

## Disease Characterisation WG - leaders meeting

Date: 29/07/20

Location: Zoom

Dr Naheed: Why 25 years? Sadia: Although children get the disease it is not severe – 25+ is when patients suffer; Younger generations drink and smoke

Nicole: If we are evaluating severity of disease we would need to look at the older patients, if we were looking at breadth of disease characteristics we might want a younger generation

Anjorin: Shouldn't set a limit on age as different countries have different generational profiles; there shouldn't be a barrier. Here in Nigeria we have cases in children which we would want to study, Sample size calculation = Kischlie 1965 formula. P value; where we don't know the prevalence of any population, I have an article which I can share: P value of 50

Nicole: This is just a first viewing; can use a google doc to make comments at a later date

Aliya: proposal suggests info will be obtained from COVID-19 positive cases; if we see the experiences in any country those who are willing to come in to get tested are our study pop (passive), If we use that information how do we get them? Do the labs keep data records of the testing?

Shahanaz: Yes there is a discrepancy – LMICs don't preserve info as well so there might be some problems. We were also thinking of ethical consideration – is the testing kit real or fake?? We will definitely get some reports – from these we can get a picture of what we're facing. Sadia: All hospitals should record demography, age, gender etc. If the Nigerian studies find more cases in younger generation then that is a good result. Therefore it might be good to open up the age

Aliya: Age issue – How to recruit people was my main question. Shahanaz: diagnostic labs take records, as do hospitals – now integrated with Sadia's, but my previous proposal was submitted to a COVID hospital and they confirmed that they had the data and could give it to me.

Nicole: Thinking about the setting in Argentina; if things come from the hospitals we will see more severe cases as only these are hospitalised so we don't burden the health systems. If we do the hospital settings we will therefore only be characterising these cases. In Argentina the tests are done in the hospitals not specific lab centres

Aliya: In Bangladesh we don't get a lot of info from hospital records, and they are often handwritten. Second point: clinical characterisation can vary greatly across countries and hospitals.

Shahanaz: I can show a form of what is given to the hospital by the Bangladeshi government

Aliya: Why has serology been included? Sadia: Serology test taken after 21 days and analysed

Anjorin: The CRF form is useful...

Nicole: We could check the variables highlighted by the survey are in the CRF form used

Aliya: Prospective instead of retrospective data collection? Shahanaz: Never in my thoughts because how much longer is COVID-19 going to stay? Hard to know – might not get enough data prospectively. Also ethical questions putting data collectors at risk instead of collecting data from hospital/labs. If it was prospective the study would be totally different. Can get more data and find

more results retrospectively. Sadia: Because in every county the incidence of first case/peak/flattening of curve is different. Also people are scared so may not be ready for this kind of study.

Anjorin: I would want to keep to line that we have been towing before – international group so I am still of the opinion that we shouldn't streamline this study towards a particular study design – people from different countries may have serious challenges in prospective data collection etc – leave it open so that it can be collected both prospectively and retrospectively. More data is better

Nicole: Diff challenges to data collection in diff countries. This call was to try and have a good first outline; maybe we want to try and open it up so everyone can use it.

Anjorin: A CRF form would be good to collect uniform data

Nicole: If we do that the protocol would be very open – no study pop/setting/data collection method etc, we would just be providing pointers and useful info.

**Next Steps: Incorporate findings of survey into the existing protocol**