WEBVTT

NOTE duration:"00:57:37" NOTE recognizability:0.884

NOTE language:en-us

NOTE Confidence: 0.84226644

00:00:09.600 --> 00:00:11.840 OK, I think we've got a quorum here,

NOTE Confidence: 0.964983335714286

 $00:00:11.840 \longrightarrow 00:00:13.317$ so we'll go ahead and get started.

NOTE Confidence: 0.964983335714286

 $00:00:13.320 \longrightarrow 00:00:15.076$ Welcome everyone for joining

NOTE Confidence: 0.964983335714286

 $00:00:15.076 \longrightarrow 00:00:16.832$ their Perspectives on Medicine

NOTE Confidence: 0.964983335714286

00:00:16.832 --> 00:00:18.240 series February EDITION.

NOTE Confidence: 0.964983335714286

 $00:00:18.240 \dashrightarrow 00:00:20.936$ Hope everyone's staying warm.

NOTE Confidence: 0.964983335714286

 $00{:}00{:}20.936 \dashrightarrow 00{:}00{:}23.048$ I'm very excited today to introduce

NOTE Confidence: 0.964983335714286

00:00:23.048 --> 00:00:24.998 our speaker for today's session,

NOTE Confidence: 0.964983335714286

 $00:00:25.000 \longrightarrow 00:00:26.748$ Doctor Akiko Wasaki. Dr.

NOTE Confidence: 0.964983335714286

 $00{:}00{:}26.748 \to 00{:}00{:}29.370$ Wasaki is the Sterling Professor of

NOTE Confidence: 0.964983335714286

 $00:00:29.449 \dashrightarrow 00:00:32.439$ Immunobiology and Professor of Molecular,

NOTE Confidence: 0.964983335714286

00:00:32.440 --> 00:00:35.128 Cellular and Developmental Biology,

NOTE Confidence: 0.964983335714286

 $00:00:35.128 \longrightarrow 00:00:36.865$ dermatology, and of epidemiology

 $00:00:36.865 \longrightarrow 00:00:38.995$ at the Yale School of Medicine,

NOTE Confidence: 0.964983335714286

 $00{:}00{:}39.000 \dashrightarrow 00{:}00{:}41.891$ and she is also a Principal Investigator

NOTE Confidence: 0.964983335714286

 $00:00:41.891 \longrightarrow 00:00:45.119$ at the Howard Hughes Medical Institute.

NOTE Confidence: 0.964983335714286

 $00:00:45.120 \longrightarrow 00:00:45.792$ Long recognizes.

NOTE Confidence: 0.964983335714286

00:00:45.792 --> 00:00:47.472 One of the most distinguished

NOTE Confidence: 0.964983335714286

00:00:47.472 --> 00:00:48.480 and respected immunologists,

NOTE Confidence: 0.964983335714286

 $00:00:48.480 \longrightarrow 00:00:50.472$ she has helped develop new methods

NOTE Confidence: 0.964983335714286

 $00:00:50.472 \longrightarrow 00:00:52.246$ of vaccine delivery and contributed

NOTE Confidence: 0.964983335714286

00:00:52.246 --> 00:00:54.191 greatly to our understanding of

NOTE Confidence: 0.964983335714286

 $00:00:54.191 \longrightarrow 00:00:56.183$ mucosal immunity and the immune

NOTE Confidence: 0.964983335714286

 $00{:}00{:}56.183 \to 00{:}00{:}58.439$ response to the herpes simplex viruses,

NOTE Confidence: 0.964983335714286

00:00:58.440 --> 00:00:59.342 human rhinovirus,

NOTE Confidence: 0.964983335714286

00:00:59.342 --> 00:01:01.597 Zika virus and most recently

NOTE Confidence: 0.964983335714286

 $00:01:01.597 \longrightarrow 00:01:03.800$ the SARS COV Two virus.

NOTE Confidence: 0.964983335714286

 $00:01:03.800 \longrightarrow 00:01:05.613$ Her recent work led to the development

NOTE Confidence: 0.964983335714286

00:01:05.613 --> 00:01:07.849 of a mouse model for COVID-19 and then

 $00:01:07.849 \longrightarrow 00:01:09.642$ she is also credited with proposing

NOTE Confidence: 0.964983335714286

00:01:09.642 --> 00:01:11.959 hypothesis for the causes of long COVID,

NOTE Confidence: 0.964983335714286

00:01:11.960 --> 00:01:14.225 the post acute squali of

NOTE Confidence: 0.964983335714286

00:01:14.225 --> 00:01:16.037 SARS COVID 2 infection.

NOTE Confidence: 0.964983335714286

 $00{:}01{:}16.040 \dashrightarrow 00{:}01{:}17.720$ She also currently Co leads the

NOTE Confidence: 0.964983335714286

00:01:17.720 --> 00:01:19.519 Yale Paxilvid for long COVID trial,

NOTE Confidence: 0.964983335714286

 $00:01:19.520 \longrightarrow 00:01:21.690$ a double-blind randomized control trial

NOTE Confidence: 0.964983335714286

 $00:01:21.690 \longrightarrow 00:01:24.293$ testing the efficacy of Paxilvid and

NOTE Confidence: 0.964983335714286

 $00{:}01{:}24.293 \dashrightarrow 00{:}01{:}26.876$ treating people with long COVID alongside Dr.

NOTE Confidence: 0.964983335714286

 $00:01:26.880 \longrightarrow 00:01:27.776$ Harlan Krumholz.

NOTE Confidence: 0.964983335714286

00:01:27.776 --> 00:01:29.120 But above all,

NOTE Confidence: 0.964983335714286

00:01:29.120 --> 00:01:30.300 her contributions to science,

NOTE Confidence: 0.964983335714286

 $00{:}01{:}30.300 \dashrightarrow 00{:}01{:}32.070$ which are impossible to cover all

NOTE Confidence: 0.964983335714286

00:01:32.118 --> 00:01:33.964 of them here Doctor Wassaki is a

NOTE Confidence: 0.964983335714286

 $00:01:33.964 \longrightarrow 00:01:35.569$ beacon of inspiration for women

 $00:01:35.569 \longrightarrow 00:01:37.792$ in science and a vocal advocate

NOTE Confidence: 0.964983335714286

 $00{:}01{:}37.792 \dashrightarrow 00{:}01{:}39.632$ for combating sexism in a cademia.

NOTE Confidence: 0.964983335714286

 $00:01:39.640 \longrightarrow 00:01:39.975 Dr.$

NOTE Confidence: 0.964983335714286

 $00:01:39.975 \longrightarrow 00:01:41.650$ Wassaki completed her Bachelor's and

NOTE Confidence: 0.964983335714286

00:01:41.650 --> 00:01:43.668 PhD in immunology at the University

NOTE Confidence: 0.964983335714286

 $00{:}01{:}43.668 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}01{:}45.516$ of Toronto and her post doctorates

NOTE Confidence: 0.964983335714286

 $00:01:45.516 \longrightarrow 00:01:47.837$ at the National Institutes of Health.

NOTE Confidence: 0.964983335714286

 $00:01:47.840 \longrightarrow 00:01:50.150$ We're very excited to have her join

NOTE Confidence: 0.964983335714286

00:01:50.150 --> 00:01:53.017 us today on her talk titled The

NOTE Confidence: 0.964983335714286

00:01:53.017 --> 00:01:55.717 Immunology of Post Acute Infection Syndrome.

NOTE Confidence: 0.964983335714286

00:01:55.720 --> 00:01:56.172 Doctor Asaki,

NOTE Confidence: 0.964983335714286

00:01:56.172 --> 00:01:57.754 thank you so much for joining us.

NOTE Confidence: 0.964983335714286

 $00:01:57.760 \longrightarrow 00:01:59.335$ And I'll turn over to you and

NOTE Confidence: 0.964983335714286

 $00:01:59.335 \longrightarrow 00:02:00.360$ whenever you are ready.

NOTE Confidence: 0.804083984

00:02:01.320 --> 00:02:03.000 Thank you so much, Wilton.

NOTE Confidence: 0.804083984

 $00:02:03.000 \dashrightarrow 00:02:05.480$ It's really my pleasure to be here today.

 $00:02:05.480 \longrightarrow 00:02:07.545$ And I'd like to just give you

NOTE Confidence: 0.804083984

 $00{:}02{:}07.545 \dashrightarrow 00{:}02{:}09.127$ the most recent update of

NOTE Confidence: 0.804083984

 $00:02:09.127 \longrightarrow 00:02:10.999$ what we're doing in the lab.

NOTE Confidence: 0.804083984

00:02:11.000 --> 00:02:13.556 So let me share my screen.

NOTE Confidence: 0.846188004

00:02:18.440 --> 00:02:23.080 Can you see this? Yes. OK, great.

NOTE Confidence: 0.846188004

00:02:23.080 --> 00:02:26.014 So yeah, we've been studying many

NOTE Confidence: 0.846188004

00:02:26.014 --> 00:02:28.649 different types of viral infections

NOTE Confidence: 0.846188004

 $00:02:28.649 \longrightarrow 00:02:30.644$ and thinking about disease

NOTE Confidence: 0.846188004

 $00:02:30.644 \longrightarrow 00:02:32.516$ pathogenesis of infectious diseases.

NOTE Confidence: 0.846188004

 $00{:}02{:}32.520 \dashrightarrow 00{:}02{:}36.148$ And so today I'd like to give our current

NOTE Confidence: 0.846188004

 $00:02:36.148 \longrightarrow 00:02:38.284$ thinking about what may be happening

NOTE Confidence: 0.846188004

00:02:38.284 --> 00:02:40.400 in post acute infection syndromes,

NOTE Confidence: 0.846188004

 $00{:}02{:}40.400 \dashrightarrow 00{:}02{:}42.160$ which includes long COVID.

NOTE Confidence: 0.883269155384615

 $00:02:44.240 \longrightarrow 00:02:47.635$ So the this year's theme for the

NOTE Confidence: 0.883269155384615

 $00:02:47.635 \longrightarrow 00:02:51.039$ seminar series is Shaping the Future,

00:02:51.040 --> 00:02:51.840 Exploring Medicine,

NOTE Confidence: 0.883269155384615

00:02:51.840 --> 00:02:53.440 Research Society and Beyond.

