# Assessing the Public Health Threat of Post-Acute Sequelae of SARS-CoV-2 Infection (PASC)

# NIH RECOVER Initiative: Briefing for the Advisory Council to the Director (ACD)

December 9, 2022

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An Initiative Funded by the National Institutes of Health

# **RECOVER: Characterizing a New Multisystem Disorder**

### Wide Clinical Spectrum of PASC Requires Multi-disciplinary Approach

### Symptoms

- Fatigue
- Dizziness
- Brain Fog
- Paresthesia
- Joint Pain, Muscle Weakness
- Cough, Shortness of Breath
- Sleep Disturbance
- Chest or Stomach Pain
- Heart Palpitations
- Menstrual changes
- Depression
- Anxiety



### Affected Systems

- Neurologic Impairment
- Autonomic Dysfunction
- Lung Dysfunction/Damage
- Heart Dysfunction/Damage
- Gastrointestinal Dysfunction
- Diabetes
- Kidney Damage
- Reproductive System Dysfunction
- Mental Health Disorder

# **NIH RECOVER Initiative**

### Goal

Rapidly improve our understanding of and ability to predict, treat, and prevent PASC

### **Key Scientific Aims**

- 1
- Understand clinical spectrum/biology underlying recovery over time
- 2 Define risk factors, incidence/prevalence, and distinct PASC sub-phenotypes
- 3 Study pathogenesis over time and possible relation to other organ dysfunction/disorders
- Identify interventions to treat and prevent PASC

# Guiding Principles Operation Operation

participants as partners

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### National scale with inclusive, diverse participation & community engagement

Platform protocols, standardized methodologies, and common data elements Adaptive approaches based on emerging science



# **Research Response to PASC Across Federal Agencies**

The National Action Plan outlines priorities in seven areas:

- Characterizing the full clinical spectrum of long • COVID and diagnostic strategies
- Pathophysiology •
- Surveillance and epidemiology •
- Long COVID and overall wellbeing •
- Therapeutics and other health interventions •
- Human services, supports, and interventions •
- Health services and health economics research •

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# **RECOVER's Principles In Action: Meaningful Patient Engagement**



### Outcomes

- 1,000+ patients participated in protocol design, trial application review, and/or symptom survey development
- 22,000+ patients in the participant portal
- 860+ attendees at patient experience discussion
- **14,000+** monthly newsletter subscribers

### **RECOVER's Principles In Action: Building Diverse Cohorts**

RECOVER has made progress toward **enriching enrollment of disproportionately affected communities from across the U.S.** by leveraging community engagement, multidisciplinary partnerships, and collaboration with patient groups.

| Guiding<br>Principles                                      | Community-Campus<br>Partnerships for Health |   | % Entire<br>U.S.<br>Population <sup>1</sup> | % Entire<br>U.S. COVID<br>Cases <sup>2</sup> | % Adult<br>Current Cohort<br>(as of 11/30/22) |
|--|---|---|---|--|---|
|  |   | White                                   | 75.8  | 53.5   | 62.4  |
|  |   | Hispanic/<br>Latinx                     | 18.9  | 24.6   | 15.5  |
| Patient-centered   |   | Black                                   | <b>Black</b> 12.6 12.4                      |  | 16.1  |
|  |   | Asian                                   | 5.9   | 4.3  | 7.3   |
| National scale with<br>inclusive, diverse<br>participation | Institutional<br>Development                | Native<br>Hawaiian/<br>Pacific Islander | 0.2   | 0.3  | 0.4   |
|  | Program States                              | American<br>Indian/<br>Alaska Native    | 0.7   | 1.0  | 2.4   |

<sup>1</sup>United States Census Bureau (2021)

<sup>2</sup>CDC COVID Data Tracker

# NIH RECOVER Initiative: Research Components



# **Progress Update: EHR/Health Systems Studies**



# RECOVER EHR Cohorts: Multi-Platform Collaborative Adult and Pediatric Data Assets Facilitate Research at Large Scale

- Patient-Centered Research (PCORnet) 38M+ records
- National COVID Cohort Collaborative (N3C) 16M+ records
- All of Us 9,000+ COVID cases
- Issued 42 reports (7 published/in press, 8 preprint, 7 submitted, 20 draft)
  - Validated machine learning 'computable phenotype' algorithms and usage of ICD-10 codes for identifying PASC
  - Incidence, prevalence, risk factors, impact of variant and vaccinations, health disparities, intervention usage





