Wondfo Total Antibody Testing

Technical Support Team International Marketing Division II

2020-08-12



1 Advantage of Wondfo total antibody testing

02 Wondfo application precautions





Advantage of Wondfo total antibody testing

www.wondfo.com.cn

We Are Working For Your Health

Wondfo have high sensitivity while maintaining a high specificity.

COVID-19 Testing Project - Multidisciplinary team of researchers and physicians at UCSF,

UC Berkeley, Chan Zuckerberg Biohub, and Innovative Genomics Institute. - US

Wondfo have high sensitivity while maintaining a high specificity.

earlier intervals (Figure 1B). Four assays (Bioperfectus, Premier, Wondfo, in-house ELISA) achieved

>80% positivity in the latest two time intervals (16-20 and >20 days) while maintaining >95%

specificity. Some tests were not performed on a subset of specimens due exhausted sample material,

Our data demonstrate specificity greater than 95% for the majority of tests evaluated and >99% for 2

LFAs (Wondfo, Sure Biotech) and the in-house ELISA (adapted from Amanat et al, 2020)18. We

https://covidtestingproject.org/

The New York Times

Each test was evaluated with the same set of blood samples: from 80 people known to be infected with the coronavirus, at different points after infection; 108 samples donated before the pandemic; and 52 samples from people who were positive for other viral infections but had tested negative for SARS-CoV-2.

Tests made by Sure Biotech and Wondfo Biotech, along with an inhouse Elisa test, produced the fewest false positives.

https://www.nytimes.com/2020/04/24/health/coronavirusantibody-tests.html

TEST ACCURACY

These are the specificity percentages for each test in detecting both the IgG and IgM antibodies;

Sure Biotech - 100%

Wondfo Biotech - 99.1% In-house ELISA - 99.1% UCP Bioscience - 98.1% Premier - 97.2% Innovita - 96.3% Bioperfctus - 95.2% VivaDiag - 95% Epitope ELISA - 89.8% DecomBio - 89.7% BioMedomics - 86.9%



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https://www.dailymail.co.uk/news/article-8261179/Coronavirus-antibody-testing-accuracy-study-revealsflawed-results.html

Remarkable results

Chan Zuckerburg Biohub and Massachusetts General Hospital found that only three tests had an accuracy rate of over 99 percent. These were made by Sure Biotech, Wondfo Biotech, and the researchers' in-house. Eight other tests scored 95 percent.

Read now: <u>Survival Rate of COVID-19 Patients on ECMO Machines are</u> <u>Three Times Higher Than On</u>

https://www.sciencetimes.com/articles/25498/20200428/expe rts-identified-one-antibody-test-100-accuracy-0-othersover.htm

The Science Times

Four of the tests produced false-positive rates ranging from 11-16 percent, while many of the rest hovered around 5 percent.

The four tests with the fewest false positives were made made by Sure Biotech, Wondfo Biotech, and two Eliza tests, the researchers said.

A test made by Bioperfectus detected antibodies in 100 percent of the infected samples, but only after three weeks of infection. "None of the tests did better than 80 percent until that time period, which was longer than expected," said Hsu.

https://english.alarabiya.net/en/coronavirus/2020/04/26/Coro navirus-antibody-tests-are-not-consistently-reliable-Study



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Australia MOH evaluation-Wondfo highest sensitivity





Table 9: Comparative performance of IgG testing for 91 RT-PCR positive patients with confirmed COVID-19 infection, stratified by days postsymptom onset.