NOTE Confidence: 0.883269155384615

00:02:53.440 --> 00:02:55.960 And I think I'll try to highlight

NOTE Confidence: 0.883269155384615

00:02:55.960 --> 00:02:58.560 how I think our research might

NOTE Confidence: 0.883269155384615

 $00:02:58.560 \longrightarrow 00:03:01.680$ contribute to this goal of shaping

NOTE Confidence: 0.883269155384615

 $00:03:01.680 \longrightarrow 00:03:06.905$ the sort of the right kinds of future

NOTE Confidence: 0.883269155384615

 $00:03:06.905 \longrightarrow 00:03:09.529$ where medicine incorporates patients

NOTE Confidence: 0.883269155384615

 $00:03:09.529 \longrightarrow 00:03:11.805$ perspective and true collaboration

NOTE Confidence: 0.883269155384615

 $00:03:11.805 \longrightarrow 00:03:15.243$ with patients to learn about complex

NOTE Confidence: 0.883269155384615

 $00:03:15.243 \longrightarrow 00:03:18.321$ diseases that are not yet clearly

NOTE Confidence: 0.883269155384615

 $00{:}03{:}18.321 \dashrightarrow 00{:}03{:}21.330$ understood and how that can contribute

NOTE Confidence: 0.883269155384615

 $00:03:21.330 \longrightarrow 00:03:24.927$ to both rigor in research as well

NOTE Confidence: 0.883269155384615

 $00:03:24.927 \longrightarrow 00:03:27.957$ as a diagnosis and the rapeutics for

NOTE Confidence: 0.883269155384615

00:03:27.960 --> 00:03:31.520 post acute infection syndromes.

NOTE Confidence: 0.883269155384615

 $00:03:31.520 \longrightarrow 00:03:33.720$ So before I get there,

NOTE Confidence: 0.883269155384615

 $00:03:33.720 \longrightarrow 00:03:36.940$ I just wanted to kind of pose this question.

 $00:03:36.940 \longrightarrow 00:03:39.040$ How do viruses cause disease?

NOTE Confidence: 0.883269155384615

 $00:03:39.040 \longrightarrow 00:03:42.048$ And I think most of you are probably

NOTE Confidence: 0.883269155384615

 $00:03:42.048 \longrightarrow 00:03:44.320$ think this is such an obvious

NOTE Confidence: 0.883269155384615

 $00:03:44.320 \longrightarrow 00:03:46.318$ question what the answer might be,

NOTE Confidence: 0.883269155384615

 $00:03:46.320 \longrightarrow 00:03:48.658$ but it's a little bit more complicated

NOTE Confidence: 0.883269155384615

00:03:48.658 --> 00:03:50.760 than a simple straight answer.

NOTE Confidence: 0.883269155384615

 $00:03:50.760 \longrightarrow 00:03:53.372$ We are constantly exposed

NOTE Confidence: 0.883269155384615

 $00:03:53.372 \longrightarrow 00:03:55.810$ to numerous viral agents,

NOTE Confidence: 0.883269155384615

 $00:03:55.810 \longrightarrow 00:03:59.200$ not all of them are pathogens.

NOTE Confidence: 0.883269155384615

 $00{:}03{:}59.200 \dashrightarrow 00{:}04{:}01.776$ Some of them are in fact encoded

NOTE Confidence: 0.883269155384615

 $00{:}04{:}01.776 --> 00{:}04{:}02.880$ in our genome.

NOTE Confidence: 0.883269155384615

 $00:04:02.880 \longrightarrow 00:04:05.838$ 8% of our genome is occupied

NOTE Confidence: 0.883269155384615

 $00{:}04{:}05.838 \dashrightarrow 00{:}04{:}07.317$ by endogenous retroviruses,

NOTE Confidence: 0.883269155384615

 $00:04:07.320 \longrightarrow 00:04:09.420$ seemingly not really causing

NOTE Confidence: 0.883269155384615

 $00:04:09.420 \longrightarrow 00:04:11.520$ diseases of steady state.

00:04:11.520 --> 00:04:11.988 However,

NOTE Confidence: 0.883269155384615

 $00:04:11.988 \longrightarrow 00:04:14.796$ we've shown that in the case

NOTE Confidence: 0.883269155384615

00:04:14.796 --> 00:04:16.200 of lupus patients,

NOTE Confidence: 0.883269155384615

 $00:04:16.200 \longrightarrow 00:04:19.040$ these endogenous retroviral onogens become

NOTE Confidence: 0.883269155384615

 $00:04:19.040 \longrightarrow 00:04:21.880$ target of pathologic antibody responses.

NOTE Confidence: 0.883269155384615

00:04:21.880 --> 00:04:23.432 And so you know,

NOTE Confidence: 0.883269155384615

 $00:04:23.432 \longrightarrow 00:04:24.596$ right there are,

NOTE Confidence: 0.883269155384615

 $00:04:24.600 \longrightarrow 00:04:26.766$ we have this endogenous viruses that

NOTE Confidence: 0.883269155384615

 $00:04:26.766 \longrightarrow 00:04:29.238$ could be a trigger of autoimmune

NOTE Confidence: 0.883269155384615

 $00{:}04{:}29.238 \rightarrow 00{:}04{:}31.660$ diseases and there are other viruses

NOTE Confidence: 0.883269155384615

 $00{:}04{:}31.660 \dashrightarrow 00{:}04{:}34.056$ that we occasionally encounter

NOTE Confidence: 0.883269155384615

 $00:04:34.056 \longrightarrow 00:04:36.480$ through seasonal exposures,

NOTE Confidence: 0.883269155384615

 $00{:}04{:}36.480 \dashrightarrow 00{:}04{:}38.452$ respiratory infections as well

NOTE Confidence: 0.883269155384615

 $00:04:38.452 \longrightarrow 00:04:40.917$ as those that we have.

NOTE Confidence: 0.883269155384615 $00:04:40.920 \longrightarrow 00:04:41.672$ You know, NOTE Confidence: 0.883269155384615

00:04:41.672 --> 00:04:44.304 vast majority of us carry as latent

 $00:04:44.304 \longrightarrow 00:04:47.440$ forms a herpes virus family members.

NOTE Confidence: 0.883269155384615

 $00:04:47.440 \longrightarrow 00:04:49.804$ So the relationship that we have

NOTE Confidence: 0.883269155384615

 $00:04:49.804 \longrightarrow 00:04:52.349$ as humans to viruses are you

NOTE Confidence: 0.883269155384615

 $00:04:52.349 \longrightarrow 00:04:54.133$ know really very dramatically

NOTE Confidence: 0.883269155384615

 $00:04:54.133 \longrightarrow 00:04:57.720$ between these kinds of agents.

NOTE Confidence: 0.883269155384615

 $00:04:57.720 \longrightarrow 00:05:00.738$ And so it's possible that the

NOTE Confidence: 0.883269155384615

00:05:00.738 --> 00:05:02.750 viruses are causing disease

NOTE Confidence: 0.883269155384615

 $00:05:02.847 \longrightarrow 00:05:05.507$ as a result of damage that is

NOTE Confidence: 0.883269155384615

 $00:05:05.507 \longrightarrow 00:05:08.240$ caused by the viral life cycle.

NOTE Confidence: 0.883269155384615

 $00:05:08.240 \longrightarrow 00:05:08.972$ For instance,

NOTE Confidence: 0.883269155384615

 $00:05:08.972 \longrightarrow 00:05:11.900$ if it's a lytic virus that causes a

NOTE Confidence: 0.883269155384615

 $00:05:11.984 \longrightarrow 00:05:14.679$ license and death of the host cells,

NOTE Confidence: 0.883269155384615

 $00{:}05{:}14.680 \dashrightarrow 00{:}05{:}19.755$ that would be sufficient to cause disease.

NOTE Confidence: 0.883269155384615

 $00{:}05{:}19.760 \dashrightarrow 00{:}05{:}22.712$ Whereas if immune response to an

NOTE Confidence: 0.883269155384615

 $00:05:22.712 \longrightarrow 00:05:24.680$ otherwise innocuous virus infection

 $00:05:24.761 \longrightarrow 00:05:27.076$ could be triggering the disease.

NOTE Confidence: 0.883269155384615

 $00:05:27.080 \longrightarrow 00:05:30.473$ An extreme example I gave of the lupus case,

NOTE Confidence: 0.883269155384615

 $00:05:30.480 \longrightarrow 00:05:32.964$ but there are many other pathogens

NOTE Confidence: 0.883269155384615

 $00:05:32.964 \longrightarrow 00:05:36.284$ that we may be reacting to overtly

NOTE Confidence: 0.883269155384615

 $00:05:36.284 \longrightarrow 00:05:39.504$ in a inadvertently or overtly

NOTE Confidence: 0.883269155384615

 $00:05:39.504 \longrightarrow 00:05:42.080$ to to cause diseases.

NOTE Confidence: 0.883269155384615

 $00:05:42.080 \longrightarrow 00:05:44.728$ And the real answer to this question is

NOTE Confidence: 0.883269155384615

 $00:05:44.728 \longrightarrow 00:05:47.217$ likely a combination of these features

NOTE Confidence: 0.883269155384615

00:05:47.217 --> 00:05:49.479 of virus itself causing some damage,

NOTE Confidence: 0.883269155384615

 $00:05:49.480 \longrightarrow 00:05:52.288$ but then the immune responses that

NOTE Confidence: 0.883269155384615

 $00:05:52.288 \longrightarrow 00:05:55.840$ are amplifying such pathologies.

NOTE Confidence: 0.883269155384615

 $00:05:55.840 \longrightarrow 00:05:59.224$ So we've been applying this question

NOTE Confidence: 0.883269155384615

 $00{:}05{:}59.224 \dashrightarrow 00{:}06{:}01.960$ to multiple pathogens including the

NOTE Confidence: 0.883269155384615

 $00:06:01.960 \longrightarrow 00:06:05.800$ herpes simplex virus as well as Zika

NOTE Confidence: 0.883269155384615

 $00:06:05.800 \longrightarrow 00:06:08.568$ virus and rhinovirus and many others.

NOTE Confidence: 0.883269155384615

 $00:06:08.568 \longrightarrow 00:06:11.120$ And of course when the pandemic hit,

 $00:06:11.120 \longrightarrow 00:06:11.760$ it was,

NOTE Confidence: 0.883269155384615

00:06:11.760 --> 00:06:12.400 you know,

NOTE Confidence: 0.883269155384615

 $00:06:12.400 \longrightarrow 00:06:15.264$ we were in a in a perfect situation

NOTE Confidence: 0.883269155384615

 $00:06:15.264 \longrightarrow 00:06:18.096$ to be addressing how does SARS

NOTE Confidence: 0.883269155384615

 $00:06:18.096 \longrightarrow 00:06:21.158$ COV two infection cause disease.

NOTE Confidence: 0.883269155384615

 $00:06:21.160 \longrightarrow 00:06:24.625$ And this question has been sort of

NOTE Confidence: 0.883269155384615

 $00:06:24.625 \longrightarrow 00:06:26.895$ tackled by numerous laboratories

NOTE Confidence: 0.883269155384615

 $00:06:26.895 \longrightarrow 00:06:28.959$ around the world.

NOTE Confidence: 0.883269155384615

 $00:06:28.960 \longrightarrow 00:06:31.998$ And the current insights that we have

NOTE Confidence: 0.883269155384615

 $00:06:32.000 \longrightarrow 00:06:35.960$ is essentially a sequence of event

NOTE Confidence: 0.883269155384615

 $00:06:35.960 \longrightarrow 00:06:38.396$ that leads to severe acute disease.

NOTE Confidence: 0.883269155384615

 $00:06:38.400 \longrightarrow 00:06:42.408$ And this happens most dominantly in

NOTE Confidence: 0.883269155384615

 $00:06:42.408 \longrightarrow 00:06:46.480$ older adults and males over females.

NOTE Confidence: 0.94510185055556

 $00:06:46.480 \longrightarrow 00:06:48.844$ And what's happening here is that

NOTE Confidence: 0.94510185055556

 $00:06:48.844 \longrightarrow 00:06:51.300$ there is starting off with an

 $00:06:51.300 \longrightarrow 00:06:53.718$ inability to mount a timely response.

NOTE Confidence: 0.94510185055556

 $00{:}06{:}53.720 \dashrightarrow 00{:}06{:}58.208$ This happens due to aging due to

NOTE Confidence: 0.94510185055556

 $00:06:58.208 \longrightarrow 00:07:01.246$ delayed interferon response as a

NOTE Confidence: 0.945101850555556

 $00:07:01.246 \longrightarrow 00:07:04.384$ result of having genetic lesions in

NOTE Confidence: 0.94510185055556

 $00:07:04.384 \longrightarrow 00:07:07.226$ these pathways or having impaired

NOTE Confidence: 0.94510185055556

 $00:07:07.226 \longrightarrow 00:07:10.238$ on neutralizing antibody responses.

NOTE Confidence: 0.94510185055556

 $00:07:10.240 \longrightarrow 00:07:12.350$ And this leads to replication

NOTE Confidence: 0.94510185055556

 $00{:}07{:}12.350 \dashrightarrow 00{:}07{:}14.460$ and persistence of virus that

NOTE Confidence: 0.945101850555556

 $00:07:14.539 \longrightarrow 00:07:16.759$ sees multiple different organs,

NOTE Confidence: 0.94510185055556

00:07:16.760 --> 00:07:19.208 including the obviously from the lung

NOTE Confidence: 0.94510185055556

 $00{:}07{:}19.208 \dashrightarrow 00{:}07{:}21.497$ but including many other organs.

NOTE Confidence: 0.94510185055556

 $00:07:21.497 \longrightarrow 00:07:25.954$ And it's really the excess myelopoiesis and

NOTE Confidence: 0.945101850555556

 $00:07:25.954 \longrightarrow 00:07:29.426$ release of these myeloid cells that are,

NOTE Confidence: 0.945101850555556

00:07:29.426 --> 00:07:31.356 you know, 'cause vascular damage,

NOTE Confidence: 0.945101850555556

 $00:07:31.360 \longrightarrow 00:07:34.528$ leakiness as well as blood clot

NOTE Confidence: 0.945101850555556

 $00:07:34.528 \longrightarrow 00:07:36.112$ and tissue damage,

 $00:07:36.120 \longrightarrow 00:07:39.636$ leading to severe cases of COVID.

NOTE Confidence: 0.945101850555556

 $00{:}07{:}39.640 \dashrightarrow 00{:}07{:}43.133$ And so the the world of scientists

NOTE Confidence: 0.94510185055556

 $00:07:43.133 \longrightarrow 00:07:45.657$ really got together and figured

NOTE Confidence: 0.945101850555556

00:07:45.657 --> 00:07:47.600 out small pieces of this puzzle.

NOTE Confidence: 0.94510185055556

 $00:07:47.600 \longrightarrow 00:07:49.514$ And now we kind of have a pretty

NOTE Confidence: 0.94510185055556

 $00:07:49.514 \longrightarrow 00:07:51.878$ good idea of what's going on.

NOTE Confidence: 0.945101850555556

 $00:07:51.880 \longrightarrow 00:07:54.752$ And having this kind of insight at the

NOTE Confidence: 0.94510185055556

 $00{:}07{:}54.752 \dashrightarrow 00{:}07{:}56.661$ cellular and molecular level really

NOTE Confidence: 0.94510185055556

 $00:07:56.661 \longrightarrow 00:07:59.821$ help the field to come up with an

NOTE Confidence: 0.94510185055556

 $00:07:59.821 \longrightarrow 00:08:01.729$ appropriate the rapeutic modalities to

NOTE Confidence: 0.945101850555556

 $00{:}08{:}01.729 \dashrightarrow 00{:}08{:}05.000$ target each of these defective pathways.

NOTE Confidence: 0.954532728

 $00:08:07.400 \longrightarrow 00:08:08.840$ And why is this important?

NOTE Confidence: 0.954532728

 $00:08:08.840 \longrightarrow 00:08:11.012$ To really think about? How does

NOTE Confidence: 0.954532728

 $00:08:11.012 \longrightarrow 00:08:13.040$ an infectious agent cause disease?

NOTE Confidence: 0.947581818

 $00:08:15.160 \longrightarrow 00:08:17.520$ To treat an infectious disease,

 $00:08:17.520 \longrightarrow 00:08:19.345$ we really need to understand

NOTE Confidence: 0.947581818

 $00:08:19.345 \longrightarrow 00:08:21.170$ which of the scenarios is

NOTE Confidence: 0.947581818

 $00:08:21.245 \longrightarrow 00:08:23.477$ responsible for the pathogenesis,

NOTE Confidence: 0.947581818

 $00:08:23.480 \longrightarrow 00:08:25.600$ because depending on that answer,

NOTE Confidence: 0.947581818

 $00:08:25.600 \longrightarrow 00:08:27.820$ the treatment strategy will greatly

NOTE Confidence: 0.947581818

 $00:08:27.820 \longrightarrow 00:08:30.040$ differ based on that knowledge.

NOTE Confidence: 0.947581818

 $00:08:30.040 \longrightarrow 00:08:31.426$ For instance, do we want to

NOTE Confidence: 0.947581818

 $00:08:31.426 \longrightarrow 00:08:33.109$ target the virus or do we want

NOTE Confidence: 0.947581818

00:08:33.109 --> 00:08:34.279 to target the immune cells?

NOTE Confidence: 0.947581818

00:08:34.280 --> 00:08:37.115 And if So, what part of the immune cells,

NOTE Confidence: 0.947581818

 $00:08:37.120 \longrightarrow 00:08:40.480$ the immune system should we be going

NOTE Confidence: 0.947581818

 $00:08:40.480 \longrightarrow 00:08:42.736$ after and also finding unexpected

NOTE Confidence: 0.947581818

 $00:08:42.736 \longrightarrow 00:08:44.956$ causes of disease will dramatically

NOTE Confidence: 0.947581818

 $00{:}08{:}44.956 \dashrightarrow 00{:}08{:}47.119$ change the way we treat patients.

NOTE Confidence: 0.947581818

00:08:47.120 --> 00:08:47.968 For instance,

NOTE Confidence: 0.947581818

 $00{:}08{:}47.968 \dashrightarrow 00{:}08{:}50.926$ the most recent and strong evidence

 $00:08:50.926 \longrightarrow 00:08:54.298$ linking Epstein Barr virus to multiple

NOTE Confidence: 0.947581818

00:08:54.298 --> 00:08:57.324 sclerosis and and systemic lupus

NOTE Confidence: 0.947581818

00:08:57.324 --> 00:08:59.666 erythematosis really, you know,

NOTE Confidence: 0.947581818

 $00:08:59.666 \longrightarrow 00:09:02.576$ makes us think differently about

NOTE Confidence: 0.947581818

 $00:09:02.576 \longrightarrow 00:09:05.199$ prevention of these diseases.

NOTE Confidence: 0.947581818

 $00:09:05.200 \longrightarrow 00:09:07.120$ So there's a lot of good reasons why

NOTE Confidence: 0.947581818

 $00:09:07.120 \longrightarrow 00:09:09.079$ we need to be thinking about this.

NOTE Confidence: 0.945119679285714

 $00{:}09{:}11.600 \dashrightarrow 00{:}09{:}14.111$ But today I want to focus on this post

NOTE Confidence: 0.945119679285714

00:09:14.111 --> 00:09:16.240 acute phase of infectious disease,

NOTE Confidence: 0.945119679285714

 $00:09:16.240 \longrightarrow 00:09:18.480$ which is really these medically

NOTE Confidence: 0.945119679285714

 $00:09:18.480 \longrightarrow 00:09:20.720$ unexplained chronic diseases that happen

NOTE Confidence: 0.945119679285714

 $00:09:20.720 \longrightarrow 00:09:24.200$ after a number of different infections.

NOTE Confidence: 0.945119679285714

 $00:09:24.200 \longrightarrow 00:09:26.756$ And right now the, you know,

NOTE Confidence: 0.945119679285714

 $00{:}09{:}26.760 \dashrightarrow 00{:}09{:}30.960$ underlying mechanisms is unclear.

NOTE Confidence: 0.945119679285714

 $00:09:30.960 \longrightarrow 00:09:33.330$ But it's important to note that

 $00:09:33.330 \longrightarrow 00:09:36.095$ there are number of infectious agents

NOTE Confidence: 0.945119679285714

 $00:09:36.095 \longrightarrow 00:09:38.845$ that can cause these unexplained

NOTE Confidence: 0.945119679285714

00:09:38.845 --> 00:09:41.280 post acute infection syndrome,

NOTE Confidence: 0.945119679285714

00:09:41.280 --> 00:09:43.680 including many viruses, Ebola,

NOTE Confidence: 0.945119679285714

00:09:43.680 --> 00:09:46.320 dengue, Poliosaurus, chikunya ebb,

NOTE Confidence: 0.945119679285714

 $00:09:46.320 \longrightarrow 00:09:49.800$ many others, as well as some

NOTE Confidence: 0.945119679285714

 $00:09:49.800 \longrightarrow 00:09:51.920$ bacterial and parasitic pathogens.

NOTE Confidence: 0.945119679285714

 $00{:}09{:}51.920 \dashrightarrow 00{:}09{:}54.557$ And this is a review that I had the

NOTE Confidence: 0.945119679285714

 $00{:}09{:}54.557 \dashrightarrow 00{:}09{:}57.316$ for tune of riding together with Yan Chokka,

NOTE Confidence: 0.945119679285714

 $00:09:57.320 \longrightarrow 00:10:01.598$ who himself is an MECFS patient.