National COVID Cohort Collaborative



# EHR Studies – Early Findings: Cross-Validating RECOVER Algorithm Identifying PASC in All of Us

### **RECOVER Key Scientific Aims**



Identifying who has long COVID in the USA: a machine learning approach using N3C data

Emily R Pfaff\*, Andrew T Girvin\*, Tellen D Bennett, Abhishek Bhatia, Ian M Brooks, Rachel R Deer, Jonathan P Dekermanjian, Sarah Elizabeth Jolley, Michael G Kahn, Kristin Kostka, Julie A McMurry, Richard Moffitt, Anita Walden, Christopher G Chute, Melissa A Haendel, The N3C Consortium†

Created machine learning models to identify patients with potential long COVID using EHR records from N3C patients who attended long COVID specialty clinics



# EHR Cohorts – Early Findings: Risk Factors and Sub-Phenotypes



# EHR Cohorts – Early Findings: Effect of Co-Morbidities and New Onset Conditions



# EHR Cohorts – Early Findings: Vaccination and the Risk of PASC



# EHR Cohorts – Early Findings: Using EHR to Characterize **PASC in Pediatric Populations**

### **RECOVER Key Scientific Aims**

| Clinical<br>Spectrum | <b>Risk Factors</b>           | Incidence/<br>Prevalence                                 | Sub-Phenotypes  | Pathogenesis                             | Inter                       | ventions |  |
|----------------------|-------------------------------|--|---|--|-----------------------------|----------|--|
|                      | What are th<br>What is the fu | Who is get<br>ne various forms o<br>Ill clinical spectru | ting PASC?<br>of and risk factors<br>im, including sub- | for PASC?<br>ohenotypes?                 |                             |          |  |
|                      |                               |  | Health condition  | aHR (95% CI)                             | Lower Higher<br>rates rates |          |  |
| nce/Preva            | lence                         |  | COVID-19  | 7.00 (6.56-7.47)                         |                             | -        |  |
| , i i o i a          |                               | 121 Syndromic  | C & Myocarditis   | 3.10 (1.94-4.96)                         | -                           |          |  |
| SARS-Co              | oV-2 children ao on           | Symptomatic  | C Acute respiratory distres                             | s syndrome 2.96 (1.54-5.67)              |                             |          |  |
|                      | SV 2 Simaron go Sh            | Features   | Myositis  | 2.59 (1.37-4.89)                         |                             | -        |  |
| p PASC.              |                               |  | Mental health treatment                                 | 1.62 (1.46-1.80)                         | -                           |          |  |
|                      |                               |  | Disorders of teeth/ginging                              | va 1.48 (1.36-1.60)                      |                             |          |  |
| ctors                |                               |  | Other/ill-defined heart of                              | lisease 1.47 (1.17-1.84)                 |                             |          |  |
|                      |                               |  | Fluid/electrolyte disturb                               | ance 1.45 (1.32-1.58)                    | -                           |          |  |
| ears                 |                               |  | Thrombophlebitis and the                                | romboembolism 1.31 (1.05-1.63)           |                             |          |  |
|                      |                               |  | Acute kidney injury                                     | 1.30 (1.07-1.58)                         |                             |          |  |
| mission              | for acute SARS-               |  | Tonsillitis   | 1.26 (1.15-1.38)                         |                             |          |  |
|                      |                               |  | Bronchiolitis   | 1.26 (1.13-1.41)                         |                             |          |  |
| -2 intection         |                               |  | Pneumonia   | 1.26 (1.09-1.45)                         |                             |          |  |
|                      |                               | H  | Other specified inflamm                                 | atory condition of skin 1.22 (1.12-1.33) | -                           |          |  |
| Diex chron           | ic conditions                 |  | Obesity   | 1.20 (1.10-1.31)                         | -                           |          |  |

Gastroenteritis

Communication/motor disorders

Rao et al. 2022. JAMA Peds.

1.18 (1.08-1.29)

1.12 (1.03-1.22)

0.6

aHR (95% CI)

Rao et al. 2022, JAMA Peds.

