

# T2B! immunity after SARS-CoV-2

Published: 09-09-2020

Last updated: 15-05-2024

The main hypothesis is that specific mechanisms of action and level of immunosuppressive medication is the most important determinant of SARS-CoV-2 immunity after vaccination or infection in ISP patients.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Autoimmune disorders
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON23600

### Source

NTR

### Brief title

T2B! immunity after SARS-CoV-2

### Condition

- Autoimmune disorders

### Health condition

SARS-CoV-2, auto-immune diseases,

### Research involving

Human

### Sponsors and support

**Primary sponsor:** ZonMw

**Source(s) of monetary or material Support:** ZonMw

## Intervention

### Explanation

## Outcome measures

### Primary outcome

- Effects of systemic immunosuppressive medication on the serologic response at 28-days after the last SARS-CoV-2 vaccination - Difference in SARS-CoV-2-specific B- and T-cell frequencies and functional phenotype and determinants thereof

### Secondary outcome

- Changes in SARS-CoV-2 IgM, IgG and IgA responses over time and determinants thereof. - Speed of mounting, the magnitude and persistence of the immune response against SARS-CoV-2 and determinants thereof. - Number of confirmed SARS-CoV-2 (re-) infections and determinants thereof. - Clinical determinants (including age and gender, disease, disease mechanism and medication) of SIAP - Clinical determinants of patient choices and preferences related to vaccine administrations - Differences in IgG/IgM/IgA antibodies against different SARS-CoV-2 proteins over time - Change in disease activity and/or relapses of underlying autoimmune disorders within 8 weeks after SARS-CoV-2 infection and vaccination - Changes in and determinants of disease activity and/or relapses in the underlying AID during the study period - Incidence and determinations of short-term adverse events after vaccination - Differences in and determinants of severity of SARS-CoV-2 (re-) infections. - The number of ISP with SARS-CoV-2 IgM, IgG and IgA antibodies at baseline in patients with previously positive PCR. - Compare early SIAP development to immunity at follow-up and development of induced immunity after vaccination

## Study description

### Background summary

A better understanding of the maintenance of SARS-CoV-2-specific immunity after primo-infection (SIAP) is pertinent to address the risk of re-infection over time, especially for immune-suppressed patients (ISP) which may be at greater risk. In addition to this, there is uncertainty about the efficacy of the much-awaited vaccines in ISP compared to healthy individuals as it is known for other vaccines that protection is attenuated. A better understanding of SIAP and the effects of induced immunity by vaccination in ISP is critical to tailor care and guidelines to maximally protect this vulnerable population.

### Study objective

The main hypothesis is that specific mechanisms of action and level of immunosuppressive medication is the most important determinant of SARS-CoV-2 immunity after vaccination or infection in ISP patients.

## Study design

serology group: baseline (prior to vaccination); 28 days after first vaccination; 28 days after second vaccination; 12 months after first vaccination  
cellular group: baseline (prior to vaccination); 10 days after second vaccination; 28 days after first vaccination; at second vaccination; 10 days after second vaccination; 28 days after second vaccination; 12 months after first vaccination

## Contacts

### Public

Amsterdam UMC, locatie AMC  
Luuk Wieske

020-7328660

### Scientific

Amsterdam UMC, locatie AMC  
Luuk Wieske

020-7328660

## Eligibility criteria

### Age

Adults (18-64 years)

Adults (18-64 years)

Elderly (65 years and older)

Elderly (65 years and older)

### Inclusion criteria

Patients with auto-immune disorders with or without immunosuppressive medication or healthy controls, above 18 years

### Exclusion criteria

Known pregnancy during study entry. Concomitant treatment with immunosuppressive medication (like chemotherapy) for cancer or organ-transplantation (including stem-cell transplantation).

## Study design

### Design

Study phase:	N/A
Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Other

### Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	22-03-2021
Enrollment:	4500
Type:	Actual

### IPD sharing statement

**Plan to share IPD:** No

## Ethics review

Approved WMO	
Date:	01-09-2020
Application type:	First submission
Review commission:	METC Amsterdam UMC

## Study registrations

### Followed up by the following (possibly more current) registration

ID: 55289

Bron: ToetsingOnline

Titel:

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
NTR-new	NL8900
CCMO	NL74974.018.20
EudraCT	2021-001102-30
OMON	NL-OMON55289

## Study results

Results posted: 08-02-2024

Actual enrolment: 3361

### First publication

02-03-2022