



Puerto Rico  
Public Health Trust

# Importance of SARS-CoV-2 testing along the curve

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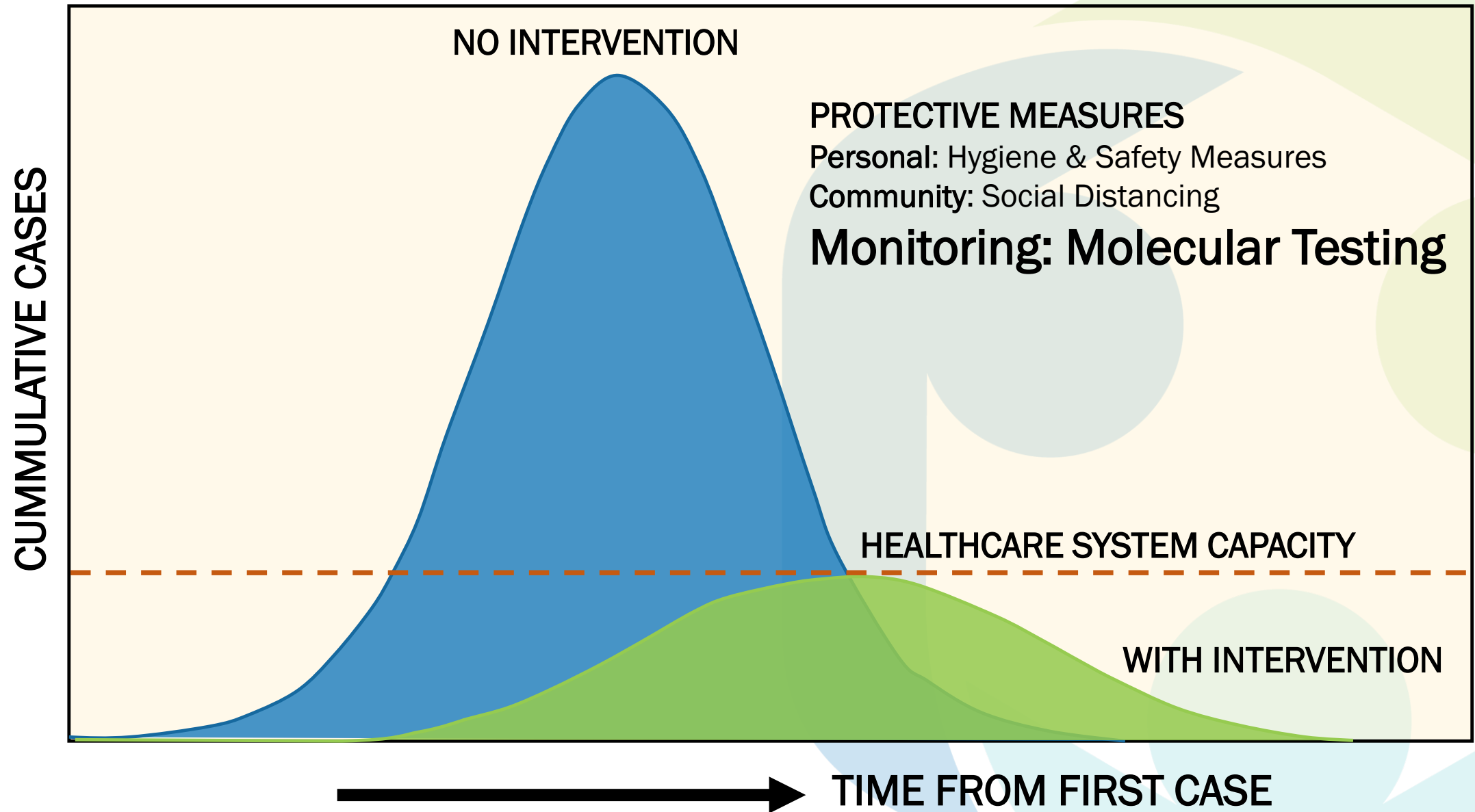


