

**To:** (10)(2e) [(10)(2e) @rivm.nl]  
**Cc:** (10)(2e) [(10)(2e) @ecdc.europa.eu]; (10)(2e) [(10)(2e) @ecdc.europa.eu]  
**From:** (10)(2e)  
**Sent:** Thur 10/1/2020 10:55:09 AM  
**Subject:** RE: Shenzhen BioEasy diagnostic accuracy  
**Received:** Thur 10/1/2020 10:55:15 AM

Dear (10)(2e)

The assay reported by Portugal was (10)(1c) (2019-nCoV) Ag Test (Fluorescence Immunochromatographic Assay)", so I assume indeed it was the fluorescence assay.

Kind regards,

(10)(2e)

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**From:** (10)(2e) <(10)(2e) @rivm.nl>  
**Sent:** 27 September 2020 12:58  
**To:** (10)(2e) <(10)(2e) @ecdc.europa.eu>  
**Cc:** (10)(2e) <(10)(2e) @ecdc.europa.eu>; (10)(2e) <(10)(2e) @ecdc.europa.eu>  
**Subject:** RE: (10)(2e) diagnostic accuracy

Many thanks (10)(2e)

Do you know which version of the BioEasy assay (10)(2e) used? The visual readout or the fluorescent assay? The fluorescent assay as far as I can see has very good performance whereas the visual readout assay has been discontinued by BioEasy because of bad performance.

A similar difference in sensitivity has been shown for the Q Biosensor and F Biosensor assays.

Best regards,

(10)(2e)

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**From:** (10)(2e) <(10)(2e) @ecdc.europa.eu>  
**Sent:** donderdag 24 september 2020 09:13  
**To:** (10)(2e) <(10)(2e) @rivm.nl>  
**Cc:** (10)(2e) <(10)(2e) @ecdc.europa.eu>; (10)(2e) <(10)(2e) @ecdc.europa.eu>  
**Subject:** Shenzhen BioEasy diagnostic accuracy

Dear (10)(2e)

I wanted to get back to you on your question yesterday during the network meeting regarding the BioEasy antigen test. We have the following data on that:

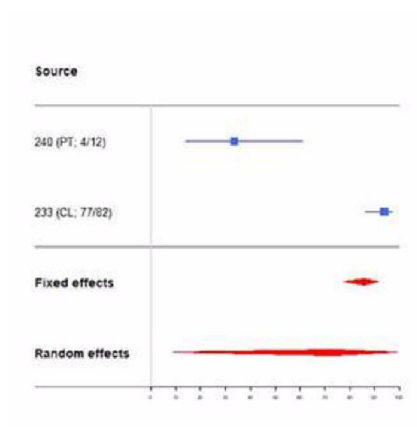
1. Data contributed by the National Influenza Reference Laboratory and other Respiratory Viruses at INSA in (headed by (10)(2e)): sensitivity (10)(1c)
2. (10)(2e) (attached): sensitivity (10)(1c)
3. (10)(2e) (attached): sensitivity (10)(1c) However, the paper mentions "Seventeen of the positive specimens had been used in a previous evaluation of the Bioeasy RDT by our group", which is the (10)(2e) study above. Since there is no way of knowing which samples were reused, we did not include this study to avoid redundancy and possible bias. It is a bit strange that between both publications first and last author are switched. The results for the other antigen tests from this study were kept.

Since there is limited data available and a very large difference between (1) and (2), I would advise to be very careful with interpreting these results (see also the forest plot below from the supplementary material). It may be good to contact (10)(2e) ((10)(2e) @insa.min-saude.pt) to get some more information, if you are interested.

Hope this helps. For further discussion, please check with (10)(2e) (cc) since I am sort of on holiday.

Kind regards,

(10)2e



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