COVID-19 Knowledge and Research Implementation HUB

Diagnostics Working Group

Team Leaders meeting
Date: 08/09/2020
Location: Zoom

Abel: Vaus and I have been in contact but Vasu has internet issues – if this keeps happening I can begin to write and she can maybe give me written feedback

Kelvin: Damaris and I have a document on which we have been writing about our allocated parts; we should be able to share something within the next couple of days

Ryan: Nicole and I had a brief chat about the next steps for this document; we need to start collating all of your work and putting it together in a fluent manner. Oscar has done the intro, Abel/Vasu and Kelvin/Damaris as above; Linzy might you be happy to start to fill out the bullet points which you have put down?

Linzy: Yes, I can absolutely do that

Ryan: Great. At the moment we have many different points, and we think it might be key to focus on the bottleneck points which Nicole has started to highlight. Do you agree with this approach of focussing on the bottlenecks or keeping it broader?

Nicole: We need to ensure cohesion between the different parts. We also need to identify processes which have been translated well from other diseases/what has worked well in different contexts in the COVID-19 pandemic.

Abel: In LMICs especially we are having issues with actually getting hold of the diagnostic kits which countries are ordering. As well as the scientific bottlenecks we should highlight the processes which are slowing diagnostics down eg getting hold of reagents

Linzy: As you said, I was going to try and phrase them in terms of what are the bottlenecks. For something like disinfecting, it's not really a bottleneck so I will try and identify the optimal process. In theory the people running the diagnostics should have decontamination infrastructure for at least category II pathogens, but there are large differences between eg blood-borne and airborne pathogens. In my section I need to make sure that what labs have does efficiently prevent risk of contamination. When we started to process tests, we experienced some difficulties in getting hold of some of the materials, although lots of labs already have regular orders of disinfectant kits etc – it was more the primers required that we took a long time to get hold of

Ryan: Something we haven't yet considered much is POC testing – at the moment this paper is very 'laboratory-centric'

Nicole: Abel, from your HIV work do you have any input into this topic?

[Abel lost connection]

Linzy: I was going to say which sections of POC would you want to aim at? This is already quite a large paper so it would be hard to add it in as a whole new topic.

Ryan: yes, this is absolutely a concern. Should we include it as a small point of consideration or should we leave it out altogether?

Linzy: To include some aspects of POC it might be useful to include a list of optimal conditions for sample collection and delivery – at the start I had to produce a flow chart to let people know how to package samples correctly and safely

Nicole. Good point. We could also see how the others would want to frame it in their points – possibly throughout they could include small aspects of POC

Linzy: I was saying that I would be happy to write a short paragraph on what needs to be done on the front line during POC sample collection

Kelvin: I agree, there are specific criteria which samples should fulfil when they come to the lab – on the other side, why are they not being packaged correctly? What are the factors that make this harder to do correctly?

Nicole: Home kits; has anyone had experience with this?
Kelvin: Not in Kenya

Nicole: Who is doing the testing? Hospitals or community testing?

Kelvin: In hospitals, but those who collect samples in hospitals have also been sent into the communities.

Nicole: Ok to summarise: Kelvin could you copy what you have done into the shared document. Linzy could you share your ideas you've put forward with the others. After fleshing out the bullet points we then need to focus on collating the written parts together and how to link parts. Kelvin and Linzy, roughly how long do you think you will need? Shall we start writing and then have another meeting? Frequent calls will ensure everything is cohesive throughout the writing process.

Linzy: We could try and write a rough first draft by the end of September/end of October.

Nicole: Ok that sounds good. Do you want to try and write a draft and finish by the end of month?

Abel: Good plan. I also like the idea of having frequent calls – eg every 2 weeks even if things are not finalised

Ryan: If Kelvin and Damaris have already got a draft ready, would it be good to upload that part and discuss in 2 weeks' time when we have that call?

Nicole: Abel, if you can work with Vasu to start writing and then we can have a call in 2 weeks' time; the parts may not be finished but we can see what is being written etc. On the POC point, Linzy has suggested that she write a short section on how to correctly package samples so they can be processed when they get to a lab. Offline by email you could also share any experience you have with POC testing from your experience with HIV.