Days post- symptom onset	Total (samples)	Onsite IgG (%) [95% Cl]	VivaDiag IgG (%) [95% Cl]	EUROIMMUN EIA IgG (%) [95% CI]	Hangzhou AllTest IgG (%) [95% CI]	Hangzhou Unlabelled IgG (%) [95% CI]	Wondfo Test Result* (%) [95% CI]	Hightop IgG (%) [95% CI]
0-3	23	0 (0.0) [0.0, 14.8]	0 (0.0) [0.0, 14.8]	0 (0.0) [0.0, 14.8]	0 (0) [0, 14.8]	2 (8.7) [1.1, 28.0]	3 (13.0) [2.8, 38.6]	0 (0.0) [0.0, 14.8]
4-8	28	6 (21.4) [8.3, 41.0]	8 (28.6) [13.2, 48.7]	7 (25.0) [10.7, 44.9]	9 (32.1) [15.9, 52.4]	10 (35.7) [18.6, 55.9]	14 (50.0) [30.7, 69.4]	7 (25.0) [10.7, 44.9]
9-14	21	6 (28.6) [11.3, 52.2]	12 (57.1) [34.0, 78.2]	10 (47.6) [25.7, 70.2]	14 (66.7) [43, 84.5]	15 (8.7) [1.1, 28.0]	16 (76.2) [52.8, 91.8]	13 (61.9) [38.4, 81.9]
15-20	8	6 (75.0) [34.9, 96.8]	6 (75.0) [34.9.0, 96.8]	7 (87.5) [47.4, 99.7]	8 (100) [63.1, 100]	6 (75.0) [34.9, 96.8]	8 (100) [63.1, 100]	7 (87.5) [47.4, 99.7]
21-30	27	23 (85.2) [66.3, 95.8]	21 (77.8) [57.7, 91.4]	27 (100) [87.2 <i>,</i> 100]	25 (92.6) [75.7, 99.1]	25 (92.6) [75.7, 99.1]	26 (96.3) [81.0, 99.9]	25 (96.2) [80.4, 99.9]"
>30	30	23 (76.7) [76.7, 57.7]	24 (80.0) [61.4, 92.3]	26 (86.7) [69.3, 96.2]	26 (86.7) [69.3, 96.2]	25 (83.3) [65.3, 94.4]	27 (90.0) [73.5, 97.9]	28 (93.3) [77.9, 99.1]
Total	137	64 (46.7) [38.2, 55.4]	71 (51.8) [43.1, 60.4]	77 (56.2) [47.5, 64.7]	82 (59.9) [51.1, 68.1]	83 (60.6) [51.9, 68.8]	94 (68.6) [60.1, 76.3]	80 (58.8) [50.1, 67.2]



The Royal Melbourne Hospital

A joint venture between The University of Melbourne and The Royal Melbourne Hospital

https://www.health.gov.au/sites/defa ult/files/documents/2020/06/postmarket-validation-of-serologicalassays-for-covid-19-updatedreport_0.pdf

4. Discussion

Here, we present results of our post-market validation of the Hangzhou IgG/IgM Rapid Test assays, the Wondfo SARS-CoV-2 Antibody Test and the Hightop SARS-CoV-2 IgM/IgG Antibody Rapid Test. Our findings suggest that the performance characteristics of the Wondfo SARS-CoV-2 Antibody Test and the Hightop SARS-CoV-2 IgM/IgG Antibody Rapid Test are only in keeping with those reported in the IFU if samples collected 14 days or earlier following

Wondfo specificity 100%, while sensitivity is on top



by Instituto de Salud Carlos III - SEMERGEN, Spain

Table1. Wondfo evaluate the most patients and got the best result.

SGTi flex covid19-test, sensitivity the highest, but spcificity 90% not acceptable

TABLA 1. Resumen de resultados (S: Sensibilidad, ESP: Especificidad)

TÉCNICA	FABRICANTE	DATOS SEGUN MARCADO CE	ESTUDIO DE FIABILIDAD	DATOS SOBRE ESTUDIO FIABILIDAD
2019-nCoV Ag	SHENZHEN	83% S, 100% ESP	S: 25%	Estudio ISCIII
GICA Rapid	BIOEASY		ESP: 100%	N=48 pacientes
Test	BIOTECHNOLOGY			
REF:	CO LTD			
YRLG22202025				
2019-nCoV Ag	SHENZHEN	92% S, 100% ESP	S: 58%	Estudio
Test	BIOEASY		ESP: 97%	Hospital Clínico
Fluorescence	BIOTECHNOLOGY			Madrid, G
IC Assay	CO LTD			Marañón y La
REF:				Paz
YRLF04401025				N=121
				pacientes
COVID-19	ZHEJIANG	88% S, 97% ESP	S: 58%	Estudio
IgG/IgM Rapid	ORIENT GENE	(distingue	ESP: 100%	Hospital de
Test Cassette	BIOTECH	lgM/lgG)	(S=85% en	Toledo e ISCIII
REF: GCCOV-			pacientes con	N=250
402a			>10 días de	pacientes
			evolución)	
			(SUERO)	
2019-nCoV	HANGZHOU ALL	100% S, 97% ESP	S: 56,5%	Estudio
IgG/IgM Rapid	TEST BIOTECH	(distingue	ESP: 100%	Hospital Clínico
Test Cassette	CO LTD	lgM/lgG)	(S >75% en	de Madrid y
REF: INCP-402			pacientes con >7	Ramón y Cajal
			días de	N=119
			evolución)	pacientes
			(SUERO)	

