



# Impact of novel variants on COVID-19 diagnostics

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# How might novel variants affect diagnostic performance?

**Variants arise through mutations in the viral genetic sequence**



## **Molecular NAT (e.g. PCR)**

Alterations in the viral sequences targeted by primers could lead to inaccurate results



## **Antigen tests**

Alterations in the viral genome that cause a change in the structure of the antigens could negatively affect performance

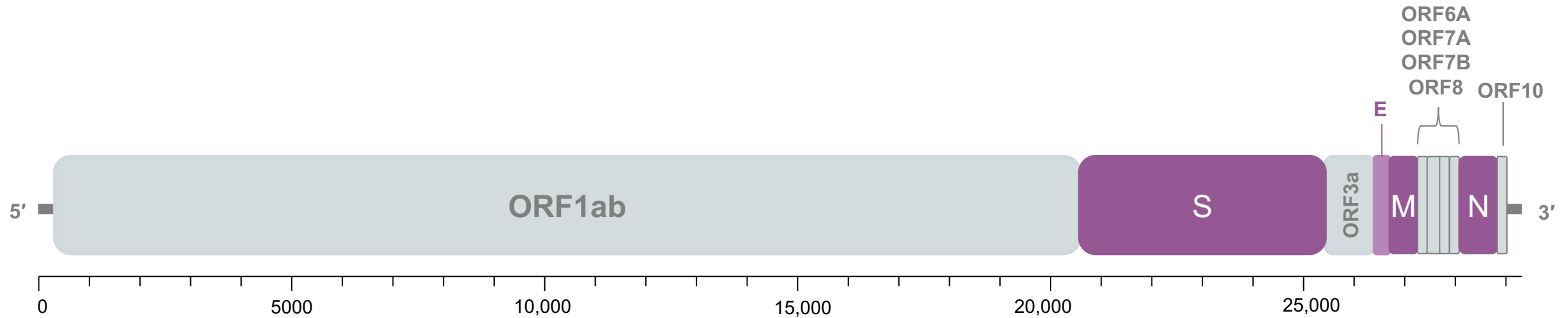


## **Serological tests**

Alterations in the viral genome that cause a change in the structure of viral proteins may result in a change to antibody repertoire, impacting test performance



# The SARS-CoV-2 genome



- S gene encodes the **spike glycoprotein**
- E gene encodes the **envelope protein**
- M gene encodes the **membrane glycoprotein**
- N gene encodes the **nucleocapsid protein**
- ORFs encode **non-structural proteins and polypeptides**

**The majority of mutations in novel SARS-CoV-2 variants occur in the S gene, but other genes are also affected**



# SARS-CoV-2 variants of concern

Three SARS-CoV-2 variants have been designated ‘variants of concern’

	B.1.1.7	B.1.351	P.1
<i>Alternative nomenclature</i>	VOC-202012/01 501Y.V1	501Y.V2	501Y.V3
<i>Location first identified</i>	United Kingdom	South Africa	Brazil
<i>Number of mutations</i>	23*	21†	21*
<i>Genes with mutations</i>	ORF1ab, S, ORF8, N	ORF1ab, S, ORF3a, E, N	ORF1ab, S, ORF8, N
<i>Number of mutations in S gene</i>	8	10†	10

