

# Could different settings of immunodysfunction have an impact on COVID-19 disease burden, case fatality ratio and immune response following COVID-19 disease or vaccination?

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| <b>Submission date</b><br>09/10/2021   | <b>Recruitment status</b><br>No longer recruiting        | <input checked="" type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol            |
| <b>Registration date</b><br>11/10/2021 | <b>Overall study status</b><br>Completed                 | <input type="checkbox"/> Statistical analysis plan<br><input type="checkbox"/> Results                       |
| <b>Last Edited</b><br>07/12/2022       | <b>Condition category</b><br>Infections and Infestations | <input type="checkbox"/> Individual participant data<br><input type="checkbox"/> Record updated in last year |

## Plain English summary of protocol

### Background and study aims

The pandemic caused by the new SARS-CoV2 coronavirus identified poses the greatest health challenge of the 21st century. More than one year after its appearance, there is still no treatment capable of inducing a cure, and prospects for controlling the pandemic are based on prevention through vaccination with recently developed vaccines.

In SARS-CoV2 infection, the immune response, clinical evolution, contagiousness, and prognosis seem to be influenced by the presence of immunosuppression (the state in which your immune system is not functioning as well as it should). Vaccine efficacy in immunosuppressed patients has not yet been fully characterized. Immunosuppression seems to be associated with a higher death rate, longer duration of infection, and a longer period of contagiousness, enabling these patients to act as a replicative viral reservoir for long periods of time.

The ongoing mass vaccination campaign against SARS-CoV2 infection provides a unique opportunity to assess vaccine response in immunosuppressed patients, particularly people living with HIV (PLWH) and immune-mediated inflammatory diseases (IMIDs) patients. International recommendations regarding COVID-19 vaccination in immunosuppressed patients have been recently updated, acknowledging the need for a booster dose in these patients. We believe that response to vaccination may be one reliable indicator of the degree of immune dysfunction and may translate the inability to protect against infection. We will combine an infection survey with a study on cellular immunity to further characterize vaccine responsiveness in immunosuppressed patients.

### Who can participate?

Adult HIV patients and IMIDs patients on immunosuppressive treatment.

### What does the study involve?

Clinical data will be registered (past and present medical history, results of exams, and treatments) by consulting clinical files.

Patients will be asked to attend medical appointments and medical examinations proposed,

including taking blood samples.

Blood samples will be collected on admission and at various times over a 12-18 month period, depending on the date of SARS-CoV2 infection and/or administration of the vaccine(s) against COVID-19.

What are the possible benefits and risks of participating?

This study will not have a direct influence on patients' clinical disease status but will allow us to better understand the SARS-COV2 infection, contributing to the care of future patients and medical investigation.

Taking blood samples may cause discomfort or a slight bruise.

No other invasive interventions will be performed; the standard of care of patients at our hospital will not be affected by this study.

Where is the study run from?

The study is run from the Infectious Diseases and Auto-immune Departments of Centro Hospitalar Universitário Lisboa Central, in collaboration with Instituto Gulbenkian de Ciência.

When is the study starting and how long is it expected to run for?

The study is starting in October 2021 and is expected to run for 12-18 months.

Who is funding the study?

This is an investigator initiated study promoted by the Portuguese public hospital Centro Hospitalar Universitário Lisboa Central.

Roche Diagnostics provided the kits necessary for the determination of serology.

The study on cellular immunity will be done in collaboration with Instituto Gulbenkian de Ciência (Portugal)

Who is the main contact?

Diana Póvoas, [diana.silva@chlc.min-saude.pt](mailto:diana.silva@chlc.min-saude.pt)

## Contact information

### Type(s)

Scientific

### Contact name

Dr Diana Póvoas

### ORCID ID

<https://orcid.org/0000-0003-4531-2123>

### Contact details

Infectious Diseases Unit

Hospital de Curry Cabral

Rua da Beneficência, 8

Lisbon

Portugal

1050-099

+351 217924280

[diana.silva@chlc.min-saude.pt](mailto:diana.silva@chlc.min-saude.pt)

**Type(s)**

Public

**Contact name**

Dr Diana Póvoas

**Contact details**

Infectious Diseases Unit  
Hospital de Curry Cabral  
Rua da Beneficência, 8  
Lisbon  
Portugal  
1050-'99  
+351 217924280  
diana.silva@chlc.min-saude.pt

**Additional identifiers****Clinical Trials Information System (CTIS)**

Nil known

**ClinicalTrials.gov (NCT)**

Nil known

**Protocol serial number**

INV\_215

**Study information****Scientific Title**

Seroepidemiological survey and study of cellular immunity against SARS-CoV2 in immunocompromised patients