Instituto de Salud Carlos III SARS-CoV-2	GUANGZHOU	100% S, 90% ESP	S: 66,3%	Estudio la
Antibody Test	WONDFO	(Ac totales)	ESP: 100%	Princesa,
REF: W1 95	BIOTECH CO LTD	(Ac totales)	(S >75-80% en	Ramón y Cajal,
			pacientes con >7	Gregorio
			días de	Marañón,
			evolución)	Hospital de
			(SUERO)	Toledo y
				Hospital Clínico
				de Madrid
				N=386
				pacientes
SGTi flex	SUGENTECH INC	94% S, 96% ESP	S: 74%	Estudio
COVID 19		(distingue	ESP: 90%	Hospital de la
lgM/lgG		lgM/lgG)	(S=94% en	Princesa y
REF:			pacientes con	Hospital Clínico
COVT02SE			>10 días de	de Madrid
			evolución)	N=200
			(SUERO)	pacientes

https://www.semergen.es/files/doc s/COVID-19/Documentos/informelestrategia-microbiologico.pdf

Table2: In Madrid hospital, Wondfo perform great



 TABLA 2. Resumen de resultados en pacientes recuperados y comparaciones venopunción vs digitopunción. (S: Sensibilidad, ESP: Especificidad)

TÉCNICA	FABRICANTE	DATOS SEGUN MARCADO CE	ESTUDIO DE FIABILIDAD	DATOS SOBRE ESTUDIO FIABILIDAD
COVID-19 IgG/IgM Rapid Test	ZHEJIANG ORIENT GENE BIOTECH	88% S, 97% ESP (distingue lgM/lgG) Sangre/suero/plas	S en SUERO: 85,5% ESP en SUERO: 98.1%	150 pacientes Estudio ISCIII
Cassette REF: GCCOV- 402a		ma. El fabricante recomienda digitopunción	S en SANGRE: 82,1% ESP en SANGRE: 99%	56 pacientes Hospital Clínico de Madrid
			S en DIGITOPUNCIÓN: 82,1% ESP en DIGITOPUNCIÓN: 99%	56 pacientes Hospital Clínico de Madrid

Carry	22111			
SARS-CoV-2	GUANGZHOU	100% S, 90% ESP	S en SUERO: 77,8%	45 pacientes
Antibody	WONDFO	(Ac totales)	ESP en SUERO: 95%	Hospital Gregorio
Test	BIOTECH CO	Sangre/suero/plas		Marañón
REF: W1 95	LTD	ma.		
			S en SANGRE: 84,5%	97 pacientes
			ESP en SANGRE: 100%	Hospital Clínico
				de Madrid
			S en DIGITOPUNCIÓN: 61,5%	52 pacientes
			ESP en DIGITOPUNCIÓN: 100%	Hospital Gregorio
				Marañón y
				Hospital Clínico
				de Madrid
2019-nCoV	HANGZHOU	100% S, 97% ESP	S en SUERO: 86%	56 pacientes
lgG/lgM	ALL TEST	(distingue IgM/IgG)	ESP en SUERO: 85%	Hospital Ramón y
Rapid Test	BIOTECH CO	Sangre/suero/plas		Cajal y Gregorio
Cassette	LTD	ma. El fabricante		Marañón
REF: INCP-		recomienda	S en DIGITOPUNCIÓN: 74%	47 pacientes
402		digitopunción	ESP en DIGITOPUNCIÓN: 95%	Hospital Gregorio
				Marañón

Wondfo have 100% specificity



By-Brown University

 The <u>specificity of SQ IgG</u> and Wondfo Total is
 <u>100%</u>, the specificity of
 Abbott IgG is 99.62%,
 and the specificity of SQ
 IgM is 98.87%.