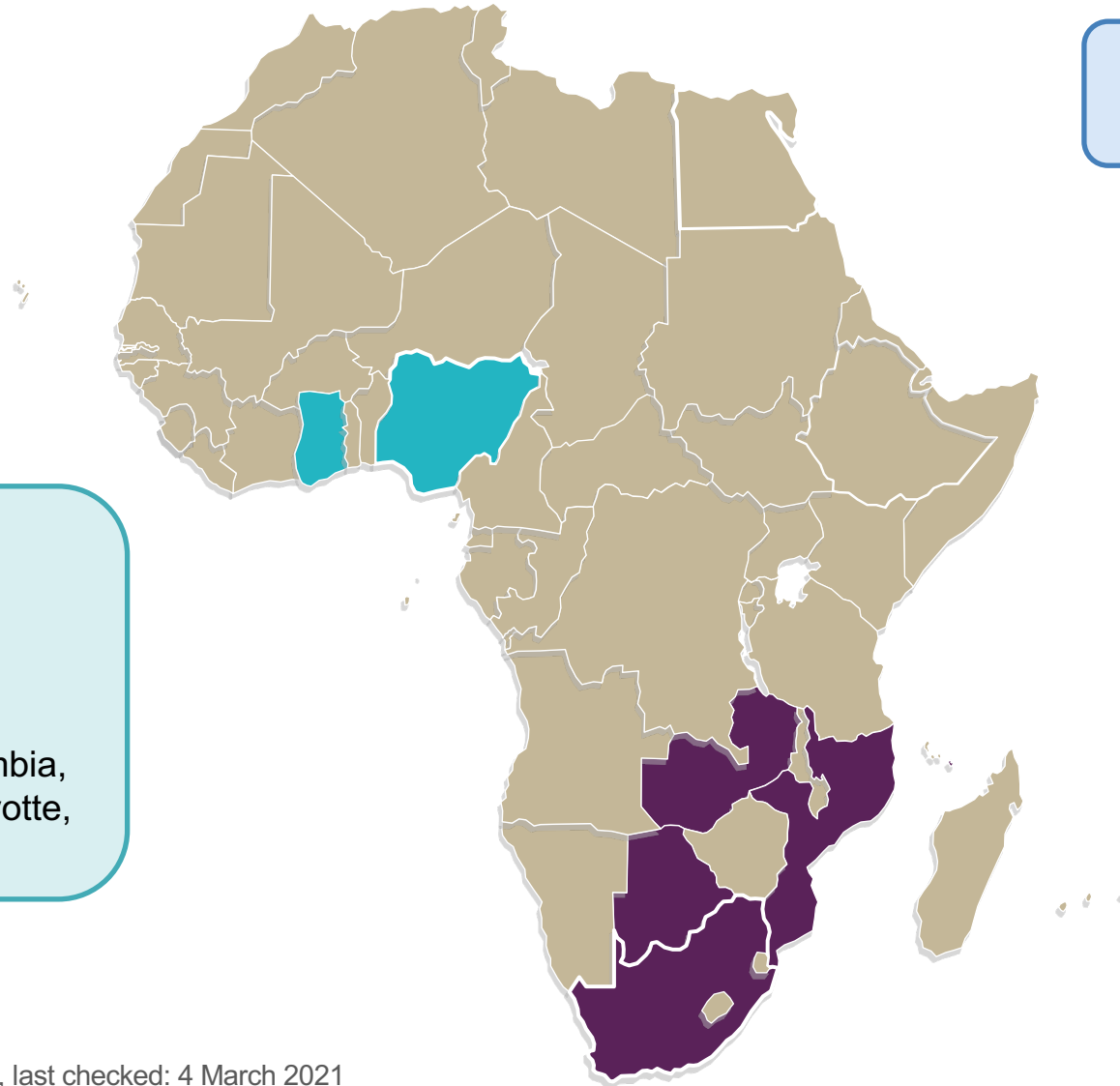
\*Includes 6 synonymous mutations for B.1.1.7 and 4 for P.1. Synonymous mutations do not change the amino acid sequence of the resulting protein

†Includes one mutation and one deletion at the same site

Rambaut A et al. *Virological.org* 2021; Tegally H et al. *medRxiv* 2020; doi.org/10.1101/2020.12.21.20248640; Faria NR et al. *Virological.org* 2021