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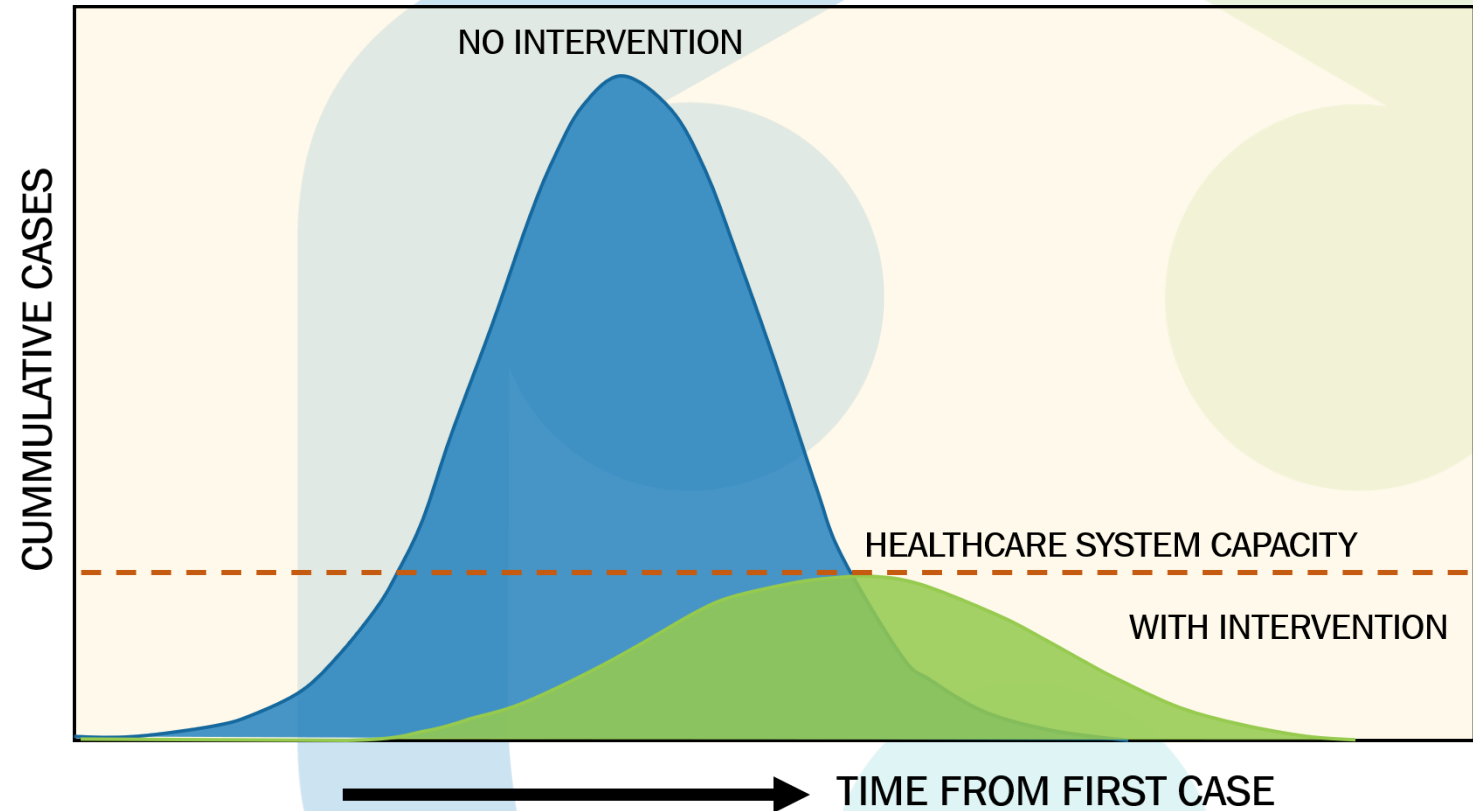
# The concept of 'flattening the curve'



