



NATURAL IMMUNE RESPONSE AGAINST COVID-19 IN FIRST LINE CORONA WARRIORS AT DHANBAD AND THEIR ADJOINING DISTRICTS OF JHARKHAND: A PROSPECTIVE STUDY.

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Background:-

A study was required at the initial phase of continued nobel Covid-19 pandemic to know the impact of infection and to set a guideline for treatment. In the correct knowledge IgG develops four weeks following infection after SARS-COV-2 Virus. IgG as a reliable antibody develops in 99% of individuals who are immunocompetent.

A robust immunity is needed to handle disease caused by viruses and bacteria new to the community. Primary immunity depends on multiple factors. An intact immune system empowered by B&T cells, proper activation of complements & immunoglobins are all that needed for the faster healing of the disease. During the continued pandemic numerous mutations happened in Covid-19 viruses which threats to the community at the detection level of virus.

In my study IgG was chosen as a reliable marker of sero conversion & it's may be helpful in deciding immunity status of an individual.

This study is expected to assure following parameter whether a particular age or sex is more immune to disease? Whether in particular titre is beneficial & whether it is helpful in recovery from mild to moderate disease in hospitalized patients.

Method:-

A SOP has been made in the department of blood centre for proper evaluation of donors eligibility. Detailed clinical examination, donors nasal swab was taken their blood samples will be collected for CBC, total protein and IgG (anti-covid-19 anti body). Properly filled consent paper will be collected with all safety measures keeping ethical issues in my study. All donors asked to submit RT-PCR reports. All healthy individuals will be choosen and their IgG titers will be measured, analyzed & compaired with the available data on globally accessible sites available digitally. Manual charts & tables will be prepared for study based on age & sex of participants. A control value was set-up. Less than one is negative & more than 1 was taken positive on the basis of CLIA method. Age-wise comparisons were considered in both groups.

Keywords:- Primary immunity, B&T cells, Nobel Covid-19 virus, Anti IgG antibody, Sero-conversion, RT-PCR

Results:-

DATA-1:- Age & Sex specific analysis of participants (152 males Vs 27 females) aged 20-70 years.

AGE	MALE	FEMALE
20-29	35	13
30-40	39	08
41-50	23	02
>50	10	00

DATA-2:- Antibody titres obtained by CLIA method from all participants (152 males Vs 27 females) aged 20-70 years. Anti-Covid-19 antibody IgG were categorized as mild, moderate & high.

AGE GROUP	MILD 1-10		MODERATE 11-20		HIGH 20-30	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
20-29	23	10	05	03	03	00
30-40	26	06	06	00	02	01
41-50	14	01	04	01	00	00
>50	16	01	08	00	04	00

Conclusions:- 74% cases were asymptomatic females. IgG was only mildly elevated. The infected females were largely pre-menopausal age group.

Sero-conversion rates were higher in females as compared to males (86% vs 70%). These shows robust immune response in females in comparison to males.

Discussions:- Pre-menopausal adult women generally have stronger immune response than children, men or female during post-menopausal period. These are due to multiple reasons for those differences are like genetic factors, life style practices, co-morbidities, hormonal factors, immunity & ageing.

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Interests of Conflicts:- There is no interest of conflict.

References

1. I. World Health Organization. "Immunity passports" in the context of COVID-19. Available from: [commentaries/detail/immunity-passports-in-the-context-of-covid-19](#)
2. World Health Organization. Statement on the seventh meeting of the International Health Commission regarding the coronavirus disease (COVID-19) pandemic. Available from: [104-2021-s1alemem-on-1he-seventh-meeting-of-1he-intemutational-healh-regulations-200the-coronavirus-disease-\(covid-19\)-pandemic](#)
3. Wajnberg A, Mansour M, Leven E, et al. Humoral response and PCR positivity in patie City region, USA: an observational study. *Lancet Microbe* [Imemet] 2020 [cited 2021h 1rps://linkinghub.elsevier.com/frctric/cfpifS266652472030 1208
4. Guthmiller JJ, Stovicck0, Wang J. et al. SARS-CoV-2 Infection Severity ls Linked to: the Spike. *mBio* [lnrcmct) 2021 [cited 2021 Ytar26]; 12(1):c02940-20, [mbio/1211/mBi-https://mbio.asm.ondcoment/12/1/e02940-20](#)
5. Wu J, Liang B, Chen C, et al. SARS-CoV-2 infection induces sustained humoral immune response following symptomatic COVID-

