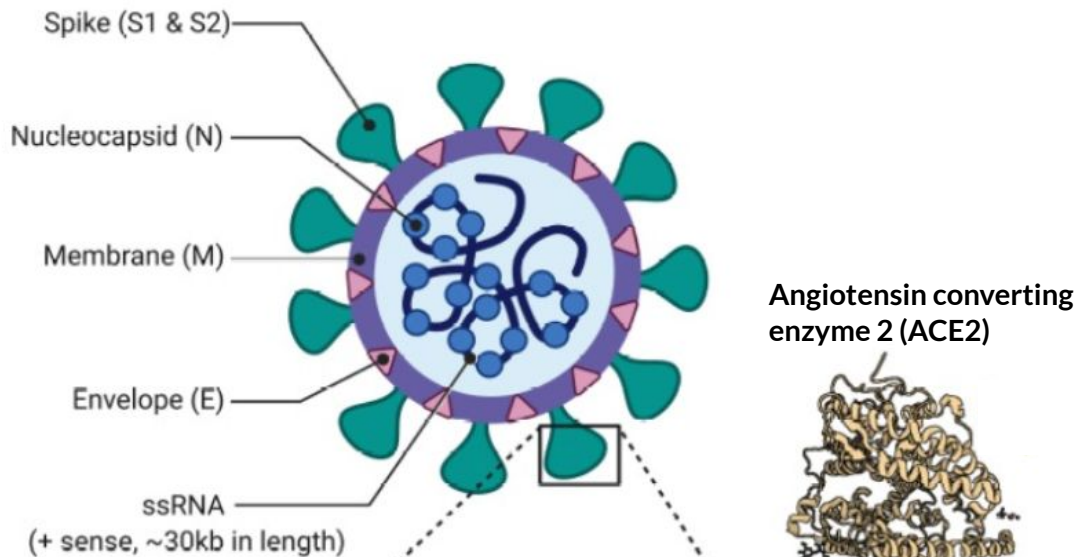
User Inputs:

Total Mixing Volume = 150

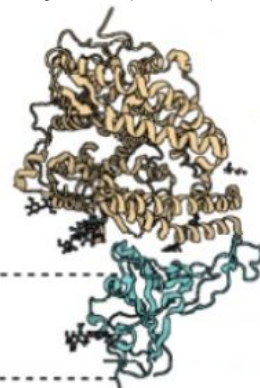
Number of Dilutions = 11

Dilution Factor = 3

SARS-CoV-2 Structure and Proteome



Angiotensin converting enzyme 2 (ACE2)



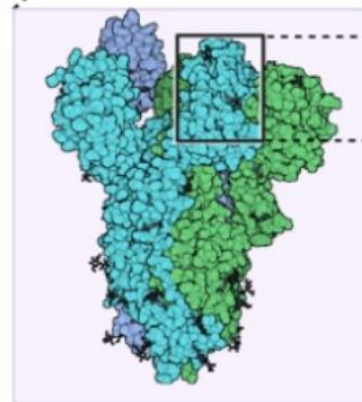
Predicted ORFs in SARS-CoV-2 Genome (~29.8 kb)



27 proteins

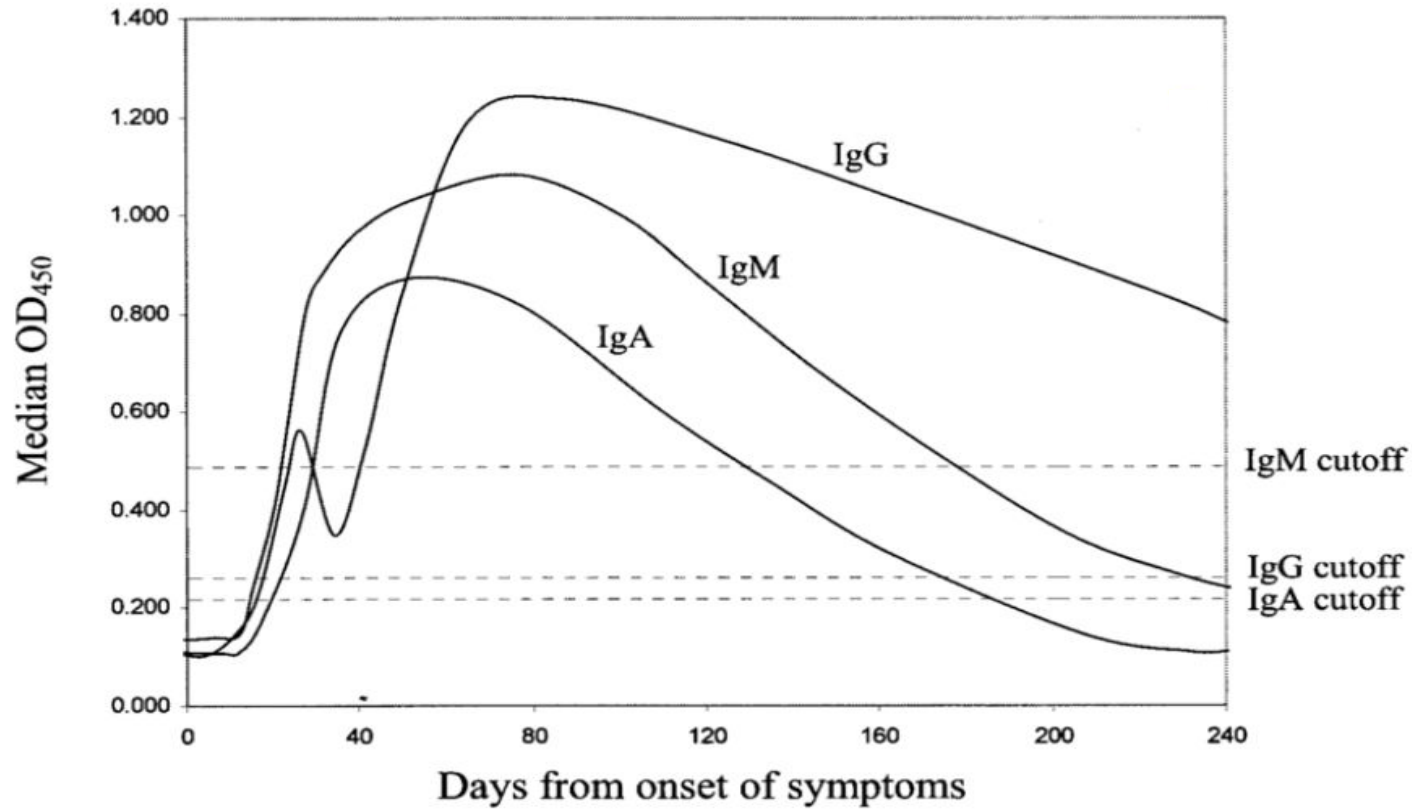
- 4 structure proteins
- 8 accessory proteins
- 15 nonstructural proteins (nsp)

- | | | |
|------|-------|-------|
| nsp1 | nsp6 | nsp12 |
| nsp2 | nsp7 | nsp13 |
| nsp3 | nsp8 | nsp14 |
| nsp4 | nsp9 | nsp15 |
| nsp5 | nsp10 | nsp16 |



Receptor binding domain (RBD)