# Molecular testing results are the eyes of any intervention

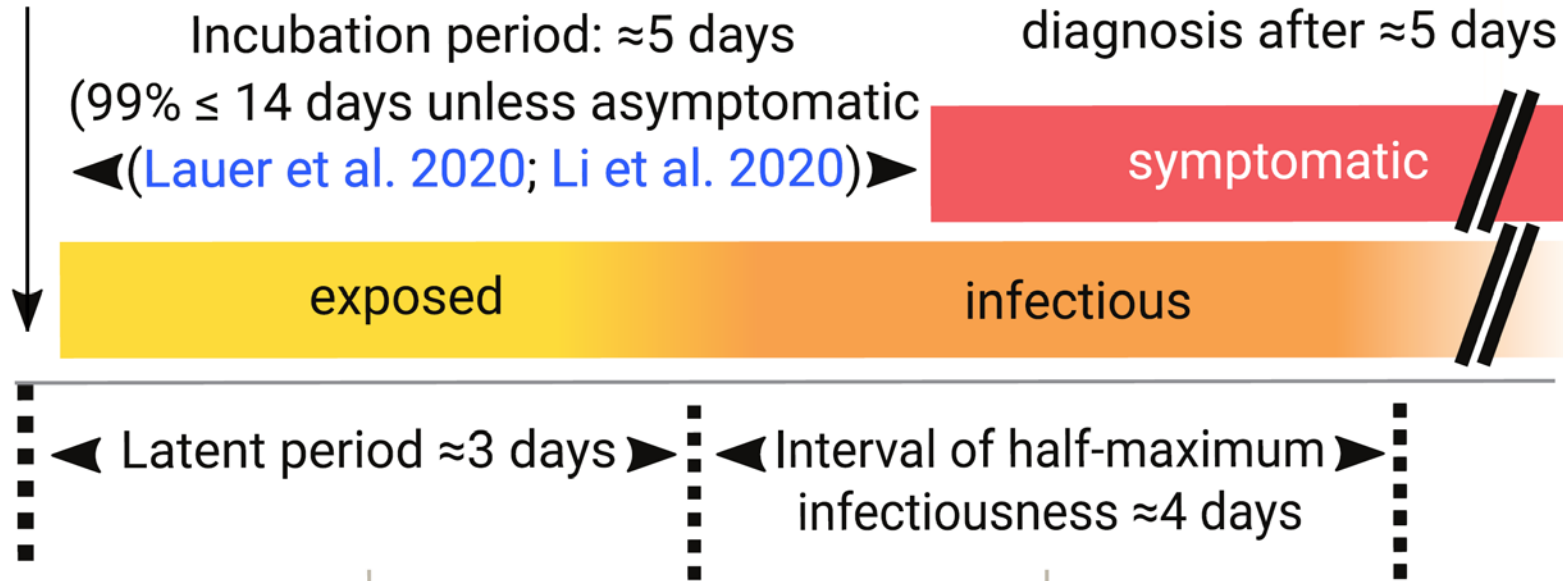
Molecular testing results is the only way to monitor the “no-intervention” and “with intervention” curves.

Molecular testing is the only way to “flatten the curve” with our eyes wide open, not blindfolded!



# Infection progression in a single patient

infection with  
virus



**Case Fatality Rate (ECDC 2020)**  
 $\approx 0.8\% - 10\%$  (uncorrected)  
**Infected Fatality Rate**  
 $\approx 0.3\% - 1.3\%$

**Recovery**  
mild cases:  $\approx 2$  weeks  
severe cases:  $\approx 6$  weeks

Inter-individual variability is substantial and not well characterized. The estimates are parameter fits for population median in China and do not describe this variability ([Li et al. 2020](#); [He et al. 2020](#)).

# Molecular testing

- Molecular testing for COVID-19 is achieved by a technique called reverse transcription **polymerase chain reaction (RT-PCR)**
- This technique is a nucleic acid amplification test (NAT) that detects unique target sequences of the virus that causes COVID-19 (SARS-CoV-2) in **respiratory tract specimens.**
- The use of this testing has been authorized and reviewed by FDA

