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In vitro diagnostic test systems — Requirements and recommendations for detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by nucleic acid amplification methods

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Foreword

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The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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This document was prepared by Technical Committee ISO/TC 212, *Clinical laboratory testing and in vitro diagnostic test systems*, in collaboration with Technical Committee ISO/TC 276, *Biotechnology*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

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Introduction

Coronaviruses are enveloped RNA viruses that are broadly distributed in the animal kingdom. They have been identified in humans, other mammals, and birds. Coronaviruses were named because the spike proteins known to facilitate viral attachment and cell entry appear like a halo on the virus surface when viewed under an electron microscope. Coronaviruses are roughly spherical with a diameter ranging from 118 nm to 136 nm. The coronavirus genome, which ranges from 26 kb to 32 kb, is the largest among all RNA viruses, including RNA viruses that have segmented genomes. Until 2019, six coronaviruses have been associated with human diseases:

— severe acute respiratory syndrome-related coronavirus (SARS-CoV),

— Middle East respiratory syndrome coronavirus (MERS-CoV),

— human coronavirus 229E (HCoV-229E),

— human coronavirus OC43 (HCoV-OC43),

— human coronavirus NL63 (HCoV-NL63), and

— human coronavirus HKU1 (HCoV-HKU1)[1].

In 2019, a cluster of patients presenting with a respiratory disease were shown, by sequencing, to be infected with a novel coronavirus[2]. The coronavirus associated with this cluster was subsequently named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses[3]. SARS-CoV-2 is the seventh coronavirus known to infect humans. The disease caused by SARS-CoV-2 was designated as coronavirus infectious disease 2019 (COVID-19) by the World Health Organization (WHO)[4].

The host range for SARS-CoV-2 is not yet fully defined. SARS-CoV-2 is a beta-coronavirus. The receptor for SARS-CoV-2 is the angiotensin-converting enzyme 2 (ACE2). ACE2 is a cell-surface, zinc-binding carboxypeptidase involved in regulation of cardiac function and blood pressure. It is expressed in epithelial cells of the lung and the small intestine, which are the primary targets of SARS-CoV-2, as well as the heart, kidney, and other tissues.

SARS-CoV-2 replicates in the upper and lower respiratory tracts and is transmitted by droplets and aerosols and most likely other contact with asymptomatic and symptomatic infected persons. The basic reproduction number (R_0) of the original variant is between 2 and 3, but significantly more contagious variants have developed. The median incubation period is 5,7 (range 2 to 14) days[5]. Similarly to SARS and MERS, superspreading events have been reported, with a dispersion parameter (kappa) estimated at 0,1. Most infections are uncomplicated, and 5 % to 10 % of patients are hospitalized mainly due to pneumonia with severe inflammation. However, complications include respiratory and multiorgan failures. Risk factors for the complicated disease increase with age and include hypertension, diabetes, chronic cardiovascular and chronic pulmonary diseases, and immunodeficiency.

Clinical management of COVID-19 and control of infections and spread of SARS-CoV-2 require effective and efficient in vitro diagnostics. There are a number of tests and kits in use for the detection of SARS-CoV-2 and the number of methods will continue to increase. Acceptable design, development and establishment of quality SARS-CoV-2 diagnostics based on nucleic acid detection methods is critical to ensure COVID-19 infection control. Establishing indices for conducting comprehensive quality evaluation of these methods and kits both during development and in routine application will ensure the accuracy of the test results and support epidemic prevention and control. This document provides requirements and recommendations to consider for the quality practice of SARS-CoV-2 nucleic acid amplification methods.

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In vitro diagnostic test systems — Requirements and recommendations for detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by nucleic acid amplification methods

1 Scope

This document provides requirements and recommendations for the design, development, verification, validation and implementation of analytical tests for detecting the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) using nucleic acid amplification. It addresses pre-examination, examination and post-examination process steps for human specimens.

This document is applicable to medical laboratories. It is also intended to be used by in vitro diagnostic developers and manufacturers, as well as by institutions and organizations supporting SARS-CoV-2 research and diagnostics.

This document does not apply to environmental samples.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

— ISO Online browsing platform: available at https://www.iso.org/obp

— IEC Electropedia: available at https://www.electropedia.org/

3.1
severe acute respiratory syndrome coronavirus 2
SARS-CoV-2
virus that causes coronavirus infectious disease 2019 (COVID-19)

3.2
specimen
primary sample
discrete portion of a body fluid, breath, hair or tissue taken for examination, study or analysis of one or more quantities or properties assumed to apply for the whole

Note 1 to entry: The Global Harmonisation Task Force (GHTF) uses the term specimen in its harmonized guidance documents to mean a sample of biological origin intended for examination by a medical laboratory.

Note 2 to entry: In some countries, the term “specimen” is used instead of “primary sample” (or a subsample of it), which is the sample prepared for sending to, or as received by, the laboratory and which is intended for examination.

[SOURCE: ISO 15189:2012, 3.16[6] modified — Note 2 to entry was removed and Note 3 to entry was renumbered as Note 2 to entry.]

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