

# Understanding viral infection and respiratory symptoms following admission to hospital

<b>Submission date</b> 01/06/2022	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 09/08/2022	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 04/02/2026	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

The majority of winter pressures facing NHS hospital trusts are as a result of acute respiratory viral infections. Whilst many patients recover without the need for hospitalisation, a small number go on to develop severe disease. This study aims to better understand the different responses between individuals to respiratory viral infections, and why some patients become more unwell than others. The researchers hope to identify new ways to spot respiratory diseases. The aim is to understand the time to full recovery and identify factors that favour a more rapid recovery or predispose to a slower recovery.

### Who can participate?

Patients aged 18 years and over who present in a hospital setting with a suspected respiratory viral infection

### What does the study involve?

A nose and throat swab will be collected, and a point of care test to determine if the participant has a respiratory viral infection will be carried out. Only those who test positive for a respiratory viral infection will go on to stage 2 of the study, although all participants who consent will have baseline data recorded. In stage 2, further nose and throat swabs and blood samples will be collected on days 1, 3 and 7 of enrolment. As well as completing questionnaires about how they are feeling while in hospital, participants will complete questionnaires following discharge from hospital at pre-specified time points up to 26 weeks later.

### What are the possible benefits and risks of participating?

This study is an observational study, so participants will receive no treatment different from standard of care, but the study will help researchers to better understand the course of respiratory viral infections. This may help aid the treatment of patients in the future as well as the development of new treatments. The risks of this study are no greater than that of standard care. Nose/throat swabs might cause some mild discomfort, and the taking of blood may cause bruising around the area, light pain or dizziness. All procedures as part of the study are carried out by trained healthcare professionals.

When is the study starting and how long is it expected to run for?  
November 2021 to June 2026

Where is the study run from?  
Southampton General Hospital (UK)

Who is funding the study?  
1. Janssen Pharmaceuticals (USA)  
2. AstraZeneca (UK)

Who is the main contact?  
UNIVERSAL Study Team  
UNIVERSAL@soton.ac.uk

## Contact information

**Type(s)**  
Principal investigator

**Contact name**  
Prof Tom Wilkinson

**Contact details**  
Mailpoint 810, Level F, South Block  
Southampton General Hospital  
Southampton  
United Kingdom  
SO16 6YD  
+44 (0)2381205341  
t.wilkinson@soton.ac.uk

## Additional identifiers

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

**Integrated Research Application System (IRAS)**  
309464

**ClinicalTrials.gov (NCT)**  
Nil known

**Central Portfolio Management System (CPMS)**  
53752

## Study information

**Scientific Title**  
Understanding Infection, Viral Exacerbation and Respiratory Symptoms at Admission -  
Longitudinal (UNIVERSAL) study

## **Acronym**

UNIVERSAL

## **Study objectives**

The recent COVID-19 pandemic highlighted the need to link clinical care with research for a more rapid translation of new treatment discoveries. The majority of winter pressures facing NHS acute trusts are as a result of acute respiratory viral infection. Whilst many patients recover without the need for hospitalisation, a small proportion goes on to develop severe disease. A better understanding of the natural history of acute respiratory viral infection and recovery will facilitate improved clinical management with the potential to identify options for intervention in those at risk of more severe disease.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Approved 01/07/2022, West Midlands – Coventry and Warwickshire Research Ethics Committee (The Old Chapel, Royal Standard Place, Nottingham, NG1 6FS, UK; +44 (0)207 104 8009; coventryandwarwick.rec@hra.nhs.uk), ref: 22/WM/0119

## **Study design**

Prospective longitudinal observational database

## **Primary study design**

Observational

## **Study type(s)**

Quality of life

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

Respiratory viral infections

## **Interventions**

This is an observational cohort study to develop a prospective longitudinal clinical database. All adults admitted with respiratory syndromes to participating hospital sites will be asked to participate in the study. Those who test positive for respiratory viral infection will be enrolled into the study and provide samples. Those who consent and test negative will have baseline data collection only.