Laboratory



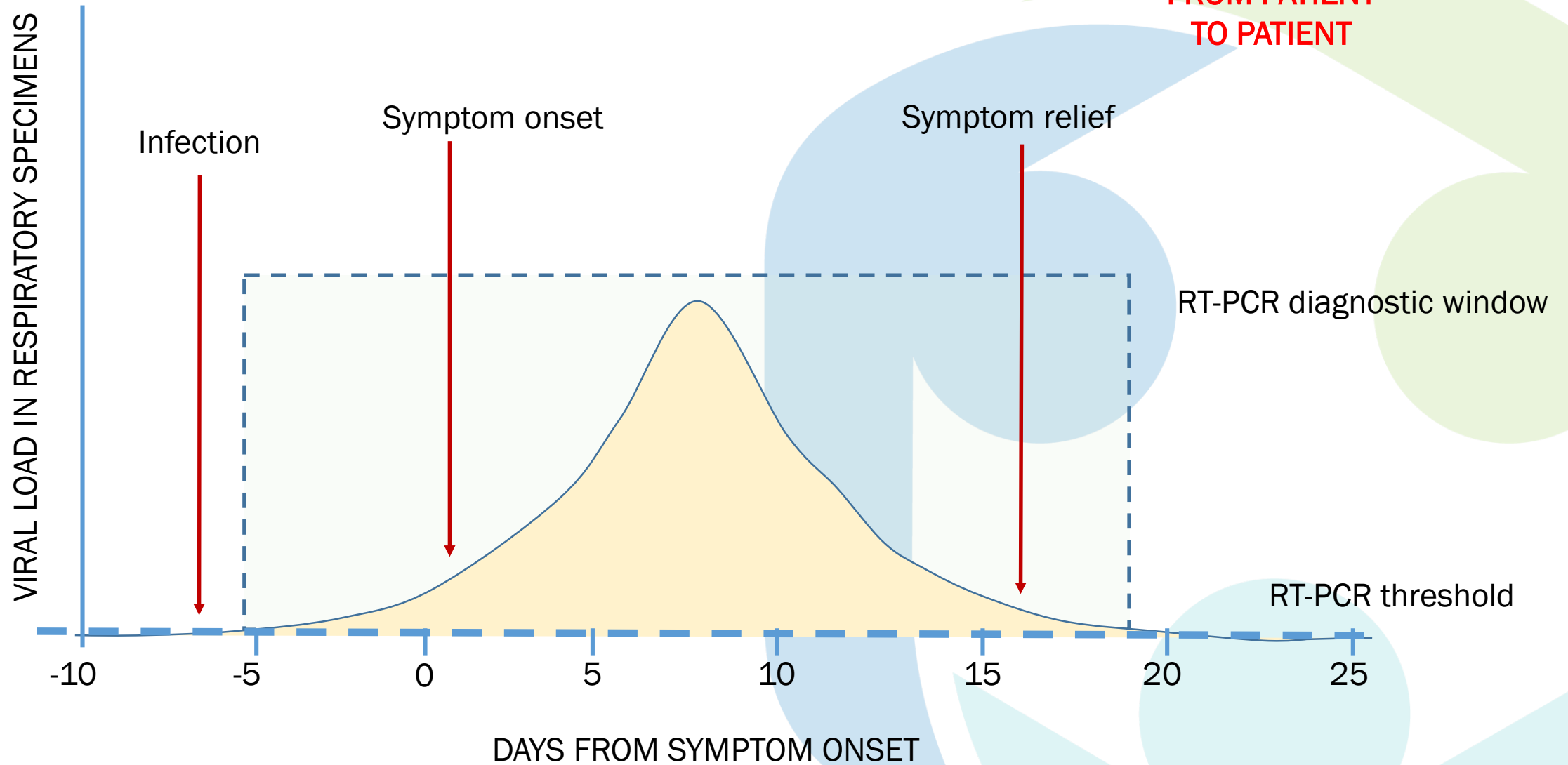
COBAS 6800 - Roche

Point-of-care



Abbott ID NOW

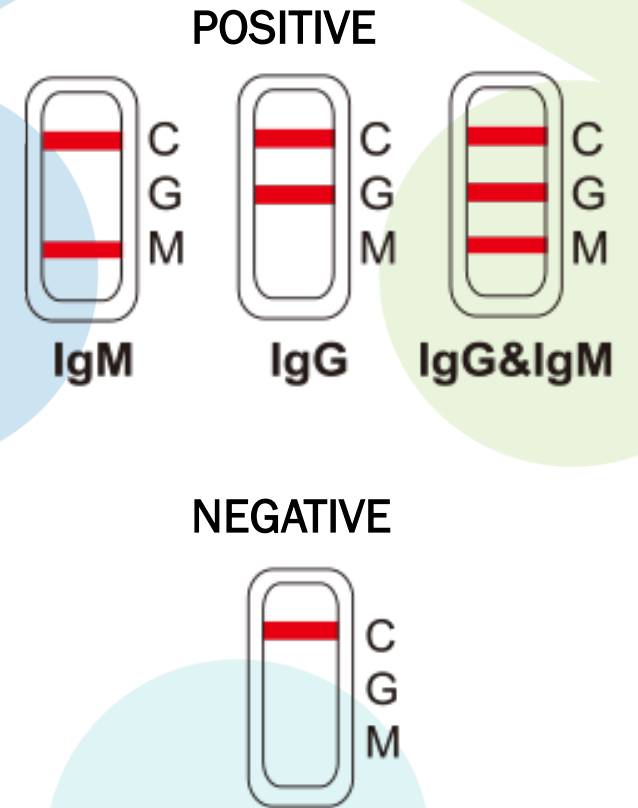