NOTE Confidence: 0.945119679285714

 $00:10:01.600 \dashrightarrow 00:10:04.678$ And this is one of the examples in which,

NOTE Confidence: 0.945119679285714

00:10:04.680 --> 00:10:06.912 you know, as I was saying in the beginning,

NOTE Confidence: 0.945119679285714

 $00:10:06.920 \longrightarrow 00:10:10.100$ how do we kind of plot out the

NOTE Confidence: 0.945119679285714

00:10:10.100 --> 00:10:11.480 future of medicine?

NOTE Confidence: 0.945119679285714

00:10:11.480 --> 00:10:13.200 It really requires collaboration,

NOTE Confidence: 0.945119679285714

 $00:10:13.200 \longrightarrow 00:10:15.350$ a true collaboration and learning

 $00:10:15.350 \longrightarrow 00:10:17.279$ from the patients themselves,

NOTE Confidence: 0.945119679285714

 $00:10:17.280 \longrightarrow 00:10:20.728$ who many of them are experts in the

NOTE Confidence: 0.945119679285714

 $00:10:20.728 \longrightarrow 00:10:22.200$ diseases that they're suffering from.

NOTE Confidence: 0.81263163875

 $00:10:24.760 \longrightarrow 00:10:26.885$ So what are these post

NOTE Confidence: 0.81263163875

00:10:26.885 --> 00:10:28.160 acute infection syndromes?

NOTE Confidence: 0.81263163875

 $00:10:28.160 \longrightarrow 00:10:30.620$ There are over 200 symptoms

NOTE Confidence: 0.81263163875

 $00:10:30.620 \longrightarrow 00:10:33.080$ reported for long COVID alone,

NOTE Confidence: 0.81263163875

 $00{:}10{:}33.080 \to 00{:}10{:}35.396$ but there are some core symptoms

NOTE Confidence: 0.81263163875

 $00:10:35.396 \longrightarrow 00:10:37.549$ that most of these patients

NOTE Confidence: 0.81263163875

00:10:37.549 --> 00:10:40.212 share which are listed here.

NOTE Confidence: 0.81263163875

00:10:40.212 --> 00:10:41.278 Exertional intolerance,

NOTE Confidence: 0.81263163875

 $00:10:41.280 \longrightarrow 00:10:45.501$ severe fatigue and many of these symptoms

NOTE Confidence: 0.81263163875

00:10:45.501 --> 00:10:48.360 also involve neurocognitive impairment,

NOTE Confidence: 0.81263163875

 $00{:}10{:}48.360 --> 00{:}10{:}49.768 \ {\rm sensory \ impairment},$

NOTE Confidence: 0.81263163875

 $00:10:49.768 \longrightarrow 00:10:51.880$ flu like symptoms,

 $00:10:51.880 \longrightarrow 00:10:52.750$ sleep disturbances.

NOTE Confidence: 0.81263163875

 $00:10:52.750 \longrightarrow 00:10:56.809$ This is one of the major things that happen

NOTE Confidence: 0.81263163875

00:10:56.809 --> 00:10:59.310 in these place conditions Dysautonomia,

NOTE Confidence: 0.81263163875

00:10:59.310 --> 00:11:00.330 myalgia, arthralgia.

NOTE Confidence: 0.81263163875

 $00:11:00.330 \longrightarrow 00:11:03.390$ These are some of the main

NOTE Confidence: 0.81263163875

 $00:11:03.390 \longrightarrow 00:11:06.076$ sort of symptoms that are being

NOTE Confidence: 0.81263163875

 $00:11:06.076 \longrightarrow 00:11:08.180$ reported by people regardless of

NOTE Confidence: 0.81263163875

 $00:11:08.180 \longrightarrow 00:11:10.280$ how the disease was triggered.

NOTE Confidence: 0.854498064545455

00:11:13.000 --> 00:11:16.832 And the reality of these Long post Acute

NOTE Confidence: 0.854498064545455

 $00:11:16.832 \longrightarrow 00:11:19.030$ infection syndrome is quite serious.

NOTE Confidence: 0.854498064545455

 $00{:}11{:}19.030 \dashrightarrow 00{:}11{:}22.495$ It's estimated that a 65 million people

NOTE Confidence: 0.854498064545455

 $00:11:22.495 \longrightarrow 00:11:26.076$ in the world are currently living with

NOTE Confidence: 0.854498064545455

 $00:11:26.076 \longrightarrow 00:11:29.910$ long COVID and about 20 million people

NOTE Confidence: 0.854498064545455

 $00:11:29.910 \longrightarrow 00:11:32.174$ with my Myalgic encephalomyelitis

NOTE Confidence: 0.854498064545455

00:11:32.174 --> 00:11:35.040 or Chronic Fatigue syndrome,

NOTE Confidence: 0.854498064545455

 $00:11:35.040 \longrightarrow 00:11:39.513$ 25% of whom are bed bound or house bound.

 $00:11:39.520 \longrightarrow 00:11:42.976$ And any CFS can strike people of all ages

NOTE Confidence: 0.854498064545455

 $00:11:42.976 \longrightarrow 00:11:46.357$ and backgrounds and so can long COVID.

NOTE Confidence: 0.854498064545455

 $00:11:46.360 \longrightarrow 00:11:50.488$ And what what we do know is that it does

NOTE Confidence: 0.854498064545455

 $00:11:50.488 \longrightarrow 00:11:55.160$ strike people of female sex as well as

NOTE Confidence: 0.854498064545455

 $00:11:55.160 \longrightarrow 00:12:00.680$ ages between 30 to 50 more dominantly

NOTE Confidence: 0.854498064545455

 $00:12:00.680 \longrightarrow 00:12:03.080$ than in other demographic groups.

NOTE Confidence: 0.854498064545455

00:12:03.080 --> 00:12:06.052 But it doesn't mean that people outside

NOTE Confidence: 0.854498064545455

 $00{:}12{:}06.052 \dashrightarrow 00{:}12{:}09.255$ of that cannot be susceptible to this.

NOTE Confidence: 0.854498064545455

 $00:12:09.255 \longrightarrow 00:12:12.050$ So it's really a problem that's

NOTE Confidence: 0.854498064545455

 $00{:}12{:}12.050 \dashrightarrow 00{:}12{:}15.080$ plaguing the world right now and

NOTE Confidence: 0.854498064545455

 $00:12:15.080 \longrightarrow 00:12:20.520$ not only is the labor workforce and

NOTE Confidence: 0.854498064545455

00:12:20.520 --> 00:12:22.240 my schools are being impacted,

NOTE Confidence: 0.854498064545455

 $00{:}12{:}22.240 {\: -->\:} 00{:}12{:}24.480$ but also becoming a social,

NOTE Confidence: 0.854498064545455

00:12:24.480 --> 00:12:27.936 economic and national security

NOTE Confidence: 0.854498064545455

00:12:27.936 --> 00:12:30.872 problem because it impacts everyone.

00:12:30.872 --> 00:12:34.320 It you know obviously shortage in the

NOTE Confidence: 0.854498064545455

 $00{:}12{:}34.320 \dashrightarrow 00{:}12{:}37.722$ national security issues labor force will

NOTE Confidence: 0.854498064545455

 $00:12:37.722 \longrightarrow 00:12:42.437$ be a problem for World Peace I would say.

NOTE Confidence: 0.854498064545455

 $00:12:42.440 \longrightarrow 00:12:44.757$ So this is something that I think

NOTE Confidence: 0.854498064545455

 $00:12:44.757 \longrightarrow 00:12:47.143$ the world needs to pay more attention

NOTE Confidence: 0.854498064545455

00:12:47.143 --> 00:12:49.604 to and start to really put some

NOTE Confidence: 0.854498064545455

 $00:12:49.604 \longrightarrow 00:12:52.820$ resources to try to figure this out and

NOTE Confidence: 0.854498064545455

 $00:12:52.908 \longrightarrow 00:12:57.720$ provide therapeutics and diagnostics.

NOTE Confidence: 0.854498064545455

 $00:12:57.720 \longrightarrow 00:13:00.400$ So as a basic scientist,

NOTE Confidence: 0.854498064545455

00:13:00.400 --> 00:13:03.046 you know we are thinking about four

NOTE Confidence: 0.854498064545455

 $00{:}13{:}03.046 \dashrightarrow 00{:}13{:}05.000$ possible root causes of disease.

NOTE Confidence: 0.854498064545455

 $00:13:05.000 \longrightarrow 00:13:07.832$ There are many sort of downstream

NOTE Confidence: 0.854498064545455

 $00:13:07.832 \longrightarrow 00:13:10.915$ pathologies that you find such as clotting

NOTE Confidence: 0.854498064545455

 $00:13:10.915 \longrightarrow 00:13:14.800$ issues or muscle damage and so on.

NOTE Confidence: 0.854498064545455

00:13:14.800 --> 00:13:17.397 But what is actually driving these diseases?

NOTE Confidence: 0.854498064545455

 $00:13:17.400 \longrightarrow 00:13:19.359$ The root causes.

 $00:13:19.360 \longrightarrow 00:13:22.480$ So we I listed four of them here.

NOTE Confidence: 0.854498064545455

00:13:22.480 --> 00:13:24.406 Viral reservoir of SARS COV two

NOTE Confidence: 0.854498064545455

 $00:13:24.406 \longrightarrow 00:13:26.720$ could be one of them for long.

NOTE Confidence: 0.854498064545455

 $00:13:26.720 \longrightarrow 00:13:29.010$ COVID autoimmunity that involves T

NOTE Confidence: 0.854498064545455

00:13:29.010 --> 00:13:31.790 cells and antibodies may be another

NOTE Confidence: 0.854498064545455

 $00:13:31.790 \longrightarrow 00:13:34.639$ one that can be triggered triggered as

NOTE Confidence: 0.854498064545455

00:13:34.639 --> 00:13:37.440 a result of SARS, COV two infection,

NOTE Confidence: 0.854498064545455

 $00:13:37.440 \longrightarrow 00:13:39.200$ tissue damage and dysfunction,

NOTE Confidence: 0.854498064545455

 $00:13:39.200 \longrightarrow 00:13:43.360$ and latent viral reactivation.

NOTE Confidence: 0.854498064545455

 $00:13:43.360 \longrightarrow 00:13:44.636$ As I mentioned earlier,

NOTE Confidence: 0.854498064545455

 $00{:}13{:}44.636 \dashrightarrow 00{:}13{:}46.550$ we are all colonized with the

NOTE Confidence: 0.854498064545455

00:13:46.618 --> 00:13:49.006 number of viruses which are mostly

NOTE Confidence: 0.854498064545455

 $00{:}13{:}49.006 \mathrel{--}{>} 00{:}13{:}50.598$ latent and healthy individuals,

NOTE Confidence: 0.854498064545455

 $00:13:50.600 \longrightarrow 00:13:54.440$ but these these viruses can reactivate.

