

# Novel coronavirus associated with severe respiratory disease - Laboratory aspects

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- M/60 years: Pneumonia associated with acute renal failure
- Virus grows readily on Vero and LLC-MK2 cells: Rounding and syncytia formation
  - Pan-coronavirus RT-PCR: Positive
- Netherlands laboratory: Confirmed new member of beta group of corononavirus closely related to bat coronaviruses



# **Further information**

- Eurosurveillance 27 September 2012
  - Saudi Arabia case reported in Promed:
    - 13 June 2012: Presented with pneumonia
    - 24 June 2012: Passed away
  - Qatar case:
    - ✤ M/40+
    - 11 September 2012: Evacuated to United Kingdom for management of pulmonary and renal failure
    - Pan-coronavirus PCR positive for coronavirus; nucleotide sequence closely matched with virus from above case



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NOVEL CORONAVIRUS - SAUDI ARABIA (15): NEW CASE						
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A ProMED-mail post <u>http://www.promedmail.org</u> ProMED-mail is a program of the International Society for Infectious Diseases <u>http://www.isid.org</u>

Date: Nov 4, 2012 12:11 PM

From: Ziad Memish <zmemish@yahoo.com>

Subject: Re: A new Saudi novel coronavirus case diagnosed in KSA (Kingdom of Saudi Arabia)







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## Cases 3-6



✤ Case 3: Saudi Arabia Recovered ✤ Case 4: Qatar Not fatal Case 5 and 6: Saudi Arabia Epidemiologically linked (family members) One fatal, one recovered

Department of Health

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## Cases 7-9



# Case 7:

- Saudi Arabia
- Occurred in October 2012
- Epidemiologically linked to cases 5 and 6
- Fatal
- Case 8-9:
  - Jordan
  - > April 2012
  - Epidemiologically linked to each other
    - Both fatal



# European CDC Communicable Disease Threats Report

#### Severe respiratory disease of unknown origin – Jordan - Outbreak in ICU

Opening date: 26 April 2012

Latest update: 3 May 2012

#### Epidemiological summary

An outbreak of a respiratory illness was reported on 19 April 2012 by the Ministry of Health in an intensive care unit in a hospital in Zarqa, Jordan. Seven nurses and one doctor were among the 11 affected. One of the nurses died. Jordan's Ministry of Health acknowledges the fatal case specifying she had underlying conditions and all cases had high fever and lower respiratory symptoms. According to the Ministry, the origin of the infection is likely to be viral. However, laboratory results are not available to date.

#### ECDC assessment

ECDC is following this event due to its severity including one fatality and the unusualness of the disease affecting health care staff. These cases drew high media attention this week.

#### Actions

ECDC contacted both Episouth, WHO and US CDC for further information. Both WHO and US CDC are following this event



# Cases 8 and 9

- April 2012: A number of severe pnemonia cases in Jordan
- WHO Collaborating Centre for Emerging and Re-emerging Infectious Diseases (NAMRU – 3) provided testing: All samples negative for known coronaviruses/other respiratory viruses
- October 2012: Stored samples sent by Jordan to NAMRU-3, confirmed two novel coronavirus infection cases in November Department of Health

# Summary



- First known case infected in April 2012 (Jordan)
- So far confined to Middle East
  - Jordan: 2/2 fatal
  - Qatar: 0/2 fatal
  - Saudi Arabia: 3/5 fatal
- Evidence of limited person-to-person transmission









Figure 1. Phylogenetic analysis of RNA-dependent RNA polymerases of coronaviruses with complete genome sequences available by the end of 2008. The tree was constructed by neighbor joining method using Kimura's two-parameter correction and bootstrap values calculated from 1000 trees. Nine hundred and fifty eight amino acid positions were included in the analysis. The scale bar indicates the estimated number of substitutions per 50 amino acids.



### Virus 2009; 1: 57

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⊟ Genus: Alphacoronavirus	(8 Species) 🔶 🔶
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Species: Human coronavirus NL63	
Species: Miniopterus bat coronavirus 1	
Species: Miniopterus bat coronavirus HKU8	
Species: Porcine epidemic diarrhea virus	
Species: Rhinolophus bat coronavirus HKU2	4
Species: Scotophilus bat coronavirus 512	
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Species: Human coronavirus HKU1	
☆ Species: Murine coronavirus	
Species: Pipistrellus bat coronavirus HKU5	
Species: Rousettus bat coronavirus HKU9	
Species: Severe acute respiratory syndrome-related coronavirus	
Species: Tylonycteris bat coronavirus HKU4	
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Species: Munia coronavirus HKU13	+-
Species: Thrush coronavirus HKU12	•-
Genus: Gammacoronavirus	(2 Species) 🗇 🗢
Species: Avian coronavirus	4.4
Species: Beluga whale coronavirus SW1	÷ •
Subfamily: Torovining	(2 Carera) (4) (5)

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# Diagnostic strategy – Initia

- Pan-coronavirus reverse-transcription polymerase chain reaction
- Nucleotide sequencing
- Sequence analysis
- Turnaround time:
  - Negative 1 day
  - Positive 2 days



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AUTHORS	van Boheemen,S., Zaki,A.M., Bestebroer,T.M., de Graaf,M.,			
	Victor, S., Osternaus, A.D., Haagmans, B.L. and Fouchier, K.A.			
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TITLE	Direct Submission			
JOURNAL	Submitted (26-SEP-2012) Viroscience Lab. Erasmus MC. Dr.			
	Molewaterplein 60, Rotterdam, Zuid-Holland 3000CA, The Netherlands			
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#### RAPID COMMUNICATIONS