# **Progress Update: Clinical Cohort Studies**



# Progress: Enrolling Adult RECOVER Clinical Cohorts

| Clinical<br>Spectrum   | Risk Factors   | Incidence/<br>Prevalence |   | Sub-<br>Phenotypes          | Pathogenesis | Interventions |  |
|--|--|--------------------------|---|-----------------------------|--------------|---------------|--|
|  |  | A                        | dult  | Cohort                      |              |               |  |
| ACUTE INFECTION COHORT   |  |                          |   | POST-ACUTE INFECTION COHORT |              |               |  |
| <ul> <li>Patients with confirmed acute<br/>SARS-CoV-2 infections</li> <li>Prospective, nested PASC cases<br/>vs. controls</li> </ul> |  |                          | <ul> <li>PASC patients 4+ weeks after<br/>confirmed acute SARS-CoV-2 infection</li> <li>Matched PASC case-control design</li> <li>Retrospective data capture</li> </ul> |                             |              |               |  |
| Goal   | I ∼8-9k adults   |                          |   | ~8-9k adults                |              |               |  |
| Start  | Jan 2022   | Jan 2022                 |   |                             | Jan 2022     |               |  |
| <b>Progress</b> (as of 11/30/2022)   | Progress<br>(as of 11/30/2022)50% enrolled80% enrolled |                          |   |                             |              |               |  |
| Anticipated End  | Inticipated End Q2 2023 Q1 2023                        |                          |   |                             |              |               |  |

# Observational Study – Early Findings: Characterizing Clinical Spectrum, In-Depth At Large Scale

| Clinical<br>Spectrum                      | Risk Factors   | Incidence/<br>Prevalence | Sub-<br>Phenotypes  | Pathogenesis   | Interventions  |  |
|---|--|--------------------------|---|--|--|--|
| Who is getting PASC?                      |  |                          | What are the impacts of different variants and vaccination?   |  |  |  |
| Among adult<br>acute infect<br>symptoms 3 | patients recruited d<br>tion, <b>20-30% repor</b><br>months after enroll | luring<br>ted<br>ment.   | <ul> <li>Predominant across infection</li> <li>Lower overall in participants</li> <li>Vaccinated in variant contint though the chindividuals infection</li> </ul> | symptoms are cons<br>on waves.<br>rates of symptoms<br>infected in later ye<br>dividuals infected w<br>ue to be at risk for l<br>ance of PASC is lo<br>ected pre-Omicron | observed<br>ears.<br>/ith Omicron<br>PASC,<br>wer than |  |

# **Progress: Enrolling Pediatric RECOVER Clinical Cohorts**

| Clinical<br>Spectrum               | Risk Factors   | Incidence/<br>Prevalence | Sub-<br>Phenotypes          |   | Pathogenesis   | Interventions |  |
|------------------------------------|--|--------------------------|-----------------------------|---|--|---------------|--|
|                                    |  | Р                        | ediat                       | ric Cohort  |  |               |  |
| ACUTE INFECTION COHORT             |  |                          | POST-ACUTE INFECTION COHORT |   |  |               |  |
|                                    | <ul> <li>Patients with confirmed acute<br/>SARS-CoV-2 infections</li> <li>Prospective, nested PASC cases<br/>vs. controls</li> </ul> |                          |                             | <ul> <li>PASC patients 4+ weeks after<br/>confirmed acute SARS-CoV-2 infection</li> <li>Matched PASC case-control design</li> <li>Retrospective data capture</li> </ul> |  |               |  |
| Goal                               | 800 children   | 800 children<br>May 2022 |                             |   | 4,000 children in main cohort800 children in RECOVER-MUSICMay 2022 |               |  |
| Start                              | May 2022   |                          |                             |   |  |               |  |
| <b>Progress</b> (as of 11/30/2022) | Inted End21% enrolledQ3 2023   |                          |                             | 22.2% enro<br>100% enrol  | lled in main coho<br>led in RECOVER-                               | rt<br>MUSIC   |  |
| Anticipated End                    |  |                          |                             | Q3 2023   |  |               |  |

# Early Findings: Investigating Vaccine Safety in Children After MIS-C



# **Progress Update: Longitudinal Cohort Studies**



# **Progress: Leveraging Cohorts to Conduct Longitudinal, Community-Based Research**

### **RECOVER Key Scientific Aims**

Adolescent Brain Cognitive Development®

Teen Brains. Today's Science. Brighter Future.

| Clinical<br>Spectrum | <b>Risk Factors</b>                              | Incidence/<br>Prevalence     | Sub-<br>Phenotypes  | Pathogenesis   | Interventions                         |
|----------------------|--|------------------------------|---|--|---------------------------------------|
|                      | Collaborativ<br>Cohort of C<br><i>for</i> COVID- | ve<br>Cohorts<br>19 Research | <ul> <li>Enrolled 49,000 a based cohorts, inc</li> <li>Adult cohort i PASC cases</li> </ul> | <b>dults</b> from 14 exist<br>cluding C4R<br>ncludes 7,680 CO\ | ing community-<br>/ID cases and 1,504 |