Those who test positive will give blood samples and nose and throat samples on days 1, 3 and 7 following consent. They will also complete a number of different patient-reported outcome questionnaires (EQ-5D-5L, RiiQ, FluPRO PLUS) at a number of timepoints until 26 weeks post-enrolment. They will also complete a post-viral infection questionnaire at 6, 12 and 26 weeks comprised of three validated questionnaires.

## **Intervention Type**

Other

## **Primary outcome(s)**

1. The incidence rate of different respiratory viruses in admitted, samples patient population measured using descriptive statistics during the winter season (a 1-year period) across UK sites
2. Clinical and biological predictors of progression of disease, recovery and length of stay in admitted, samples patient population measured using multiple logistic regression analysis with backward selection during the winter season (a 1-year period) across UK sites

**Key secondary outcome(s)**

1. Time to recovery for different viruses and patient factors measured using univariate analyses at baseline/recovery
2. Cost estimate per patient based on Healthcare Resource Group (HRG) coding at baseline /discharge

**Completion date**

30/06/2026

## Eligibility

**Key inclusion criteria**

Current inclusion criteria as of 09/09/2022:

Stage 1

1. Aged  $\geq 18$  years
2. Has symptoms of an acute respiratory illness (ARI)
3. Is a respiratory inpatient

Plus, for Stage 2

3. Has positive test result for respiratory viral infection

---

Previous inclusion criteria:

Stage 1

1. Aged  $\geq 18$  years old
2. Has symptoms of an acute respiratory illness (ARI)\*

Plus, for Stage 2

3. Has positive test result for respiratory viral infection

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Lower age limit**

18 years

**Upper age limit**

100 years

**Sex**

All

**Total final enrolment**

1011

**Key exclusion criteria**

1. Combined nasal and throat swabbing cannot be performed (patient decision or contraindication to procedure)
2. Consent declined or consultee consent declined
3. Previously recruited into this study

**Date of first enrolment**

17/06/2022

**Date of final enrolment**

31/12/2025

**Locations****Countries of recruitment**

United Kingdom

England

Scotland

**Study participating centre****Southampton General Hospital**

Tremona Road

Southampton

England

SO16 6YD

**Study participating centre****Ninewells Hospital**

Ninewells Avenue

Dundee

Scotland

DD1 9SY

**Sponsor information**

**Organisation**

University Hospital Southampton NHS Foundation Trust

**ROR**

<https://ror.org/0485axj58>

**Funder(s)****Funder type**

Industry

**Funder Name**

Janssen Pharmaceuticals

**Alternative Name(s)**

Janssen Pharmaceutica NV, JANSSEN-CILAG NV, Janssen Belgium, Janssen, Janssen Pharmaceuticals

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

For-profit companies (industry)

**Location**

Belgium

**Funder Name**

AstraZeneca

**Alternative Name(s)**

AstraZeneca PLC, Pearl Therapeutics, AZ

**Funding Body Type**

Government organisation

**Funding Body Subtype**

For-profit companies (industry)

**Location**

United Kingdom

**Results and Publications**

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be available upon request. As a minimum, anonymous data will be available for request from 3 months after the publication of an article, to researchers who provide a completed Data Sharing request form that describes a methodologically sound proposal, for the purpose of the approved proposal and if appropriate a signed Data Sharing Agreement. Data will be shared once all parties have signed relevant data sharing documentation.

Researchers interested in our data are asked to complete the Request for Data Sharing form (CTU/FORM/5219) [template located on the SCTU website, <https://www.southampton.ac.uk/ctu>] to provide a brief research proposal on how they wish to use the data. It will include; the objectives, what data are requested, timelines for use, intellectual property and publication rights, data release definition in the contract and participant informed consent etc. If considered necessary, a Data Sharing Agreement from Sponsor may be required.

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	Participant information sheet	09/04/2025	23/04/2025	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Participant information sheet</a>		11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes