



Pandemic proofing our future

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Prior to COVID-19 many countries thought that they were prepared

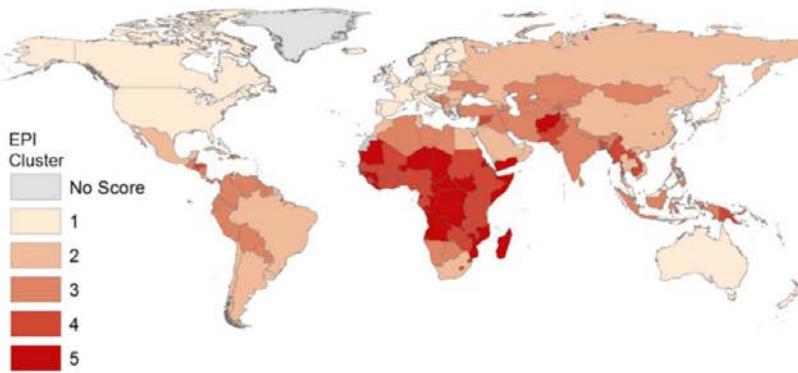


Figure 2 Global distribution of Epidemic Preparedness Index (EPI) scores, with countries binned by k-means clustering (1=most prepared, 5=least prepared).

BMJ Global Health

Assessing global preparedness for the next pandemic: development and application of an Epidemic Preparedness Index

Ben Oppenheim, Mark Gallivan, Nita K Madhav, Naomi Brown, Volodymyr Serynenko, Nathan D Wolfe, Patrick Ayscue

The Countries With the Highest COVID-19 Death Toll

Countries with the highest number of COVID-19 deaths (as of Jun. 20, 2021)



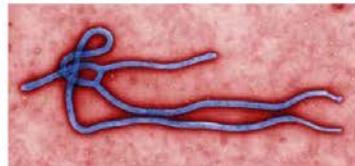
Sources: Johns Hopkins University, World Bank

What can we conclude from this disconnect?

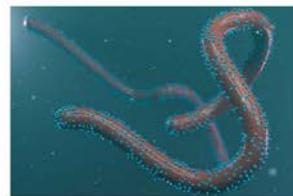
- Politics probably disproportionately effects pandemic preparedness
- We need a new approach for pandemic preparedness



What will be the next pandemic?



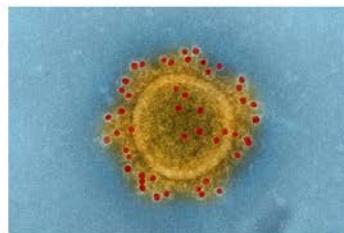
Ebola



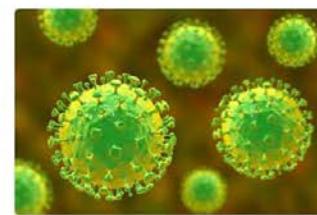
Marburg



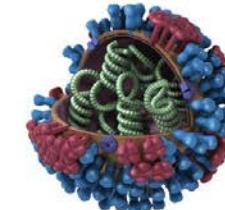
Lassa



MERS-CoV



Nipah



Influenza

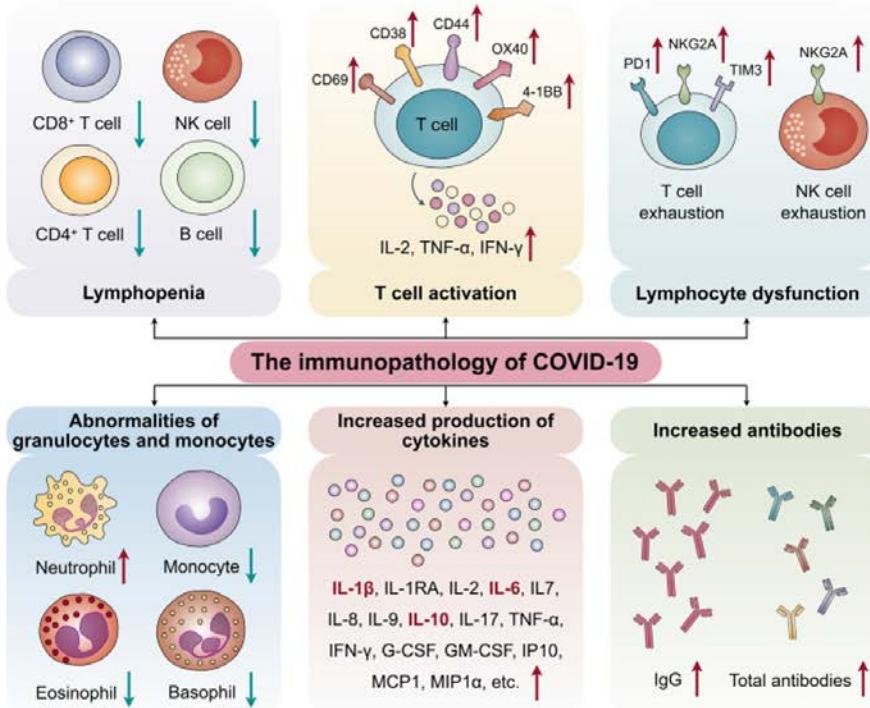
We cannot afford to depend on a virus-specific approach to
pandemic preparedness