# Detection of a novel human coronavirus by real-time reverse-transcription polymerase chain reaction

### V M Corman<sup>1,2</sup>, I Eckerle<sup>1</sup>, T Bleicker<sup>1</sup>, A Zaki<sup>3</sup>, O Landt<sup>4</sup>, M Eschbach-Bludau<sup>1</sup>, S van Boheemen<sup>5</sup>, R Gopal<sup>6</sup>, M Ballhause<sup>4</sup>, T M Bestebroer<sup>5</sup>, D Muth<sup>1</sup>, M A Müller<sup>1</sup>, J F Drexler<sup>1</sup>, M Zambon<sup>6</sup>, A D Osterhaus<sup>5</sup>, R M Fouchier<sup>5</sup>, C Drosten (drosten@virology-bonn.de)<sup>1</sup>

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Article submitted on 27 September 2012 / published on 27 September 2012





# Diagnostic strategy – Subsequent

Real-time reverse-transcription polymerase chain reaction > UpE > Orf1b Considerations Positive control Specimen type Timing of specimen







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#### Eurosurveillance, Volume 17, Issue 49, 06 December 2012

#### Rapid communications

#### ASSAYS FOR LABORATORY CONFIRMATION OF NOVEL HUMAN CORONAVIRUS (HCOV-EMC) INFECTIONS

V M Corman<sup>1,2</sup>, M A Müller<sup>1,2</sup>, U Costabel<sup>3</sup>, J Timm<sup>4</sup>, T Binger<sup>1</sup>, B Meyer<sup>1</sup>, P Kreher<sup>5</sup>, E Lattwein<sup>6</sup>, M Eschbach-Bludau<sup>1</sup>, A Nitsche<sup>5</sup>, T Bleicker<sup>1</sup>, O Landt<sup>7</sup>, B Schweiger<sup>5</sup>, J F Drexler<sup>1</sup>, A D Osterhaus<sup>8</sup>, B L Haagmans<sup>8</sup>, U Dittmer<sup>4</sup>, F Bonin<sup>3</sup>, T Wolff<sup>5</sup>, C Drosten (drosten@virology-bonn.de)<sup>1</sup>

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#### Date of submission: 05 December 2012

We present a rigorously validated and highly sensitive confirmatory real-time RT-PCR assay (1A assay) that can be used in combination with the previously reported *upE* assay. Two additional RT-PCR assays for sequencing are described, targeting the *RdRp* gene (*RdRpSeq* assay) and *N* gene (*NSeq* assay), where an insertion/deletion polymorphism might exist among different hCoV-EMC strains. Finally, a simplified and biologically safe protocol for detection of antibody response by immunofluorescence microscopy was developed using convalescent patient serum.

#### in this issue

Next

 Assays for laboratory confirmation of novel human coronavirus (hCoV-EMC) infections

 Laboratory capability for molecular detection and confirmation of novel coronavirus in Europe, November 2012

 Ongoing outbreak of dengue type 1 in the Autonomous Region of Madeira, Portugal: preliminary report

 Use of a geographic information system to map cases of measles in real-time during an outbreak in Dublin, Ireland, 2011

 The application of geographic information systems and spatial data during Legionnaires' disease outbreak responses

Authors' correction for Euro Surveill. 2012;17(26)

#### Related articles

 Laboratory capability for molecular detection and confirmation of novel coronavirus in Europe, November 2012

 Incubation period as part of the case definition of severe respiratory illness caused by a novel coronavirus

 The United Kingdom public health response to an imported laboratory confirmed case of a novel coronavirus in September 2012
Severe respiratory illness caused by a novel coronavirus, in a patient transferred to the United Kingdom from the Middle East, September 2012

 Detection of a novel human coronavirus by real-time reversetranscription polymerase chain reaction



#### FIGURE 1

RT-PCR target regions for screening, confirmation and sequencing of novel human coronavirus (hCoV-EMC)



N: nucleocapsid; Orf: open reading frame; RdRp: RNA-dependent RNA polymerase; RT-PCR: reverse transcription-polymerase chain reaction.

- The figure shows the relative positions of amplicon targets presented in this study, as well as in [2]. Primers are represented by arrows, probes as blue bars. Numbers below amplicon symbols are genome positions according to the hCoV-EMC/2012 prototype genome presented in [1].
- The 1A assay is the confirmatory real-time RT-PCR test presented in this study (target in the ORF1a gene). The RdRpSeq assay is a hemi-nested sequencing amplicon presented in this study (target in the RdRp gene). The ORF1b assay is a confirmatory real-time RT-PCR presented in [2]. The upE assay is a real-time RT-PCR assay recommended for first-line screening as presented in [2] (target upstrem of E gene). The NSeq assay is a hemi-nested sequencing amplicon presented in this study (target in this study (target in N gene).





# **Diagnostic tests**

- Real-time reverse-transcription PCR
  - > UpE
  - > Orf1b
  - Orf1a
- Sequencing targets (conventional heminested PCR)
  - RdRp (Orf1b) Not for screening; primers cross-react with other coronaviruses
  - N (6 nt deletion in London strain) Specific for novel virus; possibly for strain classification

## Other tests



### Virus isolation

- Technically feasible
- Biosafety considerations
- Positive isolate as early as 2 days after inoculation
- Confirmation using PCR



# Other tests



- Antibody detection
  - Biosafety considerations
  - Immunofluorescence (Western blot, neutralization)
  - Spike and nucleocapsid antibodies
  - For cases with no respiratory specimens within the first 10 days after onset
  - Paired acute and convalescent titres
  - Possibility of cross-reactivity





# Indications for testing

- Clinical suspicion: Severe respiratory disease; renal failure
- Epidemiological consideration: Travel history; contact history?
- Obtain specimens based on disease course
- Liaise with laboratory as necessary





# Thank you

