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# The symptoms, virology and immunity of COVID in healthcare workers

**Submission date**
16/04/2020

**Recruitment status**
No longer recruiting

**Registration date**
18/05/2020

**Overall study status**
Completed

**Last Edited**
28/06/2024

**Condition category**
Infections and Infestations

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[X] Individual participant data

## Plain English summary of protocol

Background and study aims
COVID-19 is a condition caused by the coronavirus (called SARS-CoV-2) that was first identified in late 2019. This virus can infect the respiratory (breathing) system. Some people do not have symptoms but can carry the virus and pass it on to others. People who have developed the condition may develop a fever and/or a continuous cough among other symptoms. This can develop into pneumonia. Pneumonia is a chest infection where the small air pockets of the lungs, called alveoli, fill with liquid and make it more difficult to breathe.

In 2020, the virus has spread to many countries around the world and neither a vaccine against the virus or specific treatment for COVID-19 has yet been developed. As of March 2020, it is advised that people minimize travel and social contact, and regularly wash their hands to reduce the spread of the virus.

Groups who are at a higher risk from infection with the virus, and therefore of developing COVID-19, include people aged over 70 years, people who have long-term health conditions (such as asthma or diabetes), people who have a weakened immune system and people who are pregnant. People in these groups, and people who might come into contact with them, can reduce this risk by following the up-to-date advice to reduce the spread of the virus.

Strategies to prevent spread of infection include social distancing and the development of a vaccine. These require detailed understanding of the disease. There are some basic questions about COVID-19 to which we urgently need answers, including:
1. How often are COVID-19 tests negative during the infection or positive without showing any signs of illness?
2. Can we reliably test for immunity to COVID-19 after infection or vaccination with a blood test?
3. How long after infection does immunity last?
To answer these questions, we need to understand the links between the symptoms of COVID-19, swab tests for infection and blood tests for immunity. The researchers will study all these things in doctors and nurses working in the Emergency Department of Bristol Royal Hospital for Children over a three month period starting in April 2020.

Who can participate?
Any patient-facing clinical staff member working regularly in the Children's Emergency Department (CED) of Bristol Royal Hospital for Children, including doctors, nurses and healthcare assistants.

What does the study involve?
Staff who agree to participate will fill out an online symptom dairy every day. Twice a week, participants will swab their own nose and throat and provide a saliva sample, which we can test for COVID-19 in the laboratory. Blood samples will be taken from participants at the beginning of the study, at 6-week intervals for 18 weeks, and again after a year. The main advantage of studying doctors and nurses is that they can easily and safely obtain samples from their own nose/throat/mouth. After the study has been completed, we will analyse the results and publish them in a scientific journal. This study will help us provide answers to the fundamental questions about COVID-19 infection that are needed to inform public health measures such as social distancing and vaccination.

What are the possible benefits and risks of participating?
Benefits - By taking part you will be contributing directly to understanding the relationship between symptoms, virology and immune responses to COVID-19. This will help improve public health measures to minimise transmission, and develop tests so that vaccines can be evaluated.
Risks - Taking a throat and nasal swab might be a bit uncomfortable for a few seconds. Blood tests can also be uncomfortable and cause mild bruising. All staff taking your blood are trained and experienced. Throughout the study you can contact the study team by phone or email if you have any questions or concerns.

Where is the study run from?
Bristol Royal Hospital for Children (UK)

When is the study starting and how long is it expected to run for?
April 2020 to April 2021

Who is funding the study?
The Grand Appeal (UK)

Who is the main contact?
Unfortunately, this study is not recruiting public volunteers at this time. This is because the research isn't ready for volunteers yet or the researchers are directly identifying volunteers in certain areas or hospitals. Please do not contact the research team as they will not be able to respond. For more information about COVID-19 research, visit the Be Part of Research homepage.

# Contact information

### Type(s)
Scientific


### Contact name
Prof Adam Finn

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### Contact details
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## Additional identifiers

### Clinical Trials Information System (CTIS)
Nil known

### Integrated Research Application System (IRAS)
282718

### ClinicalTrials.gov (NCT)
Nil known

### Protocol serial number
IRAS 282718

## Study information

### Scientific Title
Longitudinal study of COVID-19: symptoms, virology & immunity

### Acronym
LOGIC

### Study objectives
What are the dynamic relationships between symptoms, mucosal viral load and immunological responses, which are potential correlates of protection, in SARS-CoV-2 infection?

### Ethics approval required
Old ethics approval format

### Ethics approval(s)
Approved 20/04/2020, Yorkshire & The Humber - Leeds West Research Ethics Committee (NHSBT Newcastle Blood Donor Centre, Holland Drive, Newcastle upon Tyne, NE2 4NQ, UK; +44 (0)207 1048 088), ref: 20/YH/0148

### Study design
Longitudinal observational cohort study

### Primary study design

Observational

### Study type(s)
Other

### Health condition(s) or problem(s) studied
COVID-19 (SARS-CoV-2 infection)

### Interventions
1. Online consent, baseline data collection
2. Online daily symptom diary - for 3 months
3. Self-sampling upper respiratory tract (nose, throat & saliva) - twice weekly for 3 months
4. Blood sampling - weeks 0, 6, 12, 18 and 52

### Intervention Type
Mixed

### Primary outcome(s)
COVID-19 symptoms measured using online daily symptom diary every day for 3 months

### Key secondary outcome(s))
1. COVID-19 infection measured using self-sampling of upper respiratory tract (nose, throat & saliva) - twice weekly for 3 months
2. Serum antibody levels and peripheral antigen-specific memory T cells measured using blood sampling at weeks 0, 6, 12, 18, and 52

### Completion date
31/12/2021

## Eligibility

### Key inclusion criteria
Any patient-facing clinical staff member working regularly in the Children's Emergency Department (CED) of Bristol Royal Hospital for Children, including doctors, nurses and healthcare assistants

### Participant type(s)
Health professional

### Healthy volunteers allowed
No

### Age group
Adult

### Sex
All

### Total final enrolment
79

### Key exclusion criteria
1. Staff who, on average, work less than two shifts per week
2. Staff who anticipate that they will not able to complete at least 6 weeks of the study, excluding annual leave e.g. about to go on maternity leave

### Date of first enrolment
30/04/2020

### Date of final enrolment
20/04/2021

## Locations

### Countries of recruitment
United Kingdom

England

### Study participating centre
**Bristol Royal Hosptial for Children**
University Hospitals Bristol and Weston NHS Foundation Trust
Upper Mauldin Street
Bristol
United Kingdom
BS2 8BJ

## Sponsor information

### Organisation
University of Bristol

### ROR
https://ror.org/0524sp257

## Funder(s)

### Funder type
Charity

### Funder Name
The Grand Appeal

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be stored in a publically available repository.
Available indefinitely
Consent was obtained from participants to share these laboratory data
Data fully anonymised
No ethical or legal restrictions

## IPD sharing plan summary

Stored in publicly available repository

## Study outputs

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---|---|---|---|---|---|
| Results article | | 09/11/2022 | 28/06/2024 | Yes | No |
| Dataset | | | 28/06/2024 | No | No |
| HRA research summary | | | 28/06/2023 | No | No |
| Participant information sheet | Participant information sheet version v1.1 | 11/11/2025 | 11/11/2025 | No | Yes |
| Protocol file | | 19/04/2020 | 19/05/2020 | No | No |