We need pan viral:

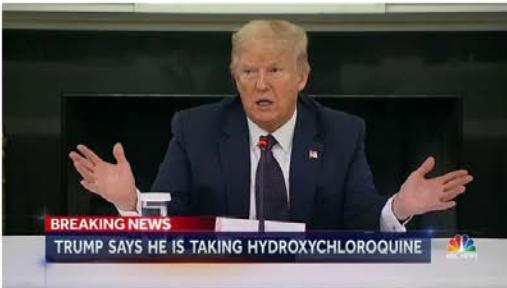
- Vaccines (Universal influenza vaccine; Pan-coronavirus vaccine)
- Therapeutics (vs. traditional anti-virals like Oseltamivir)
 - Prognostics (facilitate patient triage)
 - Diagnostics

This ensures that we are prepared no matter what virus causes the next pandemic

Therapeutics: targeting the immune system (a pan viral response)



Use the right cell type!



Donald J. Trump
@realDonaldTrump

HYDROXYCHLOROQUINE & AZITHROMYCIN, taken together, have a real chance to be one of the biggest game changers in the history of medicine. The FDA has moved mountains - Thank You! Hopefully they will BOTH (H works better with A, International Journal of Antimicrobial Agents).....

10:13 AM - Mar 21, 2020 · Twitter for iPhone

FACT: Clinical trials confirm that hydroxychloroquine does not prevent illness or death from COVID-19.

Hydroxychloroquine or chloroquine, a common treatment for malaria and certain autoimmune diseases, has been studied as a preventative treatment for COVID-19. Evidence from these studies shows that hydroxychloroquine has little to no impact on illness, hospitalization, or death.



#Coronavirus #COVID19



17 March 2021

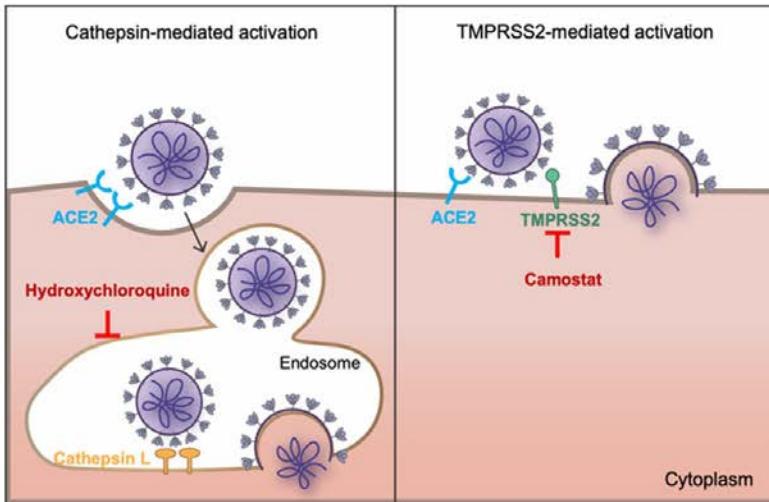
Use the right cell type!