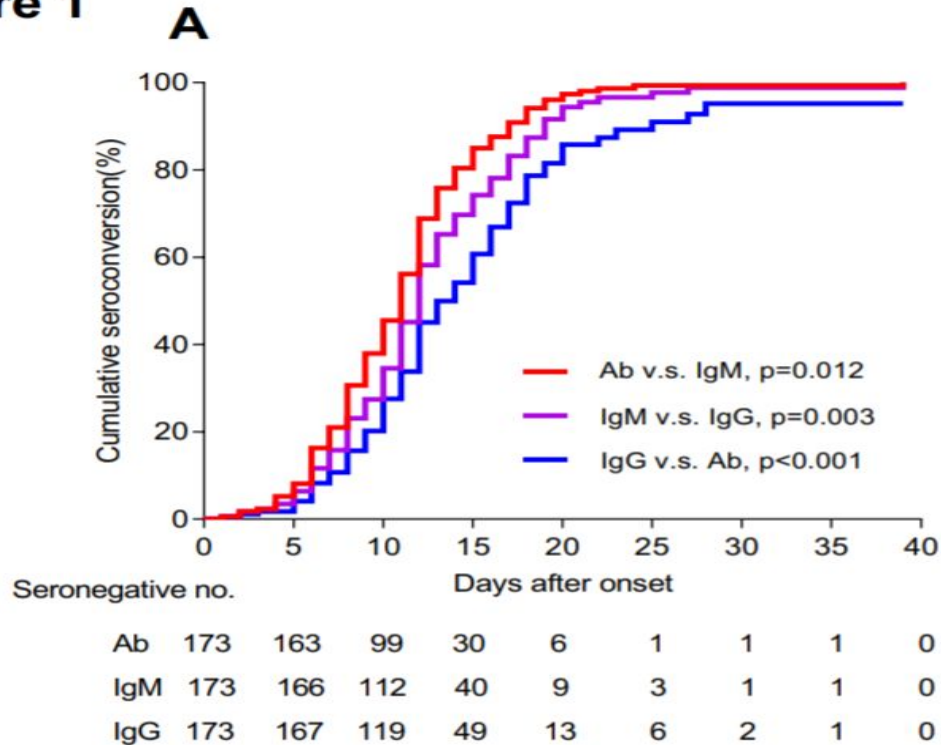
SARS-CoV Antibody Response



Longitudinal profile of IgG, IgM, and IgA antibodies to SARS-CoV nucleocapsid protein in patients with pneumonia due to SARS-CoV.

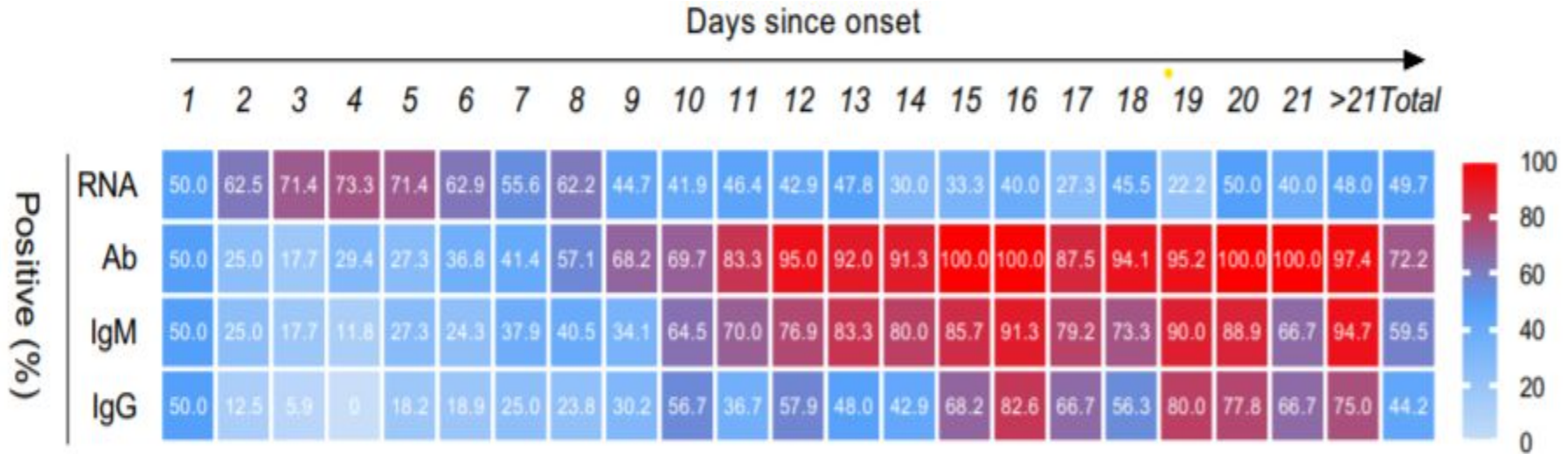
SARS-CoV-2 Antibody Response

Figure 1



Antibody responses to SARS-CoV-2 in patients of novel coronavirus disease 2019. [Zhao J et al.](#)

Time Courses of RNA and Antibody Tests



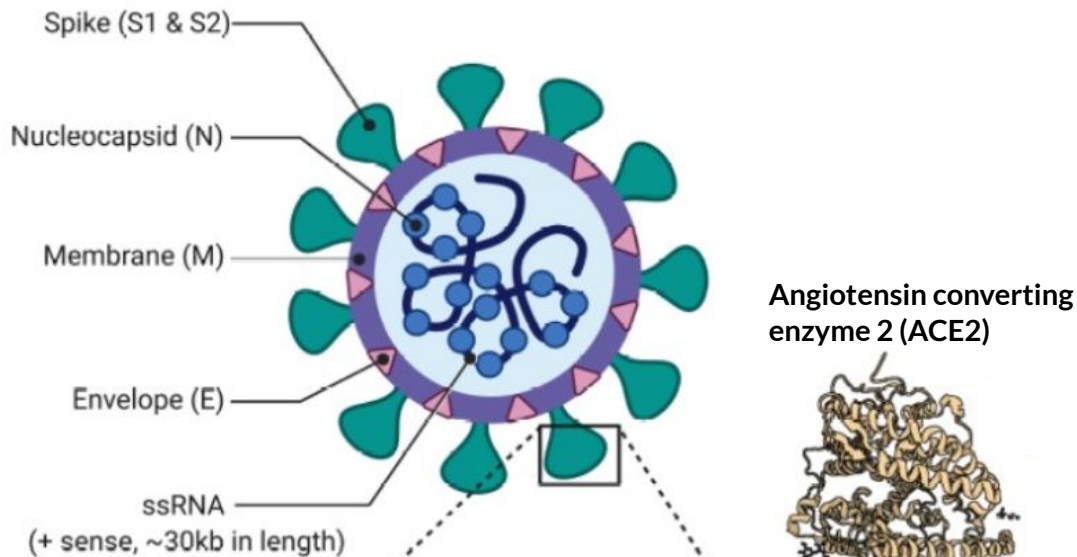
Antibody responses to SARS-CoV-2 in patients of novel coronavirus disease 2019. [Zhao J et al.](#)

Additional info: Quantitative Detection and Viral Load Analysis of SARS-CoV-2 in Infected Patients, [Yu et al](#)

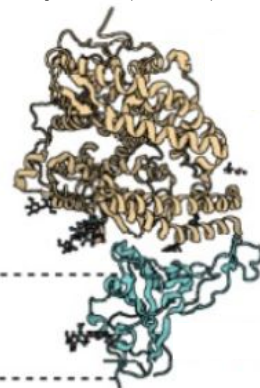
Different Times and Uses for Different Tests

	RNA	Antibody
Initial	Early, at symptom onset, variable False Negative rate	Mid to long term, day 7+, high early False Negative rate. Low but variable FN rate by day 15
Duration	Tapers off, reduced signal by day 10	IgM and IgA, moderate duration IgG, longer term ??
Blood	Ideal, lowest FP, FN	Ideal, lowest FP, FN
Saliva	Moderate to good, higher FN	Poor to Moderate, higher FN
Nasal	Moderate to good, higher FN	Poor to Moderate, higher FN

SARS-CoV-2 Structure and Proteome



Angiotensin converting enzyme 2 (ACE2)



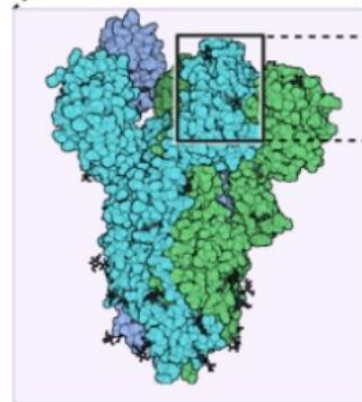
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| nsp1 | nsp6 | nsp12 |
| nsp2 | nsp7 | nsp13 |
| nsp3 | nsp8 | nsp14 |
| nsp4 | nsp9 | nsp15 |
| nsp5 | nsp10 | nsp16 |

27 proteins

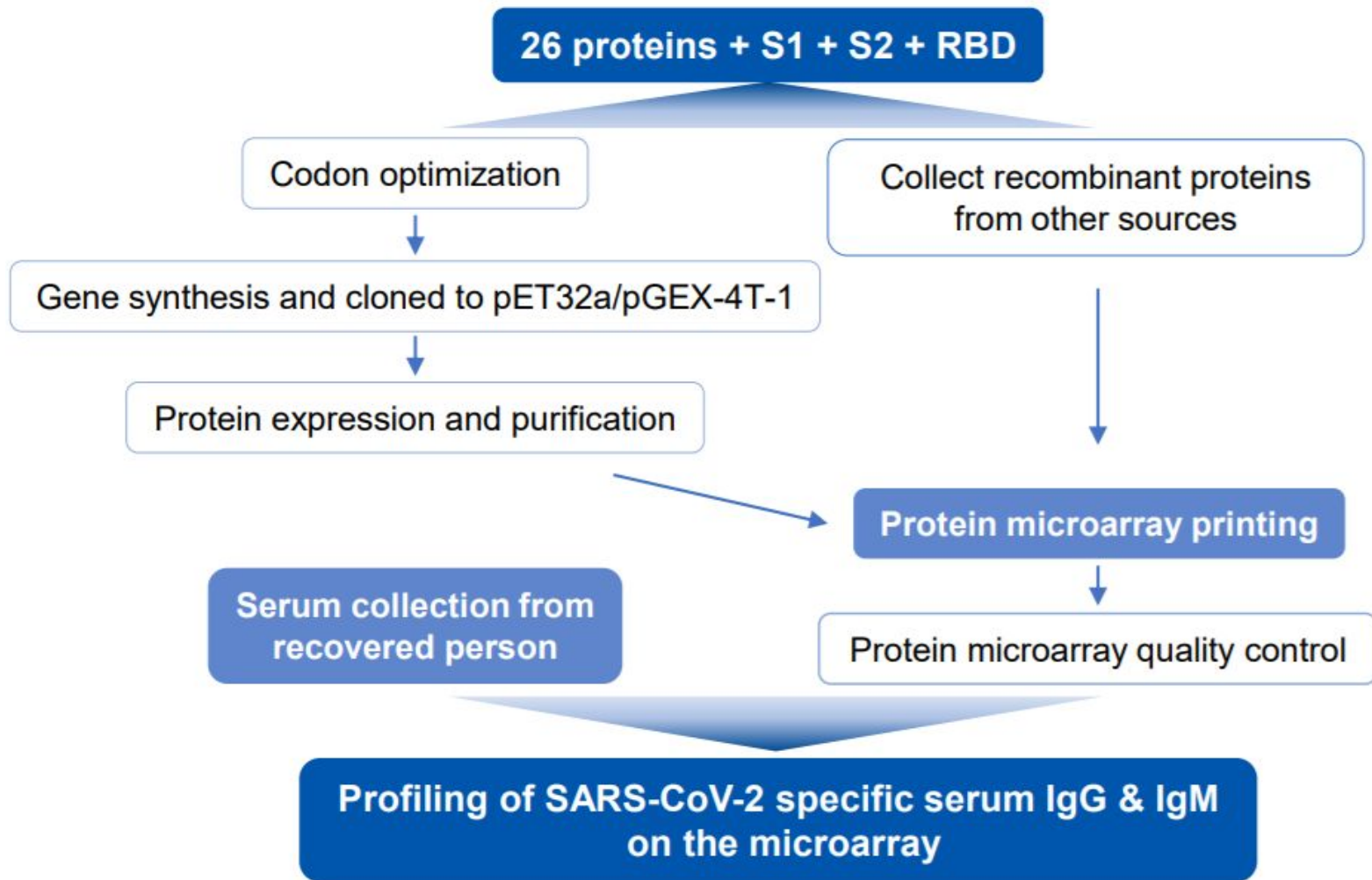
- 4 structure proteins
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Receptor binding domain (RBD)

Developing Antibody/Serology Standards - Core

- Current targets (proven for SARS-CoV)
 - Spike protein (S protein)*
 - Spike receptor binding domain (RBD)*
 - Other portions of Spike: S1, S2
 - Nucleocapsid protein (N protein)
 - Most sensitive, but noisier than Spike (SARS, [Jiang et al](#))
- Current discordance, ELISA/IgG
 - Zhao et al showed 100% of patients with later-stage samples showed IgG+IgM seroconversion (Spike-RBD)
 - But [Wu et al](#) showed that ~30% of convalescent patients have very low/no titers of neutralizing IgG antibody (Spike RBD, S1, S2)



Developing Antibody/Serology Standards - more ...

- Epitope mapping
 - Proteome - proteins, low resolution
 - Cross-reactivity to other viruses/pre-existing patient antibodies
 - Proteome/epitopes - Hi resolution; peptide libraries/arrays
 - Convalescent protective antibody epitope mapping
 - Linear epitope testing/target validation (e.g. Spike-RBD epitopes not yet found in convalescent sera; possibly structural rather than linear epitopes)
 - Vaccine epitope selection
- And more... ?

Summary

- RNA-based test is best to detect early infection
- Antibody based tests are essential as people recover
 - Immunity passports
- Technologies:
 - ELISA
 - Lateral flow assays (Cellex) including testing at home
 - Protein and peptide arrays
 - Immunome and PBMC transcriptomics + machine learning
- Open research questions
 - Best protein or peptide targets? S, S1, S2, N, portions?
 - Sensitivity and specificity
 - False positive and negative rates
 - Preexisting coronavirus antibody cross reactivity
- Aspirations: Standards for high quality antibody test of easily collected sample (saliva, nasal or oral swab, etc.)



Thanks and be safe!