Assay names	SQ IgM	SQ IgG	Abbott IgG
Random non-COVID-19 samples (early March 2020) (from Table 3)	<u>3/126</u>	0/126	0/125
Pre-pandemic samples from troponin study	<u>6/500</u>	0/500	<u>4/498</u>
Pre-pandemic samples from transfusion service	0/50	0/50	0/50
Pre-pandemic samples from Rhode Island Blood Center	<u>2/21</u>	0/21	0/21
Pre-pandemic samples from prenatal samples	<u>1/371</u>	0/371	0/371
Total	<u>12/1063</u>	0/1063	4/1059
Specificity (95% confidence interval)	98.87% (98.04%, 99.35%)	100% (99.64%, 100%)	99.62% (99.03%, 99.85%)

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Validation and Performance Comparison of Three SARS-CoV-2 Antibody Assays

https://www.biorxiv.org/content/10.1101/202 0.05.29.124776v1

Among 3 rapid tests, Wondfo has better performance

- <u>"Overall results being better for</u> <u>Guangzhou Wondfo Biotech."</u>
- "Test 3 (Wondfo) showed the best specificity (100%), followed by Test 2 and 1"
- "Instead, we decided to use Test 3 (Wondfo), with acceptable specificity and sensitivity, combined with ELISA as a part of our daily workflow."
- <u>"IgM band in LFI had low</u> <u>sensitivities and might be</u> <u>inadequate for acute diagnosis of</u> <u>COVID-19 infection"</u>

https://www.ncbi.nlm.nih.gov/ pmc/articles/PMC7323682/ by Consorcio Hospital General Universitario, Valencia, Spain

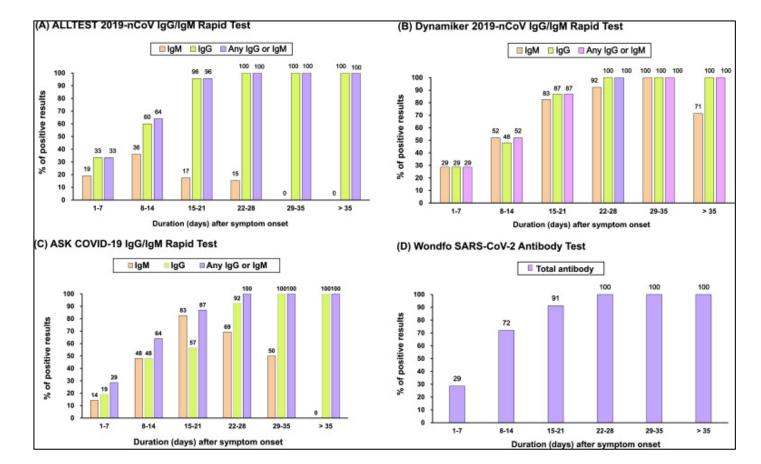
	Test 1			Test 2			Test 3	•	
Type of antibodies	IgM	IgG	IgM/IgG	IgM	IgG	IgM/IgG	IgM/IgG	IgA	IgG
No. tested samples (all)	84	84	84	81	81	81	84	84	84
Negative	79	83	78	73	78	71	80	69	84
Inconclusive/positive	5	1	6	8	3	10	4	15	0
Specificity (%)	94%	98.8%	92.8%	90.1%	96.3%	87.7%	95.2%	81.2%	100%
No. tested samples 2018/19	62	62	62	60	60	60	62	62	62
Negative	58	62	58	54	59	53	62	50	62
Inconclusive/positive	4	0	4	6	1	7	0	12	0
Specificity (%)	93.5%	100%	93.5%	90%	98.3%	88.3%	100%	80.6%	100%