Hydroxychloroquine-mediated inhibition of SARS-CoV-2 entry is attenuated by TMPRSS2

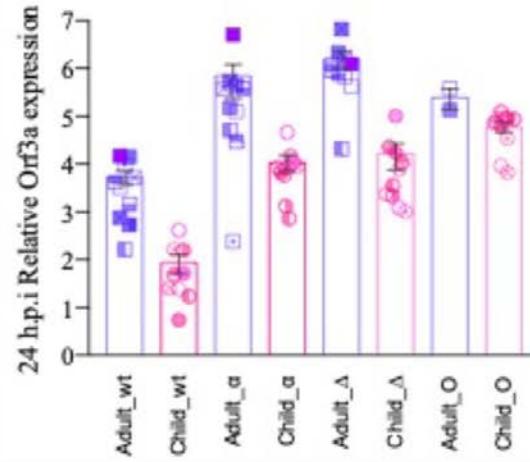
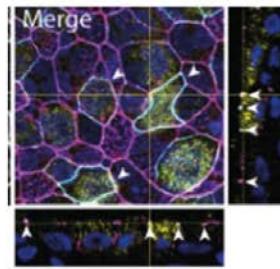
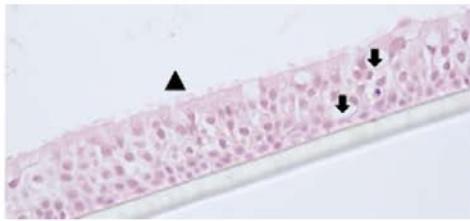
Tianling Ou , Huihui Mou, Lizhou Zhang, Amrita Ojha, Hyeryun Choe, Michael Farzan 

Version 2

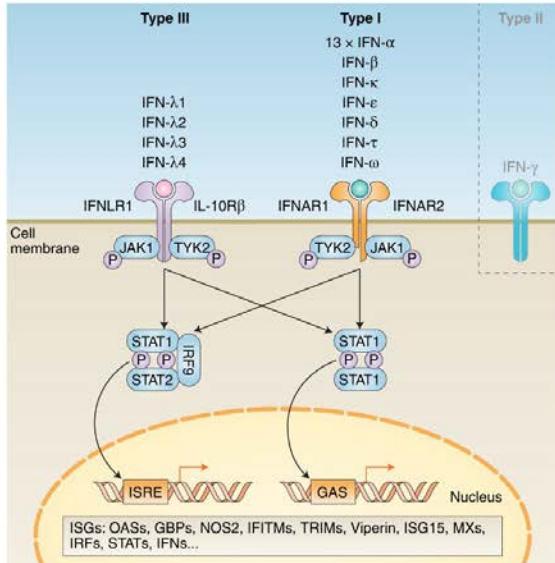
Published: January 19, 2021 • <https://doi.org/10.1371/journal.ppat.1009212>



Primary cells, organoids, chips are the way to go



A pan viral prognostic marker



Virus Research
Volume 289, November 2020, 198149



IFI27 as a potential indicator for severe Enterovirus 71-infected hand foot and mouth disease

Min, Zhu ^{1,2}, Ye, Zhu ^{1,2}, Gang, Li ¹, Boyu, Du ^{1,2}, Xueyan, Xi ^{1,2}, Bo, ^{1,2}

Research | Open Access | Published: 02 January 2021

IFI27 may predict and evaluate the severity of respiratory syncytial virus infection in preterm infants

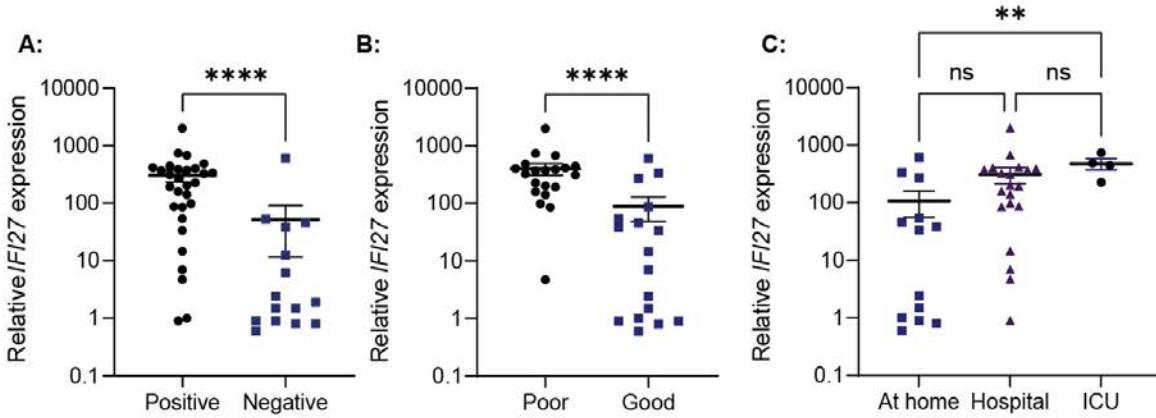
Junyan Gao, Xueping Zhu, Mingfu Wu, Lijun Jiang, Fudong Wang & Shan He

