The relationship between viral clearance rates and disease progression in early symptomatic COVID-19: a systematic review and meta-regression analysis

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Background: Effective antiviral drugs accelerate viral clearance in acute COVID-19 infections; the relationship between accelerating viral clearance and reducing severe clinical outcomes is unclear.

Methods: A systematic review was conducted of randomized controlled trials (RCTs) of antiviral therapies in early symptomatic COVID-19, where viral clearance data were available. Treatment benefit was defined clinically as the relative risk of hospitalization/death during follow-up (≥14 days), and viralogically as the SARS-CoV-2 viral clearance rate ratio (VCRR). The VCRR is the ratio of viral clearance rates between the intervention and control arms. The relationship between the clinical and viralogical treatment effects was assessed by mixed-effects meta-regression.

Results: From 57 potentially eligible RCTs, VCRRs were derived for 44 (52 384 participants); 32 had ≥ 1 clinical endpoint in each arm. Overall, 9.7% (R°) of the variation in clinical benefit was explained by variation in VCRRs with an estimated linear coefficient of -0.92 (95% CI: -1.99 to 0.13; P=0.08). However, this estimate was highly sensitive to the inclusion of the recent very large PANORAMIC trial. Omitting this outlier, half the variation in clinical benefit (R° = 50.4%) was explained by variation in VCRRs [slape -1.47 (95% CI -2.43 to -0.51); P=0.003], i.e. higher VCRRs were associated with an increased clinical benefit.

Conclusion: Methods of determining viral clearance in COVID-19 studies and the relationship to clinical outcomes vary greatly. As prohibitively large sample sizes are now required to show clinical treatment benefit in antiviral therapeutic assessments, viral clearance is a reasonable surragate endpoint.

Introduction

COVID-19 is characterized by rapid viral replication early in the acute infection. Progression to severe disease occurs in a minority of potients after an interval of approximately 1 week. Whereas the initial symptoms result directly from the SARS-CoV-2 burden, the later severe phase with potentially lethal pneumonitis results from immunopathogenesis. Antiviral therapies are, therefore, expected to provide greatest therapeutic benefit early in the course of infection (i.e. within the first week) when vital densities are highest. Several antiviral interventions have been shown to reduce subsequent all-cause hospitalization and death. However, as the pandemic has evolved the incidence of these severe clinical endpoints has declined substantially. Among

COVID-19 cases referred to hospital, inflammatory viral pneumonitis, the main pathological process leading to death, is proportionally less. This now limits the obility of antiviral trials in COVID-19 to detect a treatment effect if prevention of all-cause hospitalization or death is their primary endpoint. The rate of viral clearance from the nosopharynx or oropharynx has been proposed as a surrogate endpoint in COVID-19.^{6,7} but the relationship between occeleration in viral clearance and prevention of disease progression is unclear.

In general, in infectious diseases, pathogen clearance correlates with clinical responses. Wiral load reductions are established as surragate endpoints of therapeutic efficacy in several different chronic viral infections, including HTV, Hepatitis B and C, and CMV infections in organ transplant patients. 9–12 This is not the case for

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Infectious Disease Challenges in Solid Organ Transplant Recipients, an Issue of Infectious Disease Clinics Joseph G Timpone Jr., Princy N. Kumar, 2013-06-28 The potential etiologies of infection are diverse and these infections can often progress rapidly in SOT patients Diagnosis can be difficult owing to the altered anatomy that sometimes follows transplant surgery Many of the areas related to infections in SOT recipients are unresolved and controversial and recognized emerging issues include donor derived infection the impact of pandemic influenza in the SOT recipient and drug resistant infections

<u>Current Progress and Challenges in the Development of a Hepatitis C Virus Vaccine</u> Steven K.H. Foung, Thomas F.

Baumert, 2019-01-22 More than 70 million people worldwide are infected with hepatitis C virus a major cause of liver cirrhosis liver failure and hepatocellular carcinoma world wide In the last decade this cancer has emerged as the second leading cause of cancer death and the global burden is increasing by two million new infections per year mainly due to injection drug use An effective vaccine will be the most effective means to contain the spread of this virus worldwide The articles in this Research Topic describe the progress that has been made towards a preventive vaccine and the challenges that still need to be overcome to ultimately achieve this goal Why Vaccines to HIV, HCV and Malaria Have So Far Failed - Challenges to Developing Vaccines against Immunoregulating Pathogens Shuo Li, Magdalena Plebanski, Peter Smooker, Eric J. Gowans, 2016-09-14 Despite continuous progress in the development of anti-viral and antibacterial parasite drugs the high cost of medicines and the potential for re infection especially in high risk groups suggest that protective vaccines to some of the most dangerous persistent infections are still highly desirable. There are no vaccines available for HIV HCV and Malaria and all attempts to make a broadly effective vaccine have failed so far In this Research Topic we look into why vaccines have failed over the years and what we have learn from these attempts Rather than only showing positive results this issue aims to reflect on failed efforts in vaccine development Coming to understand our limitations will have theoretical and practical implications for the future development of vaccines to these major global Immunotherapies Towards HIV Cure Carolina Garrido, Alberto Bosque, Maria Salgado, 2021-07-08 disease burdens

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and response via diverse RNA expression Oligonucleotides designed to suppress specific RNA to manipulate the immune response including exon skipping strategies are described Threat recognition and response by the cytochrome P450 enzymes parallels immune responses The author proposes metabolic clearance of small molecules is a companion to the immune system Chapter 10 highlights RNA diversity expressed from a single gene Molecular Resilience lists paths to RNA transcriptome plasticity forms the molecular basis for resilience Chapter 11 is an account of ExonDys 51 an approved drug for the treatment of Duchenne muscular dystrophy Chapter 12 addresses the question what informs molecular mechanisms of resilience that drives the limits to adaptation and boundaries for molecular resilience He speculates that radical oxygen epigenetic modifications and ligands to nuclear hormone receptors play critical roles in regulating molecular resilience

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