19. *Nat Commun* 2021;12(1):1813.
6. Huang C, Huang L, Wang Y, et al. 6-month consequences of COVID-19 in patients discharged: a study. *The Lancet* [Internet] 2021 [cited 2021 Apr 22]; 397(10270):220-32. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0140673620326568>
7. Arkhipova N, Jenkins I, Helfand M, Annstrong C, et al. Antibody Response After SARS-CoV-2 Infection: A Rapid Living Review. *Ann Intern Med* 2021;
8. Scow J, Graham C, Merrick B, et al. Longitudinal observation and decline of neutralizing antibody levels following SARS-CoV-2 infection in humans. *Nat Microbiol* [Internet] 2020 [cited Available from: <http://www.nature.com/articles/41564-020-00813-8>
9. Long Q-X, Tang X-J, Shi Q-L, et al. Clinical and immunological assessment of asymptomatic SARS-CoV-2 infections. *Nat* 2020 [cited 2021 Apr 22]; 572(7719):257-61. Available from: <http://www.nature.com/articles/41564-020-00813-8>
10. Wheatley AK, Juno JA, Wang JJ, et al. Evolution of immune responses to SARS-CoV-2 in humans. *Nat Commun* [Internet] 2021 [cited 2021 Apr 22]; 12(1):1162. Available from: <http://www.nature.com/articles/41564-020-00813-8>
11. Dan JM, Mateus J, Karo Y, et al. Immunological memory to SARS-CoV-2 assessed for 5 months. *Science* [Internet] 2021 [cited 2021 Mar 26]; 371(6529):eabf4063. Available from: <https://www.sciencemag.org/lookup/doi/10.1126/scienccabf4063>
12. Schwarzkopff S, Cucculari M, Immunity in COVID-19 Convalescents with PCR-Confirmed SARS-CoV-2-Specific IgG. *Emerg Infect Dis (Lancet)* Available from: <https://www3772article.lsu.edu/research/citation>
13. Sckine T, Perez-Potti A, Rivern-Ballesteros O, et al. Robust T Cell Immunity in Convalescent or Mild COVID-19. *Cell* 2020; 183(1):158-168.e14.
14. Wheatley AK, Juno JA, Wang JJ, et al. Evolution of immunity to SARS-CoV-2 in humans. *Intem HIV/AIDS*; 2020 [cited 2021 Mar 26]. Available from: <http://medrxiv.org/lookup/doi/10.1101/2020.02.12.20021386>
15. Poland GA, Ovsyannikova JG, Kennedy RB. SARS-CoV-2 immunity: review and application. *The Lancet* [Internet] 2020 [cited 2021 Apr 16]; 396(10262):1595-606. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0140673620321371>
16. Edridge AWD, Kaczorowska J, Hoste ACR, et al. Seasonal coronavirus protective immunity. *Nat Commun* [Internet] 2020 [cited 2021 Mar 26]; 11(1):1691-3. Available from: <http://www.nature.com/articles/41564-020-00813-8>
17. Huang AT, Garcia-Carreras B, Hitchings MDT, et al. A systematic review of antibody kinetics, correlates of protection, and association with severity. *Nat Commun* [Internet] 2020 [cited 2021 Apr 15]; 11(1):4704. Available from: <http://www.natprc.com/articles/s41467-020-18450-4>
18. Guo X, Guo Z, Duan C, et al. Long-Term Persistence of IgG Antibodies in SARS-CoV-2 Infection. *Infectious Diseases (except HIV/AIDS)*; 2020 [cited 2021 Apr 15]. Available from: <http://medrxiv.org/lookup/doi/10.1101/2020.02.12.20021386>
19. Wu L-P, Wang C, Chang Y-H, et al. Duration of Antibody Responses after Severe Acute Respiratory Syndrome. *Emerg Infect Dis* [Internet] 2007 [cited 2021 Apr 15]; 13(10):1562-4. Available from: <http://www.cdc.gov/eid/article13101562a.htm>
20. Anderson DE, Tan CW, Chia WN, et al. Lack of cross-neutralization by SARS-CoV-2 antibodies. *Microbes Infect* 2020; 9(1):900-2.
21. Alshukairi AN, Al-Jabir A, Al-Sayid A, et al. SARS-CoV-2 antibody response in humans. *Saudi Arabia Emerg Infect Dis*. Available from: <https://www.cdc.gov/eid/article13101562a.htm>
22. Harvey RA, Rassen JA, Kabelac CA, et al. Association of SARS-CoV-2 Seropositivity and Infection. *JAMA Intern Med* [Internet] 2021 [cited 2021 Mar 26]; Available from: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2776810>