**Study objectives**

Immune response following SARS-CoV2 infection and/or vaccination is influenced by immune dysfunction in immunosuppressed patients

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Approved 18/06/2021, Ethics Committee for Health of Central Lisbon University Hospital Centre (Centro Hospitalar Universitário Lisboa Central [CHULC], Rua José António Serrano, 1150-199 Lisbon, Portugal; +351-213514410; comissao.etica@chlc.min-saude.pt), ref: 1073/2021

**Study design**

Single-centre prospective observational longitudinal study

**Primary study design**

Observational

**Study type(s)**

Prevention

**Health condition(s) or problem(s) studied**

Influence of different settings of immune dysfunction in immunosuppressed patients on antibody and cellular immune responses following SARS-CoV2 infection and/or COVID-19 vaccination.

**Interventions**

Vaccines will be administered according to the Portuguese national vaccination plan against COVID-19, the investigation team won't be responsible for decision-making regarding vaccine type and brand, timing, and place of vaccination

Clinical data will be registered (past and present medical history, results of exams, and treatments) by consulting clinical files.

Patients will be asked to attend medical appointments and medical examinations proposed, including taking blood samples.

Blood samples will be collected on admission and at various times over a 12 - 18 month period, depending on the date of SARS-CoV2 infection and/or administration of the vaccine(s) against COVID-19.

**Intervention Type**

Biological/Vaccine

**Phase**

Not Applicable

**Drug/device/biological/vaccine name(s)**

Comirnaty® (Pfizer); COVID-19 Vaccine Moderna®; VAXZEVRIA® (AstraZeneca), COVID-19 Vaccine Janssen®

**Primary outcome(s)**

Determination of antibodies to the SARS-CoV-2 nucleoprotein (N) and spike (S) protein receptor binding domain SARS-CoV2 will be by electrochemiluminescence using Elecsys-N and Elecsys-S (Roche Diagnostics) and these results will be expressed in U/mL, using blood samples collected on admission and at various times over a 12 - 18 month period, depending on the date of SARS-CoV2 infection and/or administration of the vaccine(s) against COVID-19

**Key secondary outcome(s)**

Using blood samples collected on admission and at various times over a 12 - 18 month period, depending on the date of SARS-CoV2 infection and/or administration of the vaccine(s) against COVID-19:

1. Measurement of SARS-CoV2 specific reactive CD8+ T cell response using spheromers (Mallajosyula V, et al. 2021)
2. Assessment of SARS-CoV-2 specific memory B cells responses through a flow cytometric assay using a combination of fluorescently labeled antigens as probes to track the induction of virus-specific memory B cells in longitudinal peripheral blood mononuclear cell (PBMC) samples (Goel RR, et al. 2021)

**Completion date**

21/12/2022

# Eligibility

## Key inclusion criteria

1. Adult patients with HIV infection
2. Adult patients with immune-mediated inflammatory disease on immunosuppressive therapies

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Adult

## Sex

All

## Total final enrolment

203

## Key exclusion criteria

1. Refusal to give informed consent
2. Contraindication to venipuncture

## Date of first enrolment

13/10/2021

## Date of final enrolment

31/07/2022

# Locations

## Countries of recruitment

Portugal

## Study participating centre

Centro Hospitalar Universitário Lisboa Central

Rua José António Serrano

Lisbon

Portugal

1150-199

# Sponsor information

**Organisation**

Centro Hospitalar de Lisboa Central

**ROR**

<https://ror.org/00k6r3f30>

## Funder(s)

**Funder type**

Other

**Funder Name**

Investigator initiated and funded

**Funder Name**

Roche Diagnostics

**Alternative Name(s)**

Roche Diagnostics Corporation

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

For-profit companies (industry)

**Location**

United States of America

## Results and Publications

**Individual participant data (IPD) sharing plan**

The current data sharing plans for this study are unknown and will be available at a later date.

**IPD sharing plan summary**

Data sharing statement to be made available at a later date

**Study outputs**

| Output type                                   | Details                       | Date created | Date added | Peer reviewed? | Patient-facing? |
|---|-------------------------------|--------------|------------|----------------|-----------------|
| <a href="#">Participant information sheet</a> | in Portuguese                 |              | 11/10/2021 | No             | Yes             |
| <a href="#">Participant information sheet</a> | Participant information sheet | 11/11/2025   | 11/11/2025 | No             | Yes             |