# Prevalence of variants of concern in Africa



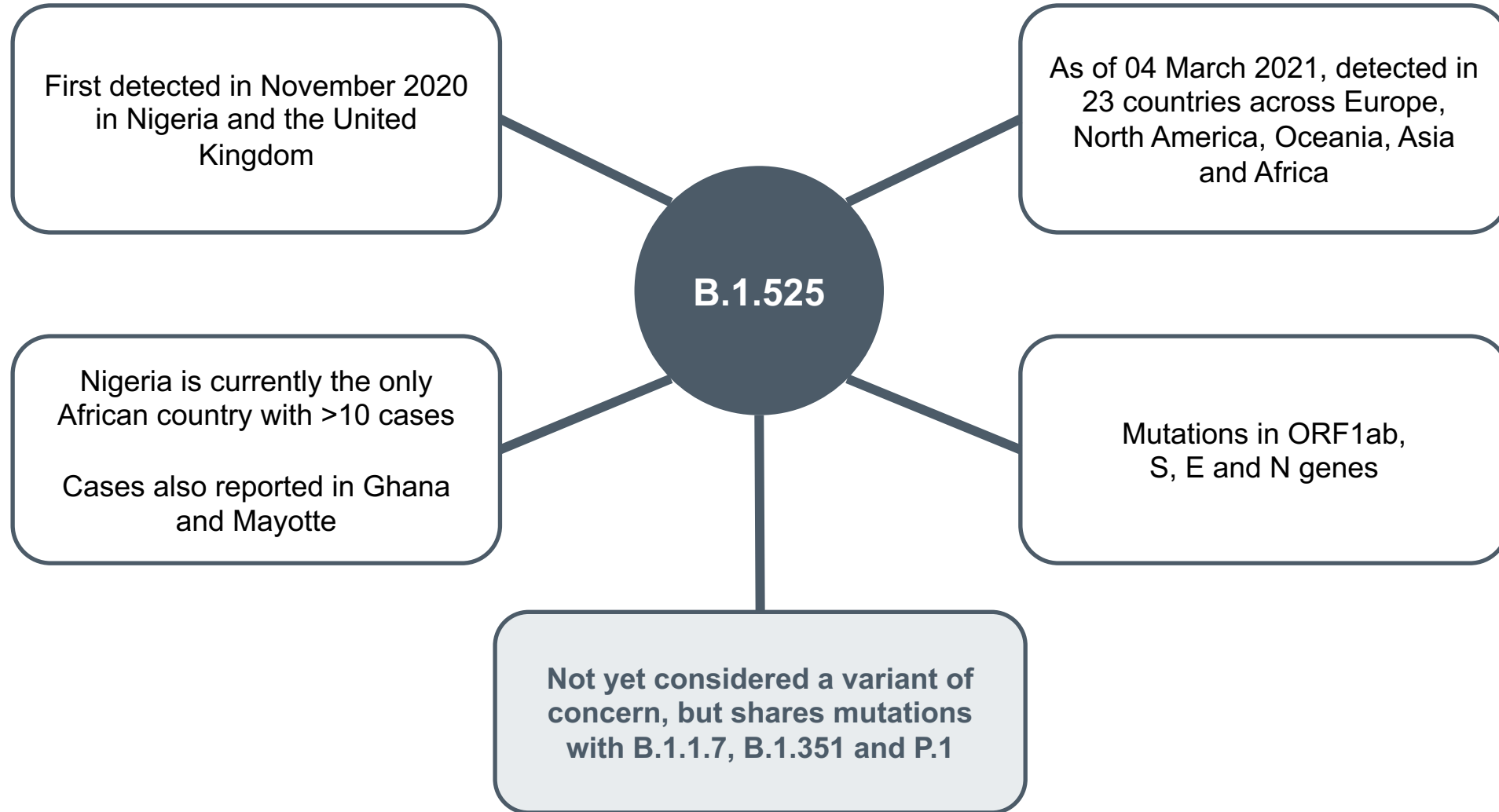
**P.1**  
No cases in Africa reported to date

**B.1.1.7**  
Countries with >10 cases:  
• Ghana  
• Nigeria  
  
Cases also reported in Gambia, DRC, Kenya, Rwanda, Mayotte, Senegal, South Africa

**B.1.351**  
Countries with >10 cases:  
• Botswana  
• Mayotte  
• Mozambique  
• South Africa  
• Zambia  
  
Cases also reported in Kenya, Ghana, Rwanda, DRC



## B.1.525 – a new variant under investigation





# Impact of SARS-CoV-2 variants on molecular test performance

- Impact **expected to be minimal**, as molecular tests in widespread use generally target  $\geq 1$  gene
- No reports of molecular tests being substantially affected by new variants except for **S gene dropout** with certain tests<sup>1</sup>
- Laboratories should routinely review testing data for unusual/unexpected results, including **monitor for target gene dropout**