Days after		ensitivity			Latera (95%CI		nunoassa	y Sensitivi	y					
onset	(95%CI)				Test 1				Test 2				Test 3	
	N	IgA	N	IgG	N	IgM	N	IgG	N	IgM	N	IgG	N	IgM/IgG
1-7	22/28	71.4	15/28	53.5	8/27	29.6	13/27	48.1	16/24	66.7	14/24	58.3	18/27	66.7
1-7	22/20	(63.4-93.8)	15/28	(33.9-72.5)	0/2/	(13.8-50.2)	13/2/	(28.7-68.1)	10/24	(44.7-84.4)	14/24	(36.6-77.9)	10/2/	(46-83.5)
8-14	38/39	97.4	32/39	82.1	17/39	43.6	28/39	71.8	24/32	75	30/32	93.8	38/39	97.4
0-14	30/39	(86.5-99.9)	32/39	(66.5-92.5)	17/39	(27.8-60.4)	20/39	(55.1-85)	24/32	(56.6-88.5)	30/32	(79.2-99.2)	30/39	(86.5-99.9
15-28	49/50	98	48/50	96	12/49	24.5	41/49	83.7	23/25	92	25/25	100	49/50	98
13-20	-5/50	(89.4-99.9)	10/30	(86.3-99.5)	12/79	(13.3-38.9)	41/45	(70.3-92.7)	23/23	(74-99)	23/23	(86.3-100)	15/50	(89.4-99.9
Asymptomatic	12/12	100	12/13	92.3	4/11	36.3	7/11	63.6	7/11	63.6	10/11	90.9	11/13	84.6
Asymptomatic	13/13	(75.3-100)	12/13	(64-99.8)	7/11	(10.9-69.2)	//11	(30.8-89.1)	//11	(30.8-89.1)	10/11	(58.7-99.8)	11/13	(54.6-98.1
Total	121/130	93.1	106/130	81.5	41/126	32.5	89/126	70.6	70/92	76.1	79/92	85.9	116/129	89.9
- otai	121/130	(87.3-96.8)	100/130	(73.8-87.8)	11/120	(24.5-41.5)	05,120	(61.9-78.4)	10/92	(66.1-84.4)	15152	(77-92.3)	110/129	(83.4-94.5

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National Taiwan University-Alltest and Wondfo are the best

 Compared to detection of all antibodies, <u>detection</u> of IgM and IgG separately using rapid tests did not improve the performance of the tests in terms of early diagnosis of COVID-19 infection.



https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7295501/

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Wondfo Finecare and rapid test have better performance than other two methods.