# Utility of molecular testing



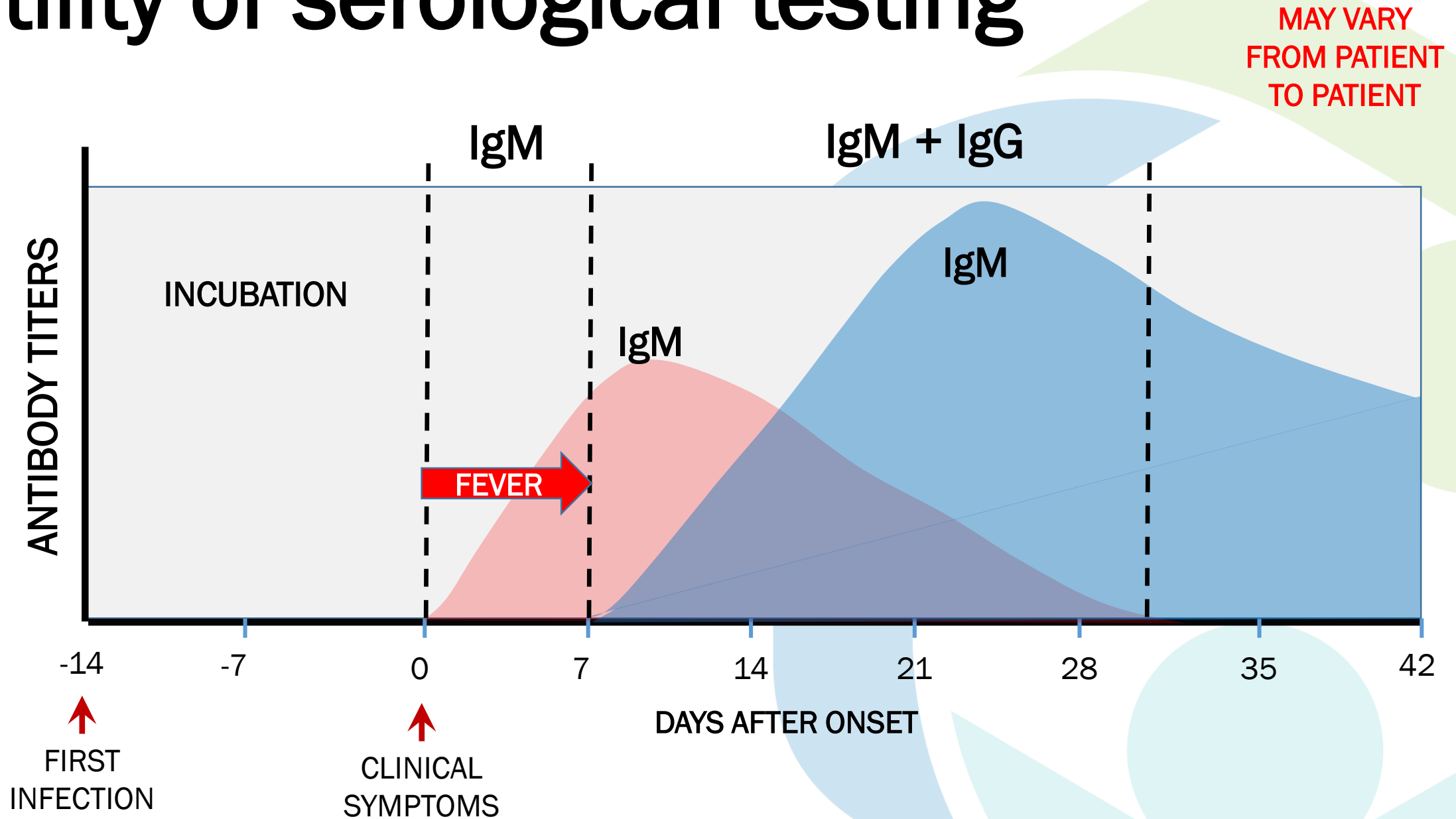
# Serological testing (rapid tests)