NOTE Confidence: 0.854498064545455

 $00:13:54.440 \longrightarrow 00:13:57.360$ So based on these hypotheses,

00:13:57.360 --> 00:14:00.097 we are now using every tools under

NOTE Confidence: 0.854498064545455

00:14:00.097 --> 00:14:03.360 the sun to try to figure out what,

NOTE Confidence: 0.854498064545455 00:14:03.360 --> 00:14:04.260 if any, NOTE Confidence: 0.854498064545455

 $00:14:04.260 \longrightarrow 00:14:06.510$ of these root causes might

NOTE Confidence: 0.854498064545455

 $00:14:06.510 \longrightarrow 00:14:08.820$ be resulting in long COVID.

NOTE Confidence: 0.854498064545455

00:14:08.820 --> 00:14:12.255 And I'll give you snippets of several

NOTE Confidence: 0.854498064545455

00:14:12.255 --> 00:14:14.355 different studies to illustrate

NOTE Confidence: 0.854498064545455

 $00:14:14.360 \longrightarrow 00:14:17.276$ evidence for each of these hypothesis.

NOTE Confidence: 0.854498064545455

 $00{:}14{:}17.280 \dashrightarrow 00{:}14{:}20.472$ So this first study is a Mount Sinai

NOTE Confidence: 0.854498064545455

00:14:20.472 --> 00:14:23.601 Yale long COVID study where I have

NOTE Confidence: 0.854498064545455

 $00{:}14{:}23.601 \dashrightarrow 00{:}14{:}25.736$ the fortune of collaborating with

NOTE Confidence: 0.854498064545455

 $00:14:25.736 \longrightarrow 00:14:28.495$ Doctor David Petrino who sees patients

NOTE Confidence: 0.854498064545455

 $00:14:28.495 \longrightarrow 00:14:31.568$ thousands of patients with long COVID and

NOTE Confidence: 0.854498064545455

 $00:14:31.568 \longrightarrow 00:14:34.192$ he's at the Mount Sinai School of Medicine.

NOTE Confidence: 0.854498064545455

00:14:34.200 --> 00:14:36.148 These team members, Jamie,

NOTE Confidence: 0.854498064545455

00:14:36.148 --> 00:14:38.096 Laura and Dana contributed

 $00:14:38.096 \longrightarrow 00:14:39.840$ significantly to the study.

NOTE Confidence: 0.854498064545455

00:14:39.840 --> 00:14:43.096 And on the Yale side, John Klein,

NOTE Confidence: 0.854498064545455

00:14:43.096 --> 00:14:46.953 who some of you may know is an MDPHD

NOTE Confidence: 0.854498064545455

00:14:46.953 --> 00:14:50.382 student about to to graduate Rahul,

NOTE Confidence: 0.854498064545455

 $00:14:50.382 \longrightarrow 00:14:54.078$ he was an MD student here at Yale.

NOTE Confidence: 0.854498064545455

 $00:14:54.080 \longrightarrow 00:14:57.302$ He's already gone to presidency in California

NOTE Confidence: 0.854498064545455

 $00:14:57.302 \longrightarrow 00:15:00.840$ pay when a post doctor fell on the lab.

NOTE Confidence: 0.854498064545455 00:15:00.840 --> 00:15:02.199 Jill J Cox,

NOTE Confidence: 0.854498064545455

00:15:02.199 --> 00:15:04.917 a graduate MSDP student here at

NOTE Confidence: 0.854498064545455

00:15:04.917 --> 00:15:07.358 Yale in Aaron Ring's lab.

NOTE Confidence: 0.854498064545455

00:15:07.360 --> 00:15:08.184 Jeff Gelhausen,

NOTE Confidence: 0.854498064545455

 $00:15:08.184 \longrightarrow 00:15:11.480$ he is a dermatology fellow in my lab.

NOTE Confidence: 0.759773883636364

00:15:11.480 --> 00:15:12.548 And Sasha Tabachnikova,

NOTE Confidence: 0.759773883636364

00:15:12.548 --> 00:15:15.360 she is a graduate student in the lab,

NOTE Confidence: 0.759773883636364

00:15:15.360 --> 00:15:18.288 And David Van **** also contributed

 $00:15:18.288 \longrightarrow 00:15:19.752$ his computational approaches.

NOTE Confidence: 0.759773883636364

 $00{:}15{:}19.760 \dashrightarrow 00{:}15{:}23.144$ And Aaron Ring developed this rapid

NOTE Confidence: 0.759773883636364

00:15:23.144 --> 00:15:24.836 extracellular antigen profiling,

NOTE Confidence: 0.759773883636364

 $00:15:24.840 \longrightarrow 00:15:26.925$ which we used to identify

NOTE Confidence: 0.759773883636364

 $00:15:26.925 \longrightarrow 00:15:27.759$ antibody reactivity.

NOTE Confidence: 0.892299935

 $00:15:30.160 \longrightarrow 00:15:31.704$ So in this study,

NOTE Confidence: 0.892299935

 $00:15:31.704 \longrightarrow 00:15:35.288$ we've recruited five sets of participants,

NOTE Confidence: 0.892299935

00:15:35.288 --> 00:15:37.394 long COVID participants,

NOTE Confidence: 0.892299935

 $00{:}15{:}37.400 --> 00{:}15{:}39.048 \ 99 \ \mathrm{people \ convalescent \ control}.$

NOTE Confidence: 0.892299935

00:15:39.048 --> 00:15:41.923 These are the people who got COVID

NOTE Confidence: 0.892299935

 $00:15:41.923 \longrightarrow 00:15:44.233$ around the same time as those who

NOTE Confidence: 0.892299935

 $00:15:44.233 \longrightarrow 00:15:46.677$ got long COVID but then recovered.

NOTE Confidence: 0.892299935

00:15:46.680 --> 00:15:49.403 We have 39 healthy controls who weren't

NOTE Confidence: 0.892299935

 $00{:}15{:}49.403 \dashrightarrow 00{:}15{:}51.917$ infected at the time of the study.

NOTE Confidence: 0.892299935

 $00:15:51.920 \longrightarrow 00:15:54.644$ There are also healthcare workers from

NOTE Confidence: 0.892299935

 $00:15:54.644 \longrightarrow 00:15:57.513$ Yale that contributed blood for a vaccine

 $00:15:57.513 \longrightarrow 00:16:00.160$ study and external long COVID participants.

NOTE Confidence: 0.892299935

 $00:16:00.160 \longrightarrow 00:16:03.360$ These are the patients that are seen by

NOTE Confidence: 0.892299935

 $00:16:03.360 \longrightarrow 00:16:06.520$ the Yale Pulmonary long COVID Clinic.

NOTE Confidence: 0.892299935

 $00:16:06.520 \longrightarrow 00:16:11.320$ And so we collected their blood and analyzed

NOTE Confidence: 0.892299935

00:16:11.320 --> 00:16:15.520 variety of factors including cell subsets,

NOTE Confidence: 0.892299935

00:16:15.520 --> 00:16:18.600 activation status using full cytometry,

NOTE Confidence: 0.892299935

00:16:18.600 --> 00:16:22.266 looking at linear epitope mapping using

NOTE Confidence: 0.892299935

00:16:22.266 --> 00:16:25.960 serumen psoroscovie 2 antigen profiling,

NOTE Confidence: 0.892299935

00:16:25.960 --> 00:16:27.296 peptide display, oh sorry,

NOTE Confidence: 0.892299935

 $00{:}16{:}27.296 \dashrightarrow 00{:}16{:}29.300$ this is the the saramine peptide

NOTE Confidence: 0.892299935

 $00:16:29.364 \longrightarrow 00:16:31.094$ display library and the human

NOTE Confidence: 0.892299935

 $00:16:31.094 \longrightarrow 00:16:33.229$ extraprotium library is the one that

NOTE Confidence: 0.892299935

 $00{:}16{:}33.229 \dashrightarrow 00{:}16{:}35.317$ I mentioned that Aaron Ring developed.

NOTE Confidence: 0.892299935

 $00:16:35.320 \longrightarrow 00:16:39.457$ And then proteomics of plasma as

NOTE Confidence: 0.892299935

 $00:16:39.457 \longrightarrow 00:16:41.719$ well as EMR and symptom survey.

00:16:41.720 --> 00:16:44.714 And combining these things we did

NOTE Confidence: 0.892299935

 $00{:}16{:}44.714 \dashrightarrow 00{:}16{:}47.280$ find significant changes in immune

NOTE Confidence: 0.892299935

00:16:47.280 --> 00:16:50.160 profiles of those with long COVID.

NOTE Confidence: 0.892299935

 $00:16:50.160 \longrightarrow 00:16:52.785$ First, the types of participants

NOTE Confidence: 0.892299935

 $00:16:52.785 \longrightarrow 00:16:54.360$ that were recruited.

NOTE Confidence: 0.892299935

00:16:54.360 --> 00:16:57.228 We're the age group of about

NOTE Confidence: 0.892299935

 $00:16:57.228 \longrightarrow 00:17:00.040$ 30 to 50 years of age.

NOTE Confidence: 0.892299935

 $00:17:00.040 \longrightarrow 00:17:01.090$ That's the the,

NOTE Confidence: 0.892299935

 $00{:}17{:}01.090 \dashrightarrow 00{:}17{:}03.540$ the most sort of high risk factor

NOTE Confidence: 0.892299935

 $00:17:03.611 \longrightarrow 00:17:06.005$ group that that are seen by the

NOTE Confidence: 0.892299935

 $00{:}17{:}06.005 \dashrightarrow 00{:}17{:}08.039$ Mount Sinai long COVID clinic.

NOTE Confidence: 0.892299935

 $00:17:08.040 \longrightarrow 00:17:11.615$ We have dominantly female participants

NOTE Confidence: 0.892299935

 $00:17:11.615 \longrightarrow 00:17:15.860$ and again this Pais and long COVID

NOTE Confidence: 0.892299935

 $00:17:15.860 \longrightarrow 00:17:17.960$ are female dominant disease.

NOTE Confidence: 0.892299935

 $00:17:17.960 \longrightarrow 00:17:21.404$ We also focused on acute severity that

NOTE Confidence: 0.892299935

 $00:17:21.404 \longrightarrow 00:17:23.668$ was not hospitalized because vast

00:17:23.668 --> 00:17:26.032 majority of people with long COVID

NOTE Confidence: 0.892299935

 $00{:}17{:}26.032 \dashrightarrow 00{:}17{:}28.797$ were not hospitalized to begin with.

NOTE Confidence: 0.892299935

 $00:17:28.800 \longrightarrow 00:17:31.600$ And then based from acute COVID were

NOTE Confidence: 0.892299935

 $00:17:31.600 \longrightarrow 00:17:34.640$ were around 400 days plus or minus.