-By Bacteriology and Hygiene Bicetre Laboratory Hospital, France

Laboratory Country	City	Test Name	Manufacturer	Target	Sensitivity	Specificity	Link to Publicati	on
University of Califorr United Stat	es ‹ San Franci	s COVID-19 IgM-IgG	Dual Antiboc BioMedomics, Inc.	lgM	61.7	87.9	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s COVID-19 IgM-IgG	Dual Antiboc BioMedomics, Inc.	lgG	55.5	96.3	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s COVID-19 IgM-IgG	Dual Antiboc BioMedomics, Inc.	lgG; lgM	64.8	86.9	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s Novel Coronavirus	(2019-nCoV) Innovita Biological Techno	ology C IgG	53.4	100	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s PerfectPOC Novel	Corona Virus Jiangsu Bioperfectus Tech	nnologi: IgM	71.1	97.1	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s PerfectPOC Novel	Corona Virus Jiangsu Bioperfectus Tech	nnologi: IgG	62.5	98.1	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s PerfectPOC Novel	Corona Virus Jiangsu Bioperfectus Tech	nnologi: IgG; IgM	74.2	95.2	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s COVID-19 (SARS-C	oV-2) IgG/IgN DeepBlue Medical Techno	ology Ci IgM	72.3	84.3	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s COVID-19 (SARS-C	oV-2) IgG/IgN DeepBlue Medical Techno	ology Ci IgG	53.1	99.1	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s Novel Coronavirus	(SARSCoV-2) Decombio Biotechnology	Co Ltd. IgG; IgM	67.5	89.7	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s COVID-19 (SARS-C	oV-2) IgG/IgN DeepBlue Medical Techno	ology Ci IgG; IgM	73.1	84.3	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s Novel Coronavirus	(SARSCoV-2) Decombio Biotechnology	Co Ltd. IgG	66.7	91.6	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s Novel Coronavirus	(SARSCoV-2) Decombio Biotechnology	Co Ltd. IgM	67.5	90.7	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s Novel Coronavirus	(2019-nCoV) Innovita Biological Techno	ology C: IgM	28.7	96.3	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s Novel Coronavirus	(2019-nCoV) Innovita Biological Techno	ology C IgG; IgM	56.9	96.3	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s COVID-19 lgG/lgN	Rapid Test C Premier Biotech	lgG; lgM	70.5	97.2	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s SARS-CoV-2 IgM/I	gG Ab Rapid 1 Sure Bio-Tech (USA) Co., I	Ltd IgM	48.1	100	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s SARS-CoV-2 lgM/l	gG Ab Rapid T Sure Bio-Tech (USA) Co., I	Ltd IgG	56.6	100	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s COVID-19 lgG/lgN	Rapid Test C Premier Biotech	lgM	69	98.1	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s SARS-CoV-2 IgM/I	gG Ab Rapid 1 Sure Bio-Tech (USA) Co., I	Ltd IgG; IgM	57.4	100	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s COVID-19 lgG/lgN	Rapid Test C Premier Biotech	lgG	53.5	99.1	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s Coronavirus IgG/I	M Antibody (UCP Biosciences	lgM	60.8	98.1	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s Coronavirus IgG/I	M Antibody (UCP Biosciences	lgG	56.2	98.1	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s EDI? Novel Corona	avirus COVID- Epitope Diagnostics, Inc.	lgM	56.9	97.2	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s Coronavirus IgG/I	M Antibody (UCP Biosciences	lgG; lgM	61.5	98.1	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s EDI? Novel Corona	avirus COVID- Epitope Diagnostics, Inc.	lgG	73.8	90.7	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s VivaDiag COVID-1	9 IgM/IgG Rat VivaChek Biotech (Hangzł	hou) Co IgM	65.3	94.9	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s EDI? Novel Corona	avirus COVID- Epitope Diagnostics, Inc.	lgG; lgM	75.4	89.8	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s VivaDiag COVID-1	9 IgM/IgG Rat VivaChek Biotech (Hangzł	hou) Co IgG	63.6	96	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s VivaDiag COVID-1	9 IgM/IgG Rat VivaChek Biotech (Hangzł	hou) Co IgG; IgM	65.3	94.9	https://covidtes	tingproject.org/
University of Califorr United Stat	es (San Franci	s SARS-CoV-2 Antib	ody Test (Late Guangzhou Wondfo Biote	ech Co., IgG; IgM	69	99.1	https://covidtes	tingproject.org/
Bacteriology and Hys France	Kremlin-Bi	c Finecare SARS-Co	/-2 Antibody Guangzhou Wondfo Biote	e <mark>ch Co.,</mark> Total Ig	78.3	98.4	Not available	
Bacteriology and Hy _§ France	Kremlin-Bi	c 2019-nCoV lgG/lg	M Rapid Test AutoBio Diagnostics	lgG; lgM	73.9	94	Not available	
Bacteriology and Hy _§ France	Kremlin-Bi	c 2019-nCoV lgG/lg	M Rapid Test Avioq Bio-Tech Co., Ltd	IgG; IgM	68	94.5	Not available	
Bacteriology and Hy _l France	Kremlin-Bi	c SARS-CoV-2 Antib	ody Test (Late Guangzhou Wondfo Biote	ech Co., Total Ig	77.5	96.4	Not available	

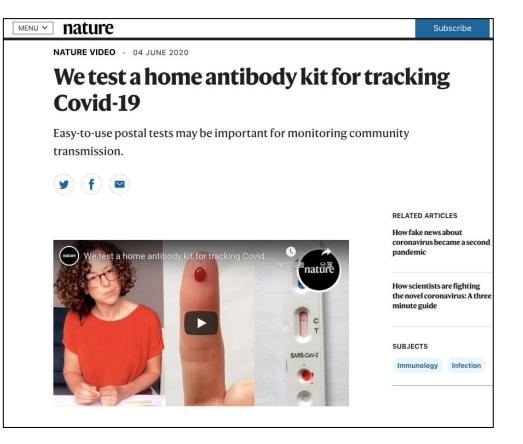
https://www.finddx.org/covid-19/dx-data/