- It detects IgM & IgG antibodies against SARS-CoV-2 infection in blood, serum or plasma.
- Positive cases with symptoms must be confirmed by RT-PCR
- Negative cases, specially the ones with symptoms, do not rule out infection.
- Cost is \$ 2-8 dollars per test
- So far, only one manufacturer has been granted a EUA from FDA. Several others have notified FDA.

C = Control  
M = IgM  
G = IgG



# Utility of serological testing





# Hospitalized patients

- Must be confirmed by RT-PCR
- Their course must be monitored by RT-PCR and other biomarkers
  - Cytokines (IL-6)
  - C-reactive protein – Severe viral infection/viremia/viral sepsis
  - Procalcitonin
  - Other biomarkers depending on clinical approach

# Treatment

- None, but convalescent plasma helps a lot!

Research

JAMA | **Preliminary Communication**

## Treatment of 5 Critically Ill Patients With COVID-19 With Convalescent Plasma

Chenguang Shen, PhD; Zhaoqin Wang, PhD; Fang Zhao, PhD; Yang Yang, MD; Jinxiu Li, MD; Jing Yuan, MD; Fuxiang Wang, MD; Delin Li, PhD; Minghui Yang, PhD; Li Xing, MM; Jinli Wei, MM; Haixia Xiao, PhD; Yan Yang, MM; Jiuxin Qu, MD; Ling Qing, MM; Li Chen, MD; Zhixiang Xu, MM; Ling Peng, MM; Yanjie Li, MM; Haixia Zheng, MM; Feng Chen, MM; Kun Huang, MM; Yujing Jiang, MM; Dongjing Liu, MD; Zheng Zhang, MD; Yingxia Liu, MD; Lei Liu, MD

# Treatment

Table 1. Clinical Characteristics of SARS-CoV-2-Infected Patients Who Received Convalescent Plasma