Hereditas 158, Article number: 3 (2021) | [Cite this article](#)

A novel immune biomarker *IFI27* discriminates between influenza and bacteria in patients with suspected respiratory infection

Benyamin M. Taag, Maryam Ebadian, Grant P. Pimental, Stephen Huang, Marisa Nanni, Sally Bern, Koda O'Conor, Stephan Schubert, Amy L. Phu, Anand Kumar, John Ho, Adrienne F. A. Moyeri, Yousef Keyhani, Terry Ball, Amarnath Prajapati, Assem Kumar, Elizabeth Moore, Damon Eason, Kevin Lai, Mark Gillett, Robert Geffert, Hao Luo, Fahad Gul, Jens Schreiber, Sandra Reed, David Booth, Anthony McLean, Klaus Stohmann
European Respiratory Journal 2017 49: 160209. DOI: 10.1183/13993003.02098-2016

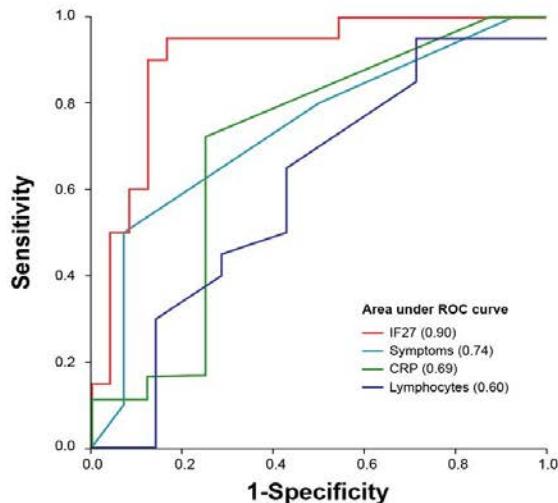
A pan viral prognostic marker



- Patients recruited from Westmead Hospital and Nepean Hospital, New South Wales, Australia (February, 2020)

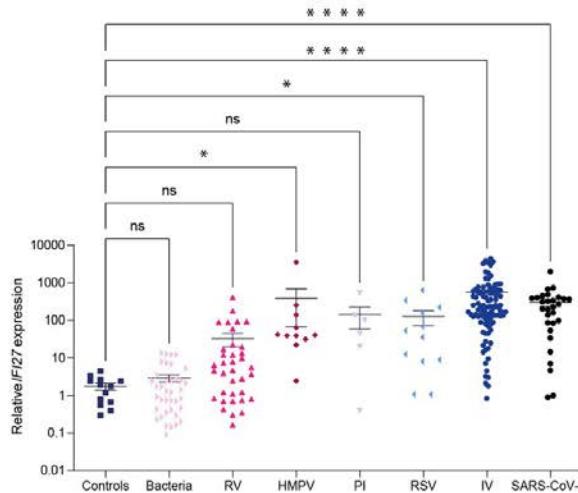


A pan viral prognostic marker

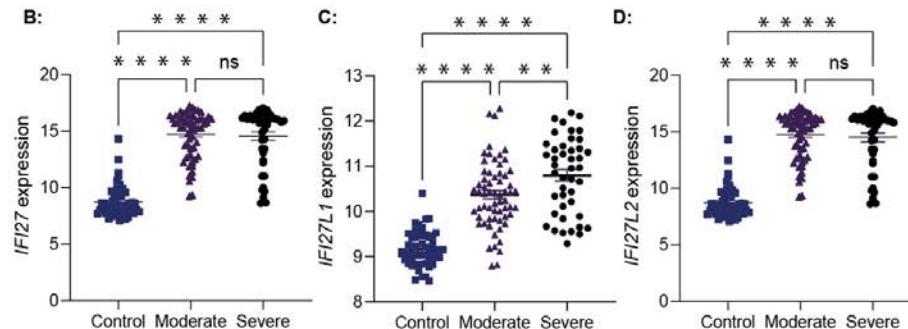


	Sensitivity	Specificity	Positive predictive value	Negative predictive value	AUROC
IF27	0.95	0.83	0.83	0.95	0.90*
Lymphopenia	0.40	0.71	0.48	0.64	0.60
CRP	0.72	0.75	0.66	0.80	0.69
Age	0.50	0.54	0.42	0.62	0.57
Comorbidity	0.70	0.64	0.57	0.76	0.77*
Symptom score	0.80	0.50	0.52	0.79	0.74*
Heart rate	0.65	0.73	0.61	0.76	0.71*
Respiratory rate	0.45	0.91	0.77	0.71	0.59
PaO ₂	0.42	0.64	0.43	0.62	0.53