NOTE Confidence: 0.892299935

 $00:17:34.640 \longrightarrow 00:17:37.466$ So this is a much later time point than

NOTE Confidence: 0.892299935

 $00:17:37.466 \longrightarrow 00:17:40.159$ other studies that have been published.

NOTE Confidence: 0.892299935

00:17:40.160 --> 00:17:42.398 Looking at the full cytometry data,

NOTE Confidence: 0.892299935

 $00:17:42.400 \longrightarrow 00:17:46.740$ we identified that there are increases

NOTE Confidence: 0.892299935

 $00:17:46.740 \longrightarrow 00:17:49.640$ in non conventional monocyte populations.

NOTE Confidence: 0.892299935

 $00:17:49.640 \longrightarrow 00:17:52.670$ In people with long COVID we have

NOTE Confidence: 0.892299935

 $00:17:52.670 \longrightarrow 00:17:54.410$ reduction in circulating dendritic

NOTE Confidence: 0.892299935

 $00:17:54.410 \longrightarrow 00:17:55.715$ cell type one.

NOTE Confidence: 0.892299935

 $00:17:55.720 \longrightarrow 00:17:58.527$ These are the cells that are very

NOTE Confidence: 0.892299935

 $00{:}17{:}58.527 \dashrightarrow 00{:}18{:}01.060$ important for priming T cell immune

NOTE Confidence: 0.892299935

 $00:18:01.060 \longrightarrow 00:18:03.105$ responses and we see increased activation

 $00:18:03.105 \longrightarrow 00:18:05.840$ of B cells and double negative B cells.

NOTE Confidence: 0.917394692

00:18:08.480 --> 00:18:09.520 On the T cell side,

NOTE Confidence: 0.917394692

 $00:18:09.520 \longrightarrow 00:18:13.520$ we see reduced circulating tissue,

NOTE Confidence: 0.917394692

00:18:13.520 --> 00:18:16.920 central memory T cells of the CD4 type,

NOTE Confidence: 0.917394692

 $00:18:16.920 \longrightarrow 00:18:20.480$ as well as increases in exhausted T cells.

NOTE Confidence: 0.917394692

00:18:20.480 --> 00:18:23.516 And another study from UCSF identified

NOTE Confidence: 0.917394692

 $00:18:23.516 \longrightarrow 00:18:26.039$ that this increase in exhausted

NOTE Confidence: 0.917394692

 $00:18:26.039 \longrightarrow 00:18:28.916$ T cells are seen in SARS COV,

NOTE Confidence: 0.917394692

 $00:18:28.920 \longrightarrow 00:18:30.912$ two specific T cells,

NOTE Confidence: 0.917394692

00:18:30.912 --> 00:18:33.402 so suggestive of persistent virus

NOTE Confidence: 0.917394692

 $00{:}18{:}33.402 \dashrightarrow 00{:}18{:}35.959$ driving the Exhaustion phenotype.

NOTE Confidence: 0.815007008333333

 $00:18:38.480 \longrightarrow 00:18:41.720$ We also saw an increases in

NOTE Confidence: 0.815007008333333

00:18:41.720 --> 00:18:43.520 cytokine secretion from T

NOTE Confidence: 0.815007008333333

 $00{:}18{:}43.520 \dashrightarrow 00{:}18{:}45.320$ cells including Illinois 2,

NOTE Confidence: 0.815007008333333

 $00:18:45.320 \longrightarrow 00:18:47.360$ Illinois four and Illinois 6.

NOTE Confidence: 0.815007008333333

 $00:18:47.360 \longrightarrow 00:18:49.300$ And long COVID participants were

00:18:49.300 --> 00:18:51.533 pretty much the only people who

NOTE Confidence: 0.815007008333333

 $00{:}18{:}51.533 \dashrightarrow 00{:}18{:}53.200$ had diesels that secreted both

NOTE Confidence: 0.815007008333333

 $00:18:53.200 \longrightarrow 00:18:55.000$ Illinois four and Illinois 6.

NOTE Confidence: 0.96933747

00:18:57.680 --> 00:19:01.920 Looking at the long COVID patients is

NOTE Confidence: 0.96933747

 $00:19:01.920 \dashrightarrow 00:19:05.760$ antibody responses to SARS COV 2 antigens.

NOTE Confidence: 0.96933747

 $00:19:05.760 \dashrightarrow 00:19:09.309$ We noticed that the anti spike antibodies

NOTE Confidence: 0.96933747

 $00:19:09.309 \longrightarrow 00:19:12.300$ were elevated in those with long

NOTE Confidence: 0.96933747

 $00:19:12.300 \longrightarrow 00:19:15.388$ COVID whether we looked at the whole

NOTE Confidence: 0.96933747

00:19:15.388 --> 00:19:18.959 spike at the S1 region or the RBD.

NOTE Confidence: 0.96933747

 $00{:}19{:}18.960 \dashrightarrow 00{:}19{:}21.288$ So this suggested that there again

NOTE Confidence: 0.96933747

 $00:19:21.288 \longrightarrow 00:19:24.453$ there may be a viral reservoir that's

NOTE Confidence: 0.96933747

 $00:19:24.453 \longrightarrow 00:19:27.513$ driving the increases in these anti

NOTE Confidence: 0.96933747

 $00{:}19{:}27.520 \dashrightarrow 00{:}19{:}29.544$ antiviral antibodies over time.

NOTE Confidence: 0.96933747

 $00:19:29.544 \longrightarrow 00:19:32.854$ Notice that there is a mark X2.

NOTE Confidence: 0.96933747

 $00:19:32.854 \longrightarrow 00:19:35.563$ This denotes the fact that we only

 $00:19:35.563 \longrightarrow 00:19:38.528$ included participants who had two doses

NOTE Confidence: 0.96933747

00:19:38.528 --> 00:19:41.890 of mRNA vaccine just to remove any impact

NOTE Confidence: 0.96933747

 $00:19:41.890 \longrightarrow 00:19:44.678$ of the vaccines in what the antibodies

NOTE Confidence: 0.96933747

00:19:44.678 --> 00:19:47.674 that we're you know looking at here.

NOTE Confidence: 0.96933747

 $00:19:47.680 \dashrightarrow 00:19:50.551$ So T cell site and B cell site are

NOTE Confidence: 0.96933747

 $00:19:50.551 \longrightarrow 00:19:53.188$ telling us that there may be a SARS

NOTE Confidence: 0.96933747

 $00:19:53.188 \longrightarrow 00:19:55.926$ Scooby 2 viral reservoir that may be

NOTE Confidence: 0.96933747

00:19:55.926 --> 00:19:58.280 driving a chronic immune responses

NOTE Confidence: 0.931757338571429

 $00:20:00.440 \longrightarrow 00:20:02.440$ when we looked at the

NOTE Confidence: 0.931757338571429

 $00:20:02.440 \longrightarrow 00:20:03.916$ levels of plasma factors.

NOTE Confidence: 0.931757338571429

 $00{:}20{:}03.916 \dashrightarrow 00{:}20{:}06.620$ So the way in which you read this

NOTE Confidence: 0.931757338571429

 $00{:}20{:}06.695 \dashrightarrow 00{:}20{:}09.127$ graph is to look at the the right

NOTE Confidence: 0.931757338571429

00:20:09.127 --> 00:20:11.264 side which is elevated in people

NOTE Confidence: 0.931757338571429

00:20:11.264 --> 00:20:13.880 with long COVID and you see things

NOTE Confidence: 0.931757338571429

00:20:13.880 --> 00:20:16.362 like complement C4B elevated and

NOTE Confidence: 0.931757338571429

 $00:20:16.362 \longrightarrow 00:20:18.658$ several different chemokines and

 $00{:}20{:}18.658 \dashrightarrow 00{:}20{:}21.480$ cytokines that are upregulated.

NOTE Confidence: 0.931757338571429

 $00:20:21.480 \longrightarrow 00:20:23.940$ Whereas one factor that really stood

NOTE Confidence: 0.931757338571429

 $00:20:23.940 \longrightarrow 00:20:27.199$ out for us was the cortisol level.

NOTE Confidence: 0.931757338571429

00:20:27.200 --> 00:20:30.368 So cortisol level was almost uniformly

NOTE Confidence: 0.931757338571429

00:20:30.368 --> 00:20:33.520 reduced in people with long COVID,

NOTE Confidence: 0.931757338571429

 $00:20:33.520 \longrightarrow 00:20:36.190$ and there's also slight reduction of

NOTE Confidence: 0.931757338571429

00:20:36.190 --> 00:20:39.696 Illinois 5 S The cortisol was by far

NOTE Confidence: 0.931757338571429

 $00{:}20{:}39.696 \dashrightarrow 00{:}20{:}41.684$ the most impressively different factor

NOTE Confidence: 0.931757338571429

00:20:41.684 --> 00:20:43.880 that we find in the people with long COVID,

NOTE Confidence: 0.931757338571429

 $00:20:43.880 \longrightarrow 00:20:46.330$ and this is sort of AZ score

NOTE Confidence: 0.931757338571429

 $00:20:46.330 \longrightarrow 00:20:47.800$ representation of that data.

NOTE Confidence: 0.931757338571429

 $00:20:47.800 \longrightarrow 00:20:49.800$ So the long COVID participants

NOTE Confidence: 0.931757338571429

 $00:20:49.800 \longrightarrow 00:20:51.400$ had much lower levels,

NOTE Confidence: 0.931757338571429

 $00:20:51.400 \longrightarrow 00:20:55.040$ almost half of the level of cortisol

NOTE Confidence: 0.931757338571429

00:20:55.040 --> 00:20:58.240 in compared to healthy controls.

 $00:20:58.240 \longrightarrow 00:21:00.536$ And of course cortisol is the urinal

NOTE Confidence: 0.931757338571429

 $00{:}21{:}00.536 \dashrightarrow 00{:}21{:}02.956$ hormone and we wanted to ensure that

NOTE Confidence: 0.931757338571429

 $00:21:02.956 \longrightarrow 00:21:05.486$ the time of collection of blood from

NOTE Confidence: 0.931757338571429

 $00:21:05.486 \longrightarrow 00:21:07.546$ these participants were similar and

NOTE Confidence: 0.931757338571429

 $00:21:07.546 \longrightarrow 00:21:11.455$ indeed they were pretty similar people.

NOTE Confidence: 0.931757338571429

 $00:21:11.455 \longrightarrow 00:21:11.950$ So.

NOTE Confidence: 0.931757338571429

00:21:11.950 --> 00:21:14.920 So because this was quite striking,

NOTE Confidence: 0.931757338571429

 $00:21:14.920 \longrightarrow 00:21:17.295$ we wanted to validate this

NOTE Confidence: 0.931757338571429

00:21:17.295 --> 00:21:19.195 finding in another cohort.

NOTE Confidence: 0.931757338571429

 $00:21:19.200 \longrightarrow 00:21:21.992$ And so we looked at the blood of

NOTE Confidence: 0.931757338571429

 $00{:}21{:}21.992 \dashrightarrow 00{:}21{:}24.619$ this Yale Pulmonary Clinic patients

NOTE Confidence: 0.931757338571429

00:21:24.619 --> 00:21:27.694 and they also exhibited significant

NOTE Confidence: 0.931757338571429

 $00{:}21{:}27.694 \dashrightarrow 00{:}21{:}30.920$ reduction in the levels of cortisol.

NOTE Confidence: 0.944594672857143

 $00:21:33.320 \longrightarrow 00:21:37.275$ So cortisol is a very important hormone.

NOTE Confidence: 0.944594672857143

 $00:21:37.280 \longrightarrow 00:21:39.604$ It's known as a stress hormone but

NOTE Confidence: 0.944594672857143

00:21:39.604 --> 00:21:42.006 it's actually very important for the

00:21:42.006 --> 00:21:44.176 physiological functioning of the of

NOTE Confidence: 0.944594672857143

 $00{:}21{:}44.176 \dashrightarrow 00{:}21{:}47.184$ the of the Organism on a daily basis

NOTE Confidence: 0.944594672857143

00:21:47.184 --> 00:21:50.667 and it's regulated by the central

NOTE Confidence: 0.944594672857143

00:21:50.667 --> 00:21:53.079 hypothalamic and pituitary axis.

NOTE Confidence: 0.944594672857143

00:21:53.080 --> 00:21:56.020 Hypothalamus secrets the CRH which

NOTE Confidence: 0.944594672857143

00:21:56.020 --> 00:21:58.400 then trigger ACTH secretion from

NOTE Confidence: 0.944594672857143

 $00:21:58.400 \longrightarrow 00:22:01.200$ the pituitary which then acts on the

NOTE Confidence: 0.944594672857143

 $00{:}22{:}01.271 \dashrightarrow 00{:}22{:}03.411$ adrenal glands to produce cortisol

NOTE Confidence: 0.944594672857143

 $00:22:03.411 \longrightarrow 00:22:06.200$ which then has a negative feedback

NOTE Confidence: 0.944594672857143

 $00:22:06.200 \longrightarrow 00:22:10.960$ regulation of these upstream hormones.

NOTE Confidence: 0.944594672857143

 $00:22:10.960 \longrightarrow 00:22:14.838$ So we wanted to understand whether the

NOTE Confidence: 0.944594672857143

 $00:22:14.840 \longrightarrow 00:22:17.384$ there was any kind of impact of having

NOTE Confidence: 0.944594672857143

 $00{:}22{:}17.384 \operatorname{--}{>} 00{:}22{:}20.720$ long COVID on the adrenal hormone ACTH level.

NOTE Confidence: 0.944594672857143

 $00:22:20.720 \longrightarrow 00:22:24.080$ And we thought that because the

NOTE Confidence: 0.944594672857143

 $00:22:24.180 \longrightarrow 00:22:26.740$ level of the cortisol is so much

 $00:22:26.740 \longrightarrow 00:22:28.515$ lower than the healthy control,

NOTE Confidence: 0.944594672857143

 $00{:}22{:}28.520 \to 00{:}22{:}31.292$ it would expect an elevated level of

NOTE Confidence: 0.944594672857143

 $00:22:31.292 \longrightarrow 00:22:33.920$ ACTH to compensate for that low level,

NOTE Confidence: 0.944594672857143

 $00:22:33.920 \longrightarrow 00:22:36.755$ but that's not what we saw here.

NOTE Confidence: 0.944594672857143

 $00:22:36.760 \longrightarrow 00:22:39.562$ So this suggests that there may

NOTE Confidence: 0.944594672857143

 $00:22:39.562 \longrightarrow 00:22:42.535$ be a central dysregulation of the

NOTE Confidence: 0.944594672857143

 $00:22:42.535 \longrightarrow 00:22:45.075$ hypothalamus pituitary axis and that's

NOTE Confidence: 0.944594672857143

 $00:22:45.075 \longrightarrow 00:22:48.059$ something that we are now investigating

NOTE Confidence: 0.944594672857143

 $00{:}22{:}48.059 \dashrightarrow 00{:}22{:}51.272$ using MRI and other models that the

NOTE Confidence: 0.944594672857143

 $00:22:51.280 \longrightarrow 00:22:52.800$ animal models that we're creating.

NOTE Confidence: 0.91237346375

 $00:22:55.080 \longrightarrow 00:22:58.330$ So what about the latent

NOTE Confidence: 0.91237346375

00:22:58.330 --> 00:23:00.280 viral reactivation hypothesis?

NOTE Confidence: 0.91237346375

 $00:23:00.280 \longrightarrow 00:23:03.800$ To this end, we looked at the antibody

NOTE Confidence: 0.91237346375

00:23:03.800 --> 00:23:05.780 reactivity against lytic proteins

NOTE Confidence: 0.91237346375

 $00:23:05.780 \longrightarrow 00:23:08.320$ of herpes virus family members.

NOTE Confidence: 0.91237346375

 $00:23:08.320 \longrightarrow 00:23:11.104$ And what we noted is that there is

 $00:23:11.104 \longrightarrow 00:23:13.571$ an elevated level of IgG against

NOTE Confidence: 0.91237346375

 $00{:}23{:}13.571 \dashrightarrow 00{:}23{:}16.592$ Epstein Barr virus onnogens P23 and

NOTE Confidence: 0.91237346375

 $00:23:16.592 \longrightarrow 00:23:20.096$ GP42 as well as varicella zoster

NOTE Confidence: 0.91237346375

00:23:20.096 --> 00:23:24.076 virus GE in patients with long COVID.

NOTE Confidence: 0.91237346375

 $00{:}23{:}24.080 \dashrightarrow 00{:}23{:}26.672$ And and this difference cannot

NOTE Confidence: 0.91237346375

 $00:23:26.672 \longrightarrow 00:23:31.880$ be accounted for by the latent virus

NOTE Confidence: 0.91237346375

 $00:23:31.880 \longrightarrow 00:23:34.841$ status in these people because when we

NOTE Confidence: 0.91237346375

 $00:23:34.841 \longrightarrow 00:23:38.400$ looked at the chronic or latent antigens,

NOTE Confidence: 0.91237346375

 $00{:}23{:}38.400 \dashrightarrow 00{:}23{:}41.460$ antibody reactivity were equal between

NOTE Confidence: 0.91237346375

 $00{:}23{:}41.460 \dashrightarrow 00{:}23{:}44.520$ controls and long COVID participants.

NOTE Confidence: 0.91237346375

 $00:23:44.520 \longrightarrow 00:23:47.026$ So this really suggested that there may

NOTE Confidence: 0.91237346375

 $00:23:47.026 \longrightarrow 00:23:49.550$ have been a recent reactivation of EVV

NOTE Confidence: 0.91237346375

 $00{:}23{:}49.550 \dashrightarrow 00{:}23{:}52.600$ and VCV in a subset of participants.

NOTE Confidence: 0.91237346375

00:23:52.600 --> 00:23:55.558 And since we reported this study,

NOTE Confidence: 0.91237346375

 $00:23:55.560 \longrightarrow 00:23:58.248$ there have been two other studies

 $00:23:58.248 \longrightarrow 00:24:01.004$ that have confirmed EBB reactivation

NOTE Confidence: 0.91237346375

00:24:01.004 --> 00:24:04.514 in patients with long COVID.

NOTE Confidence: 0.91237346375

 $00:24:04.520 \longrightarrow 00:24:07.496$ So the long COVID patients here

NOTE Confidence: 0.91237346375

 $00:24:07.496 \longrightarrow 00:24:09.480$ again are in purple.

NOTE Confidence: 0.91237346375

 $00:24:09.480 \longrightarrow 00:24:12.309$ This is the REAP score that illustrates

NOTE Confidence: 0.91237346375

 $00:24:12.309 \longrightarrow 00:24:15.363$ how much higher the antibody levels

NOTE Confidence: 0.91237346375

00:24:15.363 --> 00:24:18.266 are in people with long COVID

NOTE Confidence: 0.91237346375

 $00:24:18.266 \longrightarrow 00:24:21.972$ against the ebb P23 and and.

NOTE Confidence: 0.91237346375

00:24:21.972 --> 00:24:24.254 But we use two other types of

NOTE Confidence: 0.91237346375

 $00:24:24.254 \longrightarrow 00:24:25.718$ approaches to confirm this.

NOTE Confidence: 0.91237346375

 $00:24:25.720 \longrightarrow 00:24:29.082$ One is to look at the the ceremian,

NOTE Confidence: 0.91237346375

 $00{:}24{:}29.082 \dashrightarrow 00{:}24{:}31.687$ the linear epitope mapping strategy

NOTE Confidence: 0.91237346375

00:24:31.687 --> 00:24:35.365 to map a particular epitope the

NOTE Confidence: 0.91237346375

00:24:35.365 --> 00:24:39.076 peptide within the GP 42 of EBV.

NOTE Confidence: 0.91237346375

 $00:24:39.080 \longrightarrow 00:24:42.232$ And here again you see that increase

NOTE Confidence: 0.91237346375

 $00:24:42.232 \longrightarrow 00:24:45.816$ in the Z score for this antibody

 $00:24:45.816 \longrightarrow 00:24:49.532$ in patients with on COVID BZ Beach.

NOTE Confidence: 0.91237346375

 $00{:}24{:}49.532 \dashrightarrow 00{:}24{:}53.960$ GE is similarly elevated for reactivity.

NOTE Confidence: 0.91237346375

 $00:24:53.960 \longrightarrow 00:24:58.760$ And curiously the EBB reactive antibody

NOTE Confidence: 0.91237346375

 $00:24:58.760 \longrightarrow 00:25:02.000$ score correlated positively with Illinois 4,

NOTE Confidence: 0.91237346375

 $00:25:02.000 \longrightarrow 00:25:04.256$ Illinois 6 double positive CD4T cells

NOTE Confidence: 0.91237346375

00:25:04.256 --> 00:25:06.903 which I showed you is pretty much

NOTE Confidence: 0.91237346375

 $00:25:06.903 \longrightarrow 00:25:09.395$ only present in those with long COVID.

