

## Meeting Minutes for the VQA Advisory Board Conference Call

June 19, 2020 Taken by Miranda Carper, Duke VQA

## **Attendees:**

VQAAB Voting Members		
<ul><li>☑ Bill Meyer (Chair)</li><li>☑ Joan Dragavon (ACTG/HVTN)</li><li>☑ Belinda Yen-Lieberman (ACTG)</li></ul>	⊠Robert Coombs (ACTG/HVTN) ⊠Urvi Parikh (MTN) □Grace Aldrovandi	<ul><li>☑ Nicole Tobin (IMPAACT)</li><li>☑ Jessica Fogel (HPTN)</li><li>☑ Marco Schito</li></ul>
<b>VQAAB Non-Voting Members</b>		
□Ron Bosch (SDAC)  □Lori Merrill (NICHD)	☑ Diane Costello (IMPAACT/ACTG)	☐ Meghal Patel(NICHD)
HANC		
⊠Tyler Brown		
NIAID/DAIDS		
⊠Joe Fitzgibbon	⊠ Keith Crawford	
Virology Quality Assurance / Duke Human Vaccine Institute		
⊠Thomas Denny (PI)	⊠ Raul Louzao	⊠Feng Gao
⊠Andrea Pappas	⊠Sal Scianna	⊠Heidi Register
⊠Wes Rountree	⊠ Katelyn Xiang	$\square$ Marcella Sarzotti-Kelsoe
⊠Kristen Skinner	⊠Todd DeMarco	⊠Miranda Carper
Virology Quality Assurance Sub-Contractor		

## **Action Items**

• Survey VQAAB for best date to have the VQA face-to-face meeting.

## **Meeting Minutes**

Opening Remarks and Roll Call

⊠Mike Busch (Vitalant Research Institute)

- o Thomas Denny welcomed the advisory board members on the call
- Miranda Carper took roll call
- o There were 8 voting members on the call
- o Meeting minutes from call on April 17, 2020 were accepted
- Presentation: "Overview of Duke VQA Environment and Activity in Light of COVID-19"
  - o Presenter: Miranda Carper
  - VQA presented a brief overview of the following topics:
    - Duke environment and staffing policies
      - Duke is reinitiating "non-essential" laboratory operations
      - Social distancing is being maintained



- Reduced number of Staff in Laboratory
- Staff will work in shifts
- Staff will work remotely when possible
- Resuming VQA operations
  - 2 on-going/upcoming PTs
    - Quantitative HIV-1 RNA Testing
      - Data collection started June 8<sup>th</sup>
      - Data due June 26<sup>th</sup>
    - HIV-1 Drug Resistance Sequencing
      - VQA will confirm all international panels are scheduled on flights and approved for shipment
      - Sites will be given two week notice prior to shipment
      - Courier: BioCair and World Courier
  - Policies of Laboratory is unable to participate
    - Laboratory must email VQA if there are problems completing the PT
    - VQA will work with the lab for the best solution
      - Options
        - Put the lab on hold
        - Extend due date for laboratory
        - Exemption for current PT
  - Shipping
    - VQA is working with couriers to find flights to ship QCMs
      - Starting to see large influx of orders
        - Restricting how many controls a lab can order at a time until able to supplement inventory with productions
        - Limited in amount of staff available to prep shipments
  - Production
    - Production while maintaining social distancing
      - Unable to package larger productions due to space and social distancing requirements
      - Panel and control productions must be spread out over multiple shifts or days
      - Smaller productions allow for quicker turnaround with fewer staff but must be done more frequently to supplement inventory
    - Plan for possible future shutdowns
      - Solution for labs to have controls for clinical testing
        - Provide lab with protocol for creating their own controls and QC recommendations
          - Pool samples to create controls
        - Send high titer virus stock to labs in South America, Africa, Vietnam, and Thailand
          - Lab can share high titer stock with other laboratories to make controls



 VQAAB suggestion: interim CAP can be used (if available to international site)

- VQA/IVQAC COVID-19 work
  - Sequencing of SARS-CoV-2
    - Efforts led by Feng Gao
    - Sequenced nasopharyngeal swab (NPS) samples for the SARS-CoV-2 spike gene from patients that tested positive for SARS-CoV-2
    - 3/3 samples negative for SARS-CoV-2 were negative after performing the amplification
    - Sequenced S gene for 10 samples from NC
      - All 10 samples had D614G mutation which is associated with increased infectivity
      - Two other sequences have 1 or 2 additional mutations but they are not in the receptor binding site and we think is a product of the amplification
  - Development of a quantitative SARS-CoV-2 LDT assay
    - Development spearheaded by Todd DeMarco
    - Description of work flow
      - NPS samples our collected by Duke Clinicians. Samples are processed and qPCR performed in accordance with our workflow for our validated NHPCVL (Non-human primate core virology laboratory) SIV viral load assay
      - o 4 primer probe sets were tested
      - Moving forward the WHO-E primer set was used
      - Currently Todd Demarco is completing the validation of the instrument. Todd created a validation panel by spiking in inactivated SARS-CoV-2 genomic RNA into DMEM
        - In-house validation panel created to cover expected clinical range of SARS-CoV-2 viral loads
          - Bob Coombs is interested in getting the validation panels
      - The IVQAC is currently working to complete the validation, assay is able to pick up as low as 62 copies / mL
  - SARS-CoV-2 antibody assay
    - IVQAC is currently testing clinical samples for the presence of SARS-CoV-2 antibodies using different kits
      - EUROIMMUNE IgG: Measures antibody resonse to S1 domain of the spike protein (qualitative)
      - Akston Biosceicnes (antiCov-ID): Measures antibody response to Spike protein receptor binding domain (RBD, quantitative)
      - GenScript SARS-CoV-2 Surrogate Virus Neutralization Test (sVNT) Kit: Antibodies and RBD are mixed and then added to a



plate coated with the ACE2 receptor (neutralization assay surrogate)

- Tested panel of SARS-CoV-2 Antibody testing and Serology Comparison of Seasonal Influenza Cross Reactivity
  - Goal: determine sensitivity of assays
  - Seasonal Respiratory panel (~35 samples) did not cross react using the Akston assay
  - Few samples cross re-acted using the EUROIMMUN and GenScript assays
    - Working with company to see if crossreactivity is due to cutoff limits
- IVQAC is involved in performing Seroprevalence
   Monitoring with the Duke Emergency Department
  - In early April approximately 3.52% of patients testing positive for SARS-CoV-2 IgG antibodies
  - Repeat study in July
- IVQAC is measuring IgG response from samples collected at different time points
- Closing Statements
  - Duke VQA will send-out a survey for the virtual "face to face" VQAAB meeting
    - Take place either October 8/9 or October 15/16