- Biospecimens
  - Sero-surveillance
- Enrolled 12,000 adolescents & families from Adolescent Brain Cognitive Development Study<sup>SM</sup> (ABCD)

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# **Progress Update: Pathobiology Studies**



# **Progress: Investigating Disease Pathways Underlying PASC**

| Clinical<br>Spectrum                             | Risk Factors     | Incidence/<br>Prevalence | Sub-<br>Phenotypes   | Pathogenesis   | Interventions                      |
|--|------------------|--------------------------|--|--|------------------------------------|
| <ul> <li>Launched m</li> </ul>                   | nore than 42 stu | Cons<br>dies             | OVER Pathobiol<br>equences of Acute In<br>m-Specific Pathology | ogy Studies: Are<br>fection<br>/ (Neurological, Care | eas of Focus<br>diac, Respiratory) |
| <ul> <li>Evaluating of<br/>biomarkers</li> </ul> | candidate        |                          | ne Response, Inflam<br>nce on Metabolism                       | mation, Autoimmuni                                   |                                    |
|  |                  | Epige                    | netics, Multiomics   |  |                                    |
| recoverCOVID.o                                   | rg               | Anim                     | al Models  |  |                                    |

# **Building on Recent Studies Within RECOVER at Scale**

### **RECOVER Key Scientific Aims**



RECOVER is supporting follow-up studies to connect multi-omics results with clinical cohort data to develop an AI tool to identify targets of COVID-19 pathology.

Support from RECOVER allows researchers to:

- Test these results at scale (original study ~300 patients)
- Understand pathophysiological mechanisms of PASC



# Pediatric Cohort Goals: Characterizing MIS-C in Children

| Clinical Spectrum              | Risk Factors                         | Incidence/<br>Prevalence           | Sub-<br>Phenotypes  | Pathogenesis                 | Interventions                             |
|--------------------------------|--------------------------------------|------------------------------------|---|------------------------------|---|
|                                | imilarities<br>MIS-C?                |                                    |   |                              |   |
|                                | Kawasa                               | aki Disease                        | MIS-C   |                              | BOTH                                      |
| Demographic                    | s 6 months<br>• Male pred            | to 5 years<br>ominance             | <ul><li> 6-11 years</li><li> No gender predomir</li></ul> | nance                        |   |
| Immunologica<br>Characteristic | al T-cell activati<br>s conventional | on by<br>antigen                   | SARS-CoV-2 spike prot<br>triggers cytokine storm          | tein<br>neutroph<br>neutroph | ment of IL-1β⁺<br>ils and immature<br>ils |
| Clinical Featu                 | res Conjunctival mucous mem          | infection & oral<br>Ibrane changes | GI symptoms, myocard shock, and coagulopath               | itis & Fever, ra             | sh, neurological<br>s                     |
| Management                     |                                      |                                    |   | IVIG, glu<br>acetylsali      | cocorticoids,<br>icylic acid              |

# Pediatric Cohort Goals: Characterizing MIS-C in Children

### **RECOVER Key Scientific Aims**

![](_page_25_Figure_2.jpeg)

Sharma, et al. 2021. Nat Rev.

# **Progress Update: Clinical Trials**

![](_page_26_Figure_2.jpeg)

# **Building Patient-Centered RECOVER Clinical Trials Infrastructure**

Critical inputs from patients, clinicians, and other perspectives shaped clinical trial priorities and design.

### **Sources & Inputs**

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![](_page_27_Figure_3.jpeg)

![](_page_27_Picture_4.jpeg)

![](_page_27_Picture_5.jpeg)

# **Designing and Launching RECOVER Clinical Trials**

![](_page_28_Figure_1.jpeg)

# **RECOVER Current Progress and Upcoming**

![](_page_29_Picture_1.jpeg)

![](_page_29_Picture_2.jpeg)

Largest, diverse, deeply characterized clinical cohort of **PASC** patients

![](_page_29_Picture_4.jpeg)

prevalence, risk factors, impact, disparities

Cross-validate

EHR findings

Cohorts that support deep and longitudinal

characterization of **PASC** patients

![](_page_29_Picture_8.jpeg)

42+ pathobiology studies that will characterize pathophysiology of PASC

![](_page_29_Picture_10.jpeg)

5 master protocoldriven platform clinical trials under development

Upcoming

Interim analyses in early 2023

Integrate wearable sensor data

Mechanistic studies, risk stratification, biomarker identification

Trials evaluating therapies launching in Q1 and Q2 2023

![](_page_30_Picture_0.jpeg)

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