NOTE Confidence: 0.91237346375

 $00{:}25{:}09.400 \dashrightarrow 00{:}25{:}11.710$ So whether there's a functional link

NOTE Confidence: 0.91237346375

00:25:11.710 --> 00:25:13.688 between the the cytokine secreting

NOTE Confidence: 0.91237346375

 $00{:}25{:}13.688 \dashrightarrow 00{:}25{:}16.250$ T cells and the antibody score as

NOTE Confidence: 0.91237346375

 $00:25:16.250 \longrightarrow 00:25:18.319$ something that we're investigating.

NOTE Confidence: 0.783886338333333

00:25:21.680 --> 00:25:26.280 And so with David Van **** and Rahul,

NOTE Confidence: 0.78388633833333

 $00{:}25{:}26.280 \to 00{:}25{:}29.822$ they they looked at the our immunological

NOTE Confidence: 0.783886338333333

 $00:25:29.822 \longrightarrow 00:25:32.812$ phenotyping and determined that a handful

NOTE Confidence: 0.78388633833333

00:25:32.812 --> 00:25:35.770 of immune factors alone can distinguish

00:25:35.850 --> 00:25:38.885 people with long COVID with 94% accuracy.

NOTE Confidence: 0.783886338333333

 $00{:}25{:}38.885 \longrightarrow 00{:}25{:}42.070$ And those factors turned out to be

NOTE Confidence: 0.783886338333333

 $00:25:42.161 \longrightarrow 00:25:45.425$ things like cortisol reduced levels of

NOTE Confidence: 0.783886338333333

00:25:45.425 --> 00:25:48.515 CD4TCM and dendritic cell type one,

NOTE Confidence: 0.783886338333333

00:25:48.520 --> 00:25:52.278 as well as increased levels of EBB GP42,

NOTE Confidence: 0.783886338333333

00:25:52.278 --> 00:25:54.190 reactive antibody and Galactin

NOTE Confidence: 0.783886338333333

 $00:25:54.190 \longrightarrow 00:25:57.721$ one and a handful of other sort

NOTE Confidence: 0.783886338333333

00:25:57.721 --> 00:26:00.356 of cellular and cytokine markers.

NOTE Confidence: 0.783886338333333

 $00:26:00.360 \longrightarrow 00:26:02.782$ So this really kind of painted the

NOTE Confidence: 0.783886338333333

00:26:02.782 --> 00:26:06.305 picture that long COVID can be explained

NOTE Confidence: 0.783886338333333

 $00:26:06.305 \longrightarrow 00:26:08.467$ by immunological perturbations and

NOTE Confidence: 0.783886338333333

 $00{:}26{:}08.467 \dashrightarrow 00{:}26{:}09.868$ endocrinological perturbations alone.

NOTE Confidence: 0.783886338333333

 $00:26:09.868 \longrightarrow 00:26:13.427$ And this is something that we really need

NOTE Confidence: 0.783886338333333

 $00:26:13.427 \longrightarrow 00:26:16.163$ to pay attention to with respect to both

NOTE Confidence: 0.783886338333333

 $00:26:16.234 \longrightarrow 00:26:19.000$ biomarker for diagnosis and for treatment.

NOTE Confidence: 0.904039466153846

 $00:26:21.240 \longrightarrow 00:26:23.648$ So we took the same set of data

00:26:23.648 --> 00:26:25.799 and now asked the question,

NOTE Confidence: 0.904039466153846

 $00:26:25.800 \longrightarrow 00:26:27.912$ what are the sex differences in

NOTE Confidence: 0.904039466153846

00:26:27.912 --> 00:26:29.954 long COVID immune phenotype, if any?

NOTE Confidence: 0.904039466153846

00:26:29.954 --> 00:26:32.923 And this is a work done by Julio Silva

NOTE Confidence: 0.904039466153846

00:26:32.923 --> 00:26:35.805 who is a current MDPHD student here,

NOTE Confidence: 0.904039466153846

 $00:26:35.805 \longrightarrow 00:26:39.126$ and Takahira Takahashi who's a former postdoc

NOTE Confidence: 0.904039466153846

00:26:39.126 --> 00:26:43.160 who who now runs his own lab in Japan.

NOTE Confidence: 0.904039466153846

00:26:43.160 --> 00:26:45.316 So taking the same set of data,

NOTE Confidence: 0.904039466153846

 $00{:}26{:}45.320 \dashrightarrow 00{:}26{:}47.903$ we are now dividing people into male

NOTE Confidence: 0.904039466153846

 $00{:}26{:}47.903 \dashrightarrow 00{:}26{:}49.944$ versus female and control versus

NOTE Confidence: 0.904039466153846

00:26:49.944 --> 00:26:52.864 long COVID and applying some machine

NOTE Confidence: 0.904039466153846

 $00:26:52.864 \longrightarrow 00:26:55.960$ learning analysis to understand you know

NOTE Confidence: 0.904039466153846

00:26:56.043 --> 00:26:58.527 what are the different features

NOTE Confidence: 0.904039466153846

 $00:26:58.527 \longrightarrow 00:27:01.519$ that are found in these two sexes.

NOTE Confidence: 0.904039466153846

 $00:27:01.520 \longrightarrow 00:27:03.837$ So females with long COVID A females

 $00:27:03.837 \longrightarrow 00:27:06.040$ here are always indicated in blue,

NOTE Confidence: 0.904039466153846

 $00:27:06.040 \longrightarrow 00:27:08.320$ males are in red.

NOTE Confidence: 0.904039466153846

 $00:27:08.320 \longrightarrow 00:27:10.546$ You can see that the symptom burden

NOTE Confidence: 0.904039466153846

 $00:27:10.546 \longrightarrow 00:27:13.065$ is higher in females with long COVID

NOTE Confidence: 0.904039466153846

 $00:27:13.065 \longrightarrow 00:27:15.180$ compared to the males and organ

NOTE Confidence: 0.904039466153846

 $00:27:15.180 \longrightarrow 00:27:16.730$ system involvement is also higher

NOTE Confidence: 0.904039466153846

 $00:27:16.730 \longrightarrow 00:27:18.917$ in the female compared to the males.

NOTE Confidence: 0.866044454

 $00:27:21.920 \longrightarrow 00:27:24.265$ This is a very interesting

NOTE Confidence: 0.866044454

 $00{:}27{:}24.265 \longrightarrow 00{:}27{:}26.610$ chart showing that the distinct

NOTE Confidence: 0.866044454

 $00:27:26.691 \longrightarrow 00:27:29.436$ symptoms affect males and females.

NOTE Confidence: 0.866044454

 $00:27:29.440 \longrightarrow 00:27:32.415$ So at the top, the relative frequency

NOTE Confidence: 0.866044454

 $00:27:32.415 \longrightarrow 00:27:34.966$ of symptoms such as sleep and

NOTE Confidence: 0.866044454

 $00:27:34.966 \longrightarrow 00:27:37.796$ disorientation and urinary issues are

NOTE Confidence: 0.866044454

 $00:27:37.796 \longrightarrow 00:27:41.160$ equally reported in males and females.

NOTE Confidence: 0.866044454

00:27:41.160 --> 00:27:43.386 However, if you go down this list

NOTE Confidence: 0.866044454

 $00:27:43.386 \longrightarrow 00:27:45.240$ further and further on the bottom,

 $00:27:45.240 \longrightarrow 00:27:47.960$ here are female dominance symptoms.

NOTE Confidence: 0.866044454

00:27:47.960 --> 00:27:50.670 That includes things like dizziness

NOTE Confidence: 0.866044454

00:27:50.670 --> 00:27:53.173 and body temperature issues, throat,

NOTE Confidence: 0.866044454

00:27:53.173 --> 00:27:54.838 chest pain, pins and needles,

NOTE Confidence: 0.866044454

 $00:27:54.840 \longrightarrow 00:27:57.759$ and so on, which is more frequently

NOTE Confidence: 0.866044454

 $00:27:57.759 \longrightarrow 00:27:59.920$ reported in females over males.

NOTE Confidence: 0.866044454

 $00:27:59.920 \longrightarrow 00:28:03.160$ And the most sexually dimorphic

NOTE Confidence: 0.866044454

 $00:28:03.160 \longrightarrow 00:28:06.400$ symptom was the sexual dysfunction

NOTE Confidence: 0.866044454

 $00:28:06.498 \longrightarrow 00:28:09.634$ in male and hair loss in female.

NOTE Confidence: 0.866044454

 $00:28:09.640 \longrightarrow 00:28:13.033$ So this this alone tells us that people

NOTE Confidence: 0.866044454

00:28:13.033 --> 00:28:15.398 are experiencing long COVID differently,

NOTE Confidence: 0.866044454

 $00:28:15.400 \longrightarrow 00:28:19.328$ that based on their biological sex and that

NOTE Confidence: 0.866044454

 $00{:}28{:}19.328 \dashrightarrow 00{:}28{:}21.876$ there may be different drivers of disease.

NOTE Confidence: 0.95721841

 $00:28:24.720 \longrightarrow 00:28:27.400$ Looking at the immune features,

NOTE Confidence: 0.95721841

 $00:28:27.400 \longrightarrow 00:28:30.040$ we saw things like the exhausted

 $00:28:30.040 \longrightarrow 00:28:31.800$ T cells being elevated,

NOTE Confidence: 0.95721841

 $00{:}28{:}31.800 \dashrightarrow 00{:}28{:}35.680$ particularly in the female cohort.

NOTE Confidence: 0.95721841

 $00:28:35.680 \longrightarrow 00:28:38.482$ Females with bone COVID and cytokine

NOTE Confidence: 0.95721841

 $00:28:38.482 \longrightarrow 00:28:40.905$ secreting T cells were also

NOTE Confidence: 0.95721841

 $00:28:40.905 \longrightarrow 00:28:43.718$ dominantly in females with bone COVID.

NOTE Confidence: 0.95721841

 $00{:}28{:}43.718 \dashrightarrow 00{:}28{:}45.470$ Ebb reactive antibodies were

NOTE Confidence: 0.95721841

 $00:28:45.470 \longrightarrow 00:28:48.075$ also found mostly in females with

NOTE Confidence: 0.95721841

00:28:48.075 --> 00:28:49.936 bone COVID indicating that those

NOTE Confidence: 0.95721841

 $00{:}28{:}49.936 \dashrightarrow 00{:}28{:}52.680$ features that I showed you just a

NOTE Confidence: 0.95721841

 $00:28:52.760 \longrightarrow 00:28:54.610$ few slides ago that distinguished

NOTE Confidence: 0.95721841

 $00:28:54.610 \longrightarrow 00:28:56.735$ male distinguished long COVID versus

NOTE Confidence: 0.95721841

00:28:56.735 --> 00:28:59.342 non long COVID that many of them

NOTE Confidence: 0.95721841

 $00:28:59.342 \longrightarrow 00:29:01.238$ are driven by the female patients.

NOