



SARS-CoV-2 LABORATORY EXPERT CALL

Teleconference, 27 August 2020: 13h00 – 14h00 GVA

#	Item	Discussion points	Action points
1	Action points	Validation RNA fragments (10)(2e) validation: Perform validation and report back results in structured data collection form (all participating)	Send validation data for analysis to (10)(2e), (10)(2e) and (10)(2e)
2	SARS-CoV-2 antigen detection assays, experience from IP (10)(2a) (10)(2e) (10)(2e)	(10)(2e) presented SD biosensor Ag-test evaluation. Request to see whether it would be useful for border testing. In this population sensitivity below 15%, specificity 100%. CT values up to 23.5 were detected (compared with E gene charite assay). Advised against it use for border testing. Discussion: (10)(2e), (10)(2e) and (10)(2e): we also evaluated same assay in ER for symptomatic and asymptomatic as a screening for every patient entering the clinic. Sensitivity around 60%, high specificity. All negative cases still evaluated with PCR (10)(2e) and (10)(2e): In Italy we also evaluated this assay with visual reading and with digital reading evaluated UTM samples not frozen. visual sens of aprox 30%, reader 50%, specificity 98,5%. Low prevalence at this moment in general population, thus could be used as screening, positive cases still require PCR. (10)(2e): useful to write network experiences down?	- Follow up on how to present date from expert lab on antigen detection, part of guidance, stand alone publication? - Next week (10)(2e) and (10)(2e) will present their data.



		(10)(2e) certainly possible as use cases in guidance or as a stand alone document. Will discuss in team if expert labs are interested all three discussed today interested. (10)(2e) and (10)(2e) will present their data in more detail next week.	
3	Cases of reinfection with SARS-CoV-2 Recent reports and publication Ongoing work/observations?	First documented SARS-CoV-2 reinfection has been documented and published. Worth discussing in the network what is currently being studied and what should be studied by the network. First well documented case in (10)(2e) due to the number of cases and the health services provided by the public health sector well characterized data and follow up of the patients. Patient picked up by border screening, had no symptoms. (10)(2e): Need for case definition, comparing sequences not always possible. Prolonged shedding vs. reinfection Challenge in having previous data structurally collected. (10)(2e): would be helpful we have 5 suspected cases but previous samples not available for sequencing studies, further studies are ongoing. Within 3 months not defined as reinfection. All these cases were in the age range of 25-42 yrs. Would be extremely helpful to establish as a network how to evaluate possible reinfections.	(10)(2e) if available present case - Others present cases if available - Follow up on definition of reinfection and required work for improved understanding of frequency and risk factors for reinfection and implications (including for vaccines)
4	AOB	No AOB	