|  | Patient  |   |  |                                 |   |
|--|--|---|--|---------------------------------|---|
|  | 1  | 2   | 3  | 4                               | 5                                       |
| Sex  | Male   | Male  | Female                                   | Female                          | Male                                    |
| Age, y   | 70s  | 60s   | 50s                                      | 30s                             | 60s                                     |
| Weight, kg   | 55   | 85  | 60                                       | 41.5                            | 87                                      |
| Smoking  | No   | No  | No                                       | No                              | No                                      |
| Blood type   | B  | B   | B  | A                               | B                                       |
| Coexisting chronic diseases                          | None   | Hypertension; mitral insufficiency                                    | None                                     | None                            | None                                    |
| Disease presentation and course                      |  |   |  |                                 |   |
| Estimated incubation period, d <sup>a</sup>          | 1  | 7   | 3  | 7                               | 15                                      |
| Interval between symptom onset and admission, d      | 2  | 4   | 2  | 2                               | 3                                       |
| Interval between admission and plasma transfusion, d | 22   | 10  | 20                                       | 19                              | 20                                      |
| Complications prior to plasma transfusion            | Bacterial pneumonia; severe ARDS; MODS               | Bacterial pneumonia; fungal pneumonia; severe ARDS; myocardial damage | Severe ARDS                              | Severe ARDS                     | Severe ARDS                             |
| Most severe disease classification                   | Critical   | Critical  | Critical                                 | Critical                        | Critical                                |
| Treatments   |  |   |  |                                 |   |
| Steroids   | Methylprednisolone                                   | Methylprednisolone  | Methylprednisolone                       | Methylprednisolone              | Methylprednisolone                      |
| Antivirals   | Lopinavir/ritonavir; interferon alfa-1b; favipiravir | Lopinavir/ritonavir; arbidol; darunavir                               | Lopinavir/ritonavir; interferon alfa-1b; | Interferon alfa-1b; favipiravir | Lopinavir/ritonavir; interferon alfa-1b |

Abbreviations: ARDS, acute respiratory distress syndrome; MODS, multiple organ dysfunction syndrome; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

<sup>a</sup> Estimated incubation period defined as interval between estimated exposure to SARS-CoV-2 and symptom onset.

# Treatment

Table 2. Comparison of Viral Load, Clinical Indexes, and Laboratory Results Before and After Convalescent Plasma Transfusion

|  | Patient      |           |              |              |              |
|--|--------------|-----------|--------------|--------------|--------------|
|  | 1            | 2         | 3            | 4            | 5            |
| Ct value <sup>c</sup> (viral load proxy)                                 |              |           |              |              |              |
| On admission to hospital   | 23.0         | 19.7      | 18.9         | 38.0         | 28.0         |
| Lowest value during hospitalization <sup>d</sup><br>(highest viral load) | 19.2         | 19.7      | 18.9         | 26.6         | 26.5         |
| Just before plasma transfusion   | 28.5         | 22.0      | 33.0         | 26.6         | 35.9         |
| Day 1 posttransfusion  | 30.0         | 23.7      | 38.5         | 28.0         | Negative     |
| Day 3 posttransfusion  | 34.4         | 25.0      | Negative     | Negative     | Negative     |
| Day 7 posttransfusion  | 38.0         | 32.0      | Negative     | Negative     | Negative     |
| Day 12 posttransfusion   | Negative     | Negative  | Negative     | Negative     | Negative     |
| Mechanical ventilation   |              |           |              |              |              |
| Onset, days before transfusion   | 11           | 2         | 12           | 9            | 2            |
| Extubated, days posttransfusion  | Intubated    | Intubated | 2            | 9            | 9            |
| ECMO   |              |           |              |              |              |
| Onset, days before transfusion   | Not received | 1         | Not received | Not received | Not received |
| Removal, days posttransfusion  | NA           | 5         | NA           | NA           | NA           |

C-reactive protein  
Procalcitonin  
IL-6

All went down after  
transfusion

# Treatment

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| Day 7 posttransfusion  | 38.0   | 32.0   | Negative        | Negative        | Negative        |
| Day 12 posttransfusion   | Negative                                       | Negative                                       | Negative        | Negative        | Negative        |
| Length of hospital stay, d   | Remains hospitalized                           | Remains hospitalized                           | 53              | 51              | 55              |
| Current status as of March 25, 2020                                      | Stable, still receiving mechanical ventilation | Stable, still receiving mechanical ventilation | Discharged home | Discharged home | Discharged home |