Wondfo on research conducted by Imperial College



 REACT (Real-time Evaluation of Community Communication), UK

 10,000 tests had been sent to the community



https://www.nature.com/articles/d41586-020-01677-y

Wondfo on Brazill Covid-19 epidemic research



menu v nature medicine

Letter Published: 08 July 2020

Population-based surveys of antibodies against SARS-CoV-2 in Southern Brazil

Mariângela F. Silveira, Aluísio J. D. Barros, Bernardo L. Horta, Lúcia C. Pellanda,
Gabriel D. Victora, Odir A. Dellagostin, Claudio J. Struchiner, Marcelo N. Burattini,
Andréia R. M. Valim, Evelise M. Berlezi, Jeovany M. Mesa, Maria Letícia R. Ikeda,
Marilia A. Mesenburg, Marina Mantesso, Marinel M. Dall'Agnol, Raqueli A.
Bittencourt, Fernando P. Hartwig, Ana M. B. Menezes, Fernando C. Barros, Pedro
C. Hallal ⊠ & Cesar G. Victora

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and 108 pre-COVID-19 negative controls. The sensitivity of the Wondfo test was 81.5% (95% CI = 70.0-90.1%) among 65 patients with a positive RT-PCR 11 d or more before the test, and the specificity was 99.1% (95% CI = 94.9–100.0%). Of the ten tests studied, the Wondfo test was one of the two lateral flow tests with the best performance. Lastly, we carried out our own validation study, based on 83 volunteers with a positive quantitative RT-PCR result 10 d or more before the rapid test. This analysis showed a sensitivity of 77.1% (95% CI = 66.6-85.6%). We also analyzed 100 serum samples collected in 2012 from participants of the 1982 Pelotas (Brazil) Birth Cohort Study¹⁹ and found 98 negative results, yielding a specificity estimate of 98.0% (95% CI = 93.0-99.8%). By pooling the results from the four separate validations studies, weighted by sample sizes, the sensitivity was estimated at 84.8% (95% CI = 81.4-87.8%) and the specificity was estimated at 99.0% (95% CI = 97.8–99.7%).

https://www.nature.com/articles/s41591-020-0992-3

Wondfo is recommend to UNCTAD



(United Nations Conference on Trade and Development)



Letter to UNCSTD for sharing Guangdong's experience in containing COVID-19 by the scientific and technological method

Confronting with the crisis of the COVID-19 epidemic, the Chinese science and technology experts and personnel are always working in utilizing science and technology to tackle the COVID-19 in the frontline. They reached some scientific and technological outcomes and breakthroughs. In this context, science and technology play a crucial role in preventing and containing epidemics. In respond to the call from the UNCSTD, according to our principle and philosophy of being openness, transparent and sincerity, I would like to introduce several successful practices of Guangdong province in providing technical support for preventing and containing COVID-19 and related medical treatment measures. I would like to express my willingness to share these experiences with our CSTD member states and strengthen the international collaboration in dealing with the COVID-19 epidemic through our joint efforts.

I. Invent the products for testing COVID-19 in a technological way. Shenzhen BGI Group developed a new coronavirus nucleic acid detection kit (fluorescent PCR method) which has been applied in more than 70 countries all over the world. The BGI group maintain the competency of producing PCR detection kits for 300 000 persons per day and sequencing detection kits for 10 000 persons per day. BGI has fourteen "Fire Eye" COVID-19 testing laboratories which can test 50 000 persons per day. Daan Gene Co., Ltd of Sun Yat-sen University developed novel coronavirus nucleic acid detection kit and maintains the competency of producing 500 000 PCR detection kits (fluorescent PCR method) per person per day. Guangzhou Wondfo Biotech Co., Ltd developed novel coronavirus antibody detection (colloidal gold method) which was the first approved antibody detection reagent in China, with daily production for 600 000 persons, is able to test novel coronavirus antibody from human body's serum, plasma, and whole blood.

https://unctad.org/en/PublicationsLibrary/CSTD_COVID19_ c05_China_en.pdf

www.wondfo.com.cn





Wondfo application precautions

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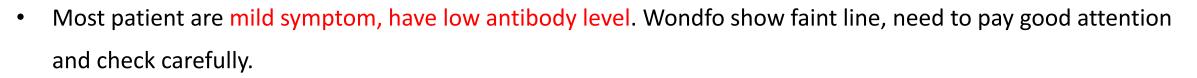
Window period-- false negative



- The immune system takes time to response and produce enough detectable antibody.
- On the first week symptom onset, the detection rate could be <30%.