B.1.1.7	B.1.351	P.1	B.1.525
<b>Minimal impact</b> Deletion at position 69–70 can cause S gene dropout <sup>1</sup>	<b>Minimal impact</b> No data on impact of mutations on assay performance but may impact assays that target S gene sequences	<b>Minimal impact</b> No data on impact of mutations on assay performance but may impact assays that target S gene sequences	<b>Minimal impact</b> Deletion at position 69–70 can cause S gene dropout <sup>1</sup>



# Impact of SARS-CoV-2 variants on antigen test performance

- Impact **expected to be minimal**, as most antigen detection tests (including rapid lateral flow devices) target the **C-terminus** of the **viral nucleocapsid protein (N gene)**
- A few antigen tests target the **spike protein**; performance of these tests **may be impacted**

B.1.1.7	B.1.351	P.1	B.1.525
<p><b>Minimal impact</b></p> <p>N gene mutations are located at the N-terminal</p> <p>A Public Health England assessment found that six rapid antigen tests targeting the nucleocapsid protein all successfully detected the variant<sup>1</sup></p>	<p><b>Minimal impact</b></p> <p>N gene mutations are located at the N-terminal</p> <p>A Public Health England assessment found that six rapid antigen tests targeting the nucleocapsid protein all successfully detected the variant<sup>1</sup></p>	<p><b>Minimal impact</b></p> <p>To date, no evaluation studies have been carried out to confirm that test performance is not affected, but no major performance deficits are anticipated for tests targeting the nucleocapsid protein</p>	<p><b>Minimal impact</b></p> <p>To date, no evaluation studies have been carried out to confirm that test performance is not affected, but no major performance deficits are anticipated for tests targeting the nucleocapsid protein</p>

FIND. <https://www.finddx.org/covid-19/novel-variants/>

1. Public Health England. <https://www.gov.uk/government/publications/sars-cov-2-lateral-flow-antigen-tests-evaluation-of-voc1-and-voc2/sars-cov-2-lateral-flow-antigen-tests-evaluation-of-voc1-kent-uk-and-voc2-south-africa>. Tests evaluated were: Abbott Panbio, Fortress, Innova, Roche/SD Biosensor nasal swab, Surescreen and Orient Gene

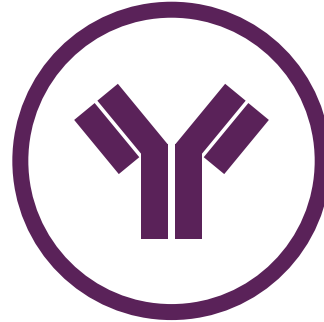




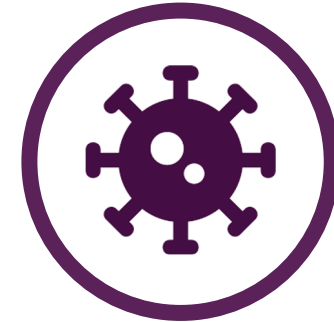
## Impact of SARS-CoV-2 variants on serological test performance



There is potential for the performance of assays detecting antibodies nucleocapsid and more likely the spike protein to be affected, but to date, **no systematic evaluations have been performed**



As these assays **do not directly detect the virus**, but rather the immune response generated in response to infection, it will take longer to understand how performance of individual assays may be impacted



Initial data characterising the immune response to the variants, shows **differing impact on host antibody response**, so more data is needed

**As antibody tests are generally not used for primary diagnosis, the overall impact on testing programmes is likely to be low**



# US FDA guidance for molecular test developers

1

## Design test to minimize impact of viral mutations on test performance

- Consider performance across **all known variants** at time of validation
- Describe in EUA how test design **mitigates risk of future variants** impacting performance
- Including a **highly-conserved** pan-SARS-CoV-2 target may improve performance, but **number of targets** in the test should still be appropriate to provide resilience