# Is Puerto Rico going to implement convalescent plasma protocols?

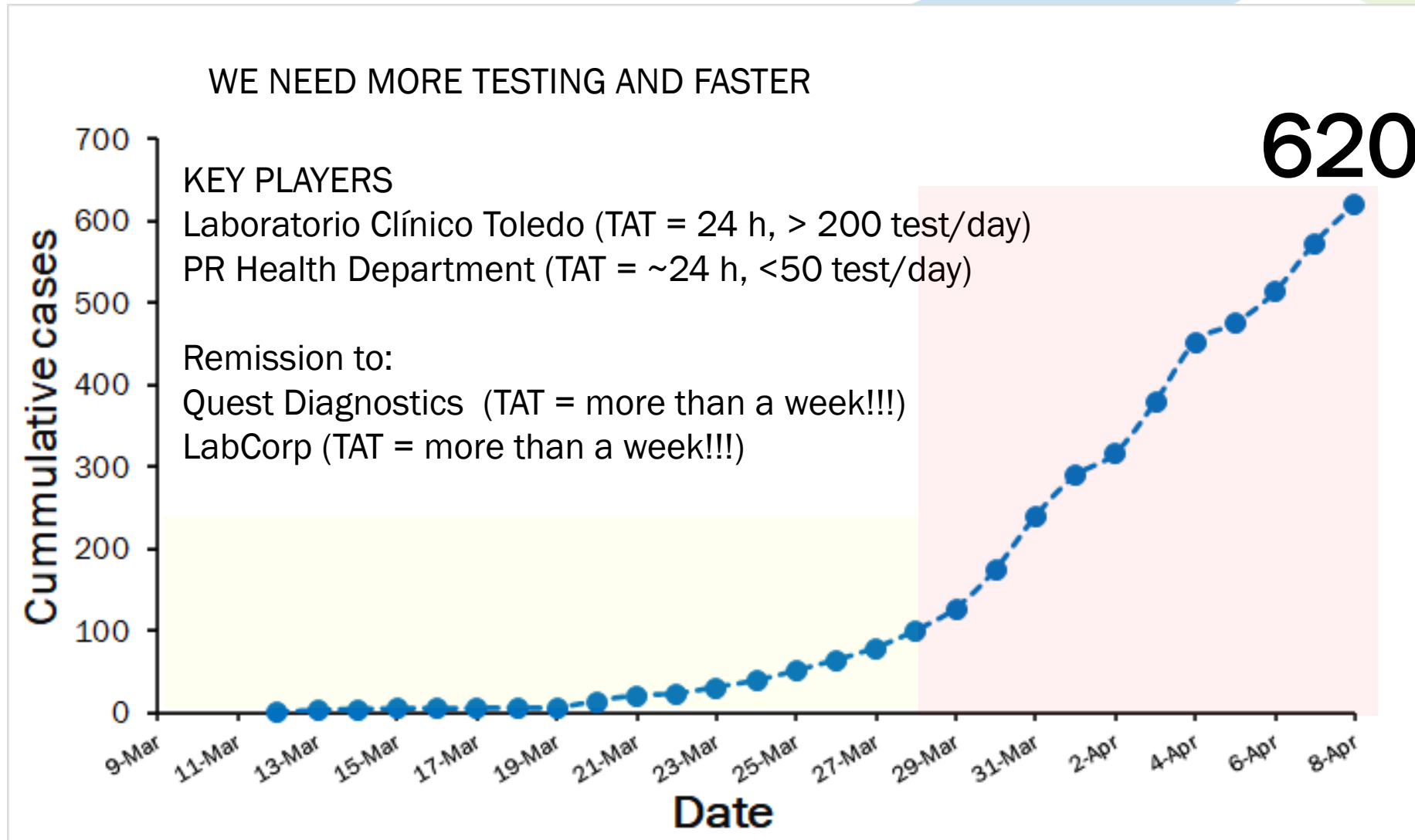
- YES!



Puerto Rico Consortium  
for Clinical Investigation

# Are we flattening the curve?

- We are not there yet as we need more testing



# Conclusions

- Importance of molecular testing is clear. We need it for all stages of clinical and epidemiological management of the pandemic.
- Molecular testing for detecting SARS-CoV-2 needs to be increased in the Island.
- We need to be cautious with serological testing as it is not a confirmatory tests
- We need a more aggressive approach from the government to try to furnish better laboratory facilities in the PR Health Department
- Social distancing, seems to be working.
- Please stay home as we are NOT THERE YET!
- NOT EVEN CLOSE!



# The fastest way of flattening the curve...

**STAY AT HOME AND WASH YOUR HANDS!**