23. Lumley SF, O'Donnell D, Stoesser I, et al. Antibody Status and Incidence of SARS-CoV-2 in Workers. *N Engl J Med* [Internet] 2021 [cited 2021 Mar 26]; 384(6):533-40. Available from: <http://www.nejm.org/doi/10.1056/NEJMoa2034545>
24. Hansen CH, Michlmayr D, Gubbels SM, Molbak K, F. thelberg S. Assessment of protective CoV-2 among 4 million PCR-tested individuals in Denmark in 2020: a population-level Internet] 2021 [cited 2021 Mar 27]; 397(10280):1204-12. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0140673621005754>
25. I. all VJ, Foulkes S, Charlet A, et al. SARS-CoV-2 infection rates of antibody-positive health-care workers in England: a large, multicentre, prospective cohort study (SIREN). *2021 Apr 15*; SO140673621006759. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0140673621006759>
26. Wang P, Nair MS, Liu L, et al. Antibody Resistance of SARS-CoV-2 Variants B.1.1.351 [cited 2021 Mar 30]; Available from: <http://www.nature.com/nmiclcs/s41.186-021-0339>
27. Planas D, Bnie I, Grzelak L, et al. Sensitivity of infectious SARS-CoV-2 B.1.1.7 and B.1. Nat Med (Internet] 2021 [cited 2021 Mar 30]; Available from: <http://www.nature.com/article>
28. Wang P, Wang M, Yu J, et al. Increased Resistance of SARS-CoV-2 Variant P.1 to Antimicrobials. *2021* [cited 2021 Mar 30]. Available from: <https://www.biorxiv.org/lookup/doi/10.1101/2021.03.29.458102>
29. Zhou D, Dejnirattisai W, Supasa P, et al. Evidence of escape of SARS-CoV-2 variant B.1.1.7 from neutralizing antibodies. *Cell* [Internet] 2021 [cited 2021 Mar 30]; S0092867421002269. Available from: <https://www.cell.com/cell/fulltext/S0092867421002269>
30. Abdool Karim SS, de Oliveira T. New SARS-CoV-2 Variants. *Clinical, Public Health J Med [Internet]* 2021 [cited 2021 Mar 26]; NEJM 2100362. Available from: <http://www.nejm.org/doi/10.1056/NEJM2100362>
31. World Health Organization. Diagnostic testing for SARS-CoV-2. Available from: <https://www.who.int/publications/i/item/diagnostic-testing-for-sars-cov-2>
32. World Health Organization. Advice on the use of point-of-care diagnostic tests for SARS-CoV-2. Available from: <https://www.who.int/news-room/commncr/2021.03.23-advice-on-the-use-of-point-of-care-diagnostic-tests-for-sars-cov-2>
33. Krammer F. Correlates of protection from SARS-CoV-2 infection. *The Lancet* [Internet]