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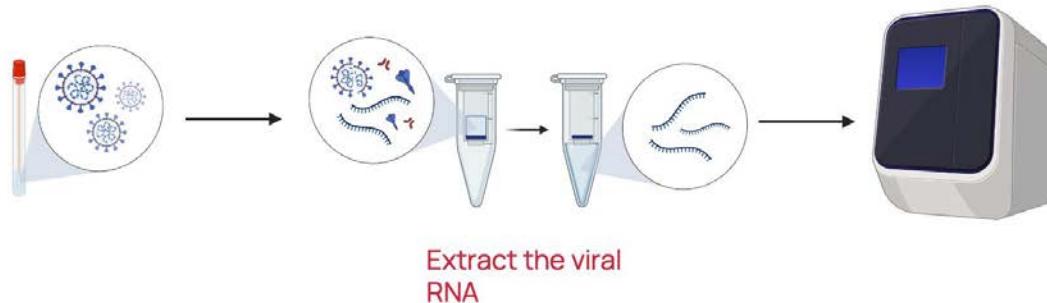


A pan viral prognostic marker



A pan viral diagnostic

- **Detection** of cases is also paramount to quarantine efficacy
- Current gold standard – real-time reverse transcriptase polymerase chain reaction (RT-PCR) for viral RNA
- + **highly sensitivity and specific**
- - **Highly time dependent (there is a period early in infection that you will test negative to the pathogen even if you are infected; this can delay treatment and affect quarantine and isolation procedures)**
- - **Specific to viral pathogen in question (harder to stockpile for a pandemic; not useful against a novel virus)**



A pan viral diagnostic: the host transcriptome

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FREE Full-Text Article

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PMCID: PMC8260104

PMID: 34250515

Blood transcriptional biomarkers of acute viral infection for detection of pre-symptomatic SARS-CoV-2 infection: a nested, case-control diagnostic accuracy study

Rishi K Gupta, MRCP,^{a,b,*} Joshua Rosenheim, MSc,^{b,*} Lucy C Bell, PhD,^{b,*} Aneesh Chandran, PhD,^b Jose A Guerra-Assuncao, PhD,^b Gabriele Pollara, PhD,^b Matthew Whelan, PhD,^b Jessica Artico, MBBS,^d George Joy, MBBS,^d Hibba Kurdi, MBBS,^d Daniel M Altmann, Prof, PhD,^g Rosemary J Boyton, Prof, PhD,^h Mala K Maini, Prof, PhD,^b Aine McKnight, Prof, PhD,ⁱ Jonathan Lambourne, PhD,^e Teresa Cutino-Moguel, PhD,^f Charlotte Manisty, PhD,^{c,d} Thomas A Trebil, PhD,^{c,d} James C Moon, Prof, PhD,^{c,d} Benjamin M Chain, Prof, PhD,^b Mahdad Noursadeghi, Prof, PhD,^{b,*} and COVIDsortium Investigators, on behalf of the

ARTICLES | VOLUME 21, ISSUE 3, P396-404, MARCH 01, 2021

A blood-based host gene expression assay for early detection of respiratory viral infection: an index-cluster prospective cohort study

Micah T McClain, MD   Florica J Constantine, MS  Bradly P Nicholson, PhD  Marshall Nichols, MS 
Thomas W Burke, PhD  Ricardo Henao, PhD  et al. Show all authors

Published: September 24, 2020 • DOI: [https://doi.org/10.1016/S1473-3099\(20\)30486-2](https://doi.org/10.1016/S1473-3099(20)30486-2) 