Total N=500			Delay	symptoms (onset	
Total Positive N=249		0-5 d	6-10 d	11-15 d	16-21 d	>21 d
	N Case sera	30	104	67	38	10
WONDFO	Case sera testing positive	7.0	78.0	65.0	33.0	10.0
	Sensitivity (%)	23.3	75.0	97.0	86.8	100.0
		9.9	65.6	89.6	71.9	69.2
	IC 95%	42.3	83.0	99.6	95.6	100.0

Faint line- even 2 week after symptom



Some sample,
 Igg/Igm separte
 fail to detect, but
 Wondfo catch it.



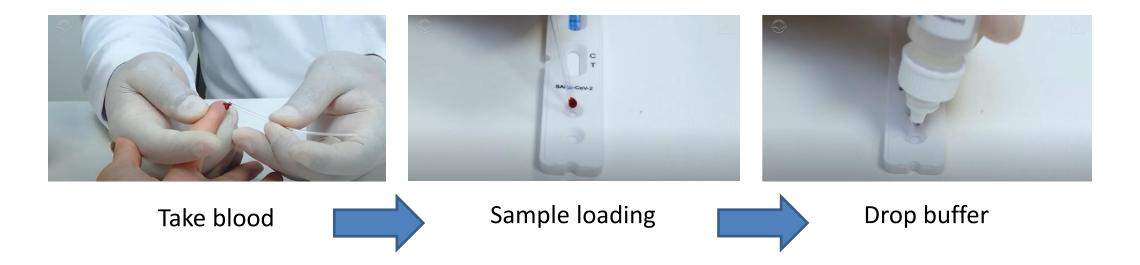
If using whole blood, must read within 20 minutes, or the background will become red.

llondfo

 The Igg/Igm separate test show more visible line than Wondfo.

Capillary blood testing





Tips: 1. If the sample is collected by digital puncture, use a sterile lancet

- 2. When piercing the finger, use 70% alcohol to disinfect, wait for it to dry before piercing
- 3. Results need to wait at least 15 minutes, up to 20 minutes

https://www.youtube.com/watch?v=ePli6Z7ixSw

www.wondfo.com.cn

Precautions for serological testing



Volume 154, Issue 3 September 2020

Article Contents

Abstract

Key Points

Materials and Methods

Results

Discussion

There is compelling evidence that using total antibody or combined IgG/IgM detection offered the highest sensitivity of detection. Data from preliminary studies indicated that additional investigations should examine the clinical correlation of different isotypes and titers to disease severity. It is also clear that the timing of sample acquisition is a crucial determinant of test accuracy, although this important information was not always clearly presented in the current literature.¹⁶ The earliest positive results were reported by day 5 post onset of symptoms, and accuracy peaked by the second week of symptoms. Early in the course of the disease, when RT-PCR sensitivity was reported as 50% to 60%, the concomitant use of serologic tests significantly added sensitivity with consistently reported values over 90%. Moreover, after 10 to 14 days post onset of symptoms, the sensitivity of RT-PCR dropped significantly while serology testing reached its peak. As fully validated methods become commercially available, serology methods may be utilized as an adjunct tool to RT-PCR testing protocols in patients with suspected infection.

https://academic.oup.com/ajcp/article/154/3/293/5862535

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Practical Implementation of Serologic Testing



• Diagnosis in Symptomatic Patients

The sensitivity of RT-PCR testing decreased over time post onset of symptoms and that this change was observed to be concurrent with the increasing sensitivity of antibody detection methods.

• Serology Use in Monitoring Disease Course

Antibody responses may vary according to disease severity, and monitoring titers may be applied in clinical practice to guide earlier aggressive treatment.

• Serology Use for Screening Asymptomatic Patients

Implementation of serology testing to screen the general population and asymptomatic health care workers is currently of significant interest. Nonetheless, the available evidence is limited to support its use in these scenarios.

• Utility for Possible Convalescent Serum Donors

Understanding the utility of routine serologic methods (ie, ELISA, CLIA) in the prediction of convalescence is

complex. Further comprehensive studies in this area are warranted.

https://academic.oup.com/ajcp/article/154/3/293/5862535

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