2

## Routinely monitor for viral mutations that may impact test performance

- Periodically conduct **sequence alignment** of primer/probe sequences with available SARS-CoV-2 genomes (*in silico analysis*)
- If mutations are identified that may **reduce test performance by  $\geq 5\%$**  or to **below EUA recommendations**, perform wet testing with clinical sample
- If difference of  **$\geq 3$ -fold in LOD** is detected, prepare risk analysis and notify FDA

3

## Clearly convey any test limitations in the test labelling

- If a potential impact on performance of an authorized test is identified, FDA will work with the test developer to address issues, e.g. by **updating their labelling** to reflect potential changes in performance
- FDA may also take additional actions, such as **revocation of an EUA**, as appropriate



# US FDA guidance for antigen and serological test developers

1

## Engage in discussion with FDA early in test development

- FDA is **still considering** how best to evaluate the impact of novel variants on performance of antigen and serology tests
- Developers should engage in discussion with FDA to ensure that they are **apprised of the most recent developments**

2

## Consider potential impact of variants on test performance

- Consider potential impact of **variants already in circulation**
- Routinely monitor for **new genetic mutations and viral variants** and assess impact on performance
- Consider potential for aggregate of mutations to **reduce test performance by  $\geq 5\%$**  or to **below EUA recommendations**



## WHO guidance to end-users



### Routinely review testing data to look for changes

- Positivity rate
- Invalid rate
- Drop out or discrepant detection of different gene targets for multi-target assays



### Notify Suppliers of any unusual results

- Increased discrepancies in Ct values across gene targets
- Failure to detect specific targets
- Misdiagnosis



# Company responses to mutations in SARS-CoV-2 and VOCs

- Most companies have conducted *in silico* analysis and issued letters to customers or posted information through press releases/on their website



Bioinformatics analysis confirmed that the target regions used in the Abbott Alinity m SARS-CoV-2, RealTime SARS-CoV-2 and Alinity m Resp-4-Plex assays would not be impacted by the following new variant strains.



The Cepheid Xpert Xpress SARS-CoV-2 and Xpert Xpress SARS-CoV-2/Flu/RSV tests detect the nucleocapsid (N2) and envelope (E) genes of SARS-CoV-2. Cepheid is monitoring strain surveillance data and has performed routine *in silico* analysis of SARS-CoV-2 sequences (over 500,000 from GISAID database as of February 2021 <https://www.gisaid.org/>) since the launch of our Xpert Xpress SARS-CoV-2 test. These include the spike protein variant strains listed above.

Coverage is currently at 100% for the E target and greater than 99% for the N2 target based on *in silico* analysis of our two-target design. Data from field reports are consistent with this analysis.

The implications of these findings are that for the Xpert Xpress SARS-CoV-2 test a PRESUMPTIVE POSITIVE callout may occur for strains with point mutations in the N2 target, whereas the results from the Xpert Xpress SARS-CoV-2/Flu/RSV test are not impacted.

Modifications in test design to accommodate known N2 variants are currently underway.



According to our investigations, several site mutations have occurred on the N-terminal side of the nucleocapsid protein at positions of 3, 203, 204, 235 for U.K(VUI-202012/01) and of 205 for S.A(501.V2), and there were no mutations on the C-terminal side. Since the recognition site of the raw materials used in our antigen test are the C-terminal side different from mutation sites, we expect our products are theoretically able to detect variants including U.K(VUI-202012/01) and S.A(501.V2).

**NOTE: this is meant for illustrative purposes and is not exhaustive. FIND is working to compile official company responses to have more comprehensive information on our website:**  
<https://www.finddx.org/covid-19/novel-variants/>



## Summary

- Analysis of the specific mutations carried by the novel variants suggests that the majority of tests currently used in primary detection of SARS-CoV-2 are not affected
- However, testing programmes and laboratories must be aware of potential effects on certain diagnostic tests, in order to be able to rapidly take any necessary precautionary measures
- As part of routine QA/QC, end-users should actively monitor test result trends
- The rapid emergence of novel variants demonstrates the need for:
  - Robust and widespread genomic surveillance, to ensure that other novel mutations are detected promptly
  - Continued monitoring of diagnostic test results to identify any changes in test performance and determine whether amendments to testing practices are required



**Thank you**

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