A pan viral diagnostic: the host transcriptome

	AUROC	Sensitivity	Specificity	Adjusted p value
IF127	0.95 (0.91-0.99)	0.84 (0.70-0.93)	0.95 (0.85-0.98)	..
Sweeney7	0.95 (0.91-0.99)	0.82 (0.67-0.91)	0.95 (0.85-0.98)	0.85
Zaas48	0.93 (0.88-0.98)	0.61 (0.45-0.74)	0.95 (0.85-0.98)	0.088
Pennisi2	0.91 (0.86-0.96)	0.58 (0.42-0.72)	0.95 (0.85-0.98)	0.088
IF144L	0.90 (0.84-0.96)	0.55 (0.40-0.70)	0.95 (0.85-0.98)	0.039
AndresTerre11	0.89 (0.83-0.95)	0.55 (0.40-0.70)	0.95 (0.85-0.98)	0.021
Henrickson16	0.89 (0.82-0.96)	0.55 (0.40-0.70)	0.93 (0.83-0.97)	0.0093
TrouilletAssant6	0.87 (0.80-0.94)	0.53 (0.37-0.68)	0.93 (0.83-0.97)	0.008
Lydon15	0.86 (0.79-0.94)	0.58 (0.42-0.72)	0.95 (0.85-0.98)	0.0046
Herberg2	0.84 (0.76-0.92)	0.5 (0.35-0.65)	0.93 (0.83-0.97)	0.0034
Sampson4	0.84 (0.76-0.92)	0.5 (0.35-0.65)	0.93 (0.83-0.97)	0.0027
Sampson10	0.83 (0.74-0.92)	0.5 (0.35-0.65)	0.95 (0.85-0.98)	0.0021
RSAD2	0.83 (0.74-0.91)	0.47 (0.32-0.63)	0.93 (0.83-0.97)	0.0021
MX1	0.82 (0.74-0.91)	0.45 (0.30-0.60)	0.95 (0.85-0.98)	0.0017
Tsalik33	0.79 (0.70-0.89)	0.39 (0.26-0.55)	0.98 (0.9-1.0)	0.0011
Lopez7	0.79 (0.69-0.88)	0.37 (0.23-0.53)	0.98 (0.9-1.0)	0.00080
IFT3	0.75 (0.64-0.86)	0.45 (0.30-0.60)	0.93 (0.83-0.97)	0.00027
OLFM4	0.62 (0.51-0.74)	0.03 (0.0-0.13)	0.98 (0.9-1.0)	<0.0001
Sweeney11	0.60 (0.48-0.73)	0.16 (0.07-0.30)	0.96 (0.88-0.99)	<0.0001
Yu3	0.59 (0.47-0.71)	0.05 (0.01-0.17)	1 (0.93-1.0)	<0.0001

Data are point estimates (95% CIs). Includes 38 contemporaneous SARS-CoV-2-positive samples and 55 SARS-CoV-2-negative samples. Discrimination is shown as AUROC. Sensitivity and specificity are shown using predefined thresholds of 2 SDs above the mean of the uninfected control population (Z2). p values show pairwise comparisons to best performing signature with Benjamini-Hochberg adjustment (false discovery rate 0.05). Equivalent data for discrimination between test-negative controls and participants with SARS-CoV-2 infection 1 week before positive PCR test are in appendix 1 (n=2). AUROC=area under the receiver operating characteristic curve.



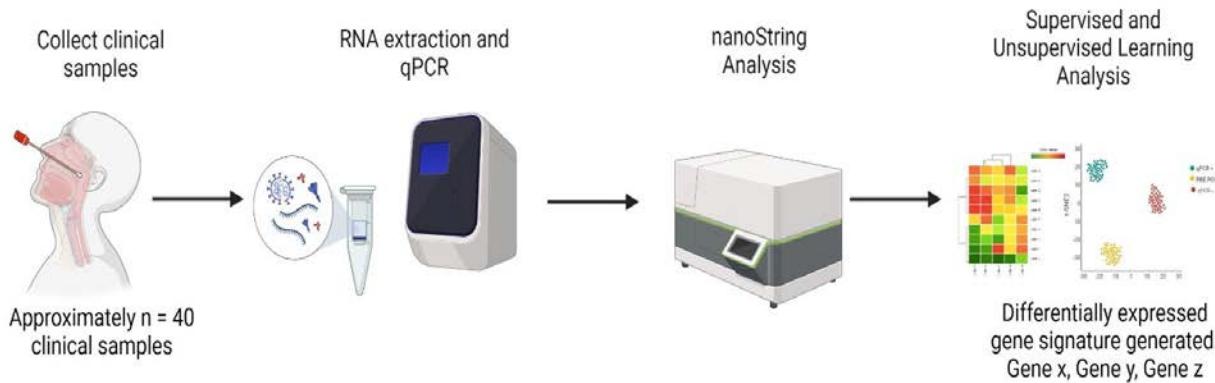
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A pan viral diagnostic: the host transcriptome



Watch this space!!!

**When will the next pandemic be?
What will it be?
Will we have learnt from COVID-19?**

Acknowledgements



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