

PIENTER CORONA

update and preliminary results

08-09-2020





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Design PIENTER-3 and PICO

- **PIENTER-3** (pre-pandemic samples)¹:
 - Nationwide sample of the Dutch population (2016/2017) to look into protection against vaccinepreventable diseases
 - Two-stage cluster design: six regions, comprising 49 randomly assigned municipalities (including low-vaccination coverage)
 - Biobank of 7,600 participants
 - N=6,102 participants (80%) gave consent to be approach in the future
- PIENTER-Corona (PICO): <u>Prospective serosurveillance study of SARS-CoV-2 in the general</u> <u>population of the Netherlands</u>
 - Design: self-collected fingerstick blood sample (microtainer) and filled out an online questionnaire on risk factors and contacts
 - repeated during 1,5 year, approx. 6 collections



¹ Vos RA & Verberk JDM, et al. BMC Inf Dis (2019)

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PICO1 – April, 2020

- **3207** (53%) participants from 2-90 years of age donated a blood sample, of which 3152 completed the questionnaire
 - 2637 (82.4%) from national sample (NS)
 - 570 (17.6%) from low vaccination coverage municipalities (LVC)
- Blood sampling: 31 March 11 May, 2020
 -> median date: 3 April
 - -> 80% of samples on 9 April, 2020
- All samples were tested for the presence of SARS-CoV-2 IgG antibodies targeted at the spike S1-antigen
 - Also N and RBD. IgA, IgM. Results pending
- Seroprevalence was estimated controlling for the survey design, individual prepandemic cross-reactivity (using the paired PIENTER-3 samples), and test performance. Logistic regression was used to identify risk factors for seropositivity

Vos RA, et al. (under review)

Corona Mutiplexed Immuno Assay



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Orange lines: NS municipalities Blue lines: LVC municipalities Dots represent participants per municipality 70



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PICO2 – June, 2020 Longitudinal measures: PICO2-NS sample: n=2,323 (87% of PICO1-NS) PICO2-LVC sample: n=500 (87% of PICO1-LVC)

Age categories (years)

 Besides the NS and LVC sample an additional sample was included in PICO2 to enhance the geographical spread (sampling across the NL and all ages)

PICO2-PLUS: n=4,614 (17.1% of 27,053 invited)



Number of participants per municipality, PICO2

30
 50
 75

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PICO1 - Main findings

- Overall seroprevalence in NS: 2.8% (2.0-3.7) -> i.e., half a million inhabitants)
 - -> no differences between sexes or ethnic background
 - -> regionally ranging between 1.3-4.0% (in line with hospitalizations) NS sample



Vos RA, et al. (under review)

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PICO1 – Main findings

- Antibody concentrations in seropositive persons were <u>significantly higher</u> in those with **fever or** dyspnea in contrast to those without (p=0.01 and p=0.04, respectively).
- **Anosmia/ageusia** was the most discriminative symptom between seropositive (53%) and seronegative persons (4%, p<0.0001).
- Persons taking immunosuppressants, persons who self-reported to have been in contact with a COVID-19 case, and people from the Orthodox-Reformed Protestant community had both over four times higher odds of being seropositive compared to others.

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SARS-CoV-2 IgG concentration (S1, In AU/mL), PICO2



Pienter-Corona antibody kinetics

- T1 (pre) 2016/2017
- T2 1st week of April 2020 (n=3207)
- T3 2st week of June 2020 (n=7278)
- Seroconversion (concentrations) 14-17 day delay
- Decreasing and increasing concentrations
 - Visualizes time of sampling relative to onset of disease symptoms



Seroprevalence – NL, June 2020

-> Note: all data were corrected for the survey design (NS & PLUS samples were pooled), weighted, as well as corrected for test specifics (specificity=99.7% and sensitivity=89.0%)

•	Overall:	4.1% [3.4-4.9]
•	By sex :	
	– Men:	4.4% [3.5-5.3]
	- Women:	3.8% [3.1-4.6]
•	By ethnicity :	
	– Dutch:	4.3% [3.5-5.4]
	– Non-Dutch Western:	2.4% [1.2-4.3]
	– Non-Western:	4.0% [2.1-7.1]





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Seroprevalence – NL, by provinces





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Seroprevalence – NL, by geo spread





Next to do, ongoing

- Kinetics antibodies
- IgM and IgA analysis
- Symptoms over time
- PICO 3, 21-25 September, 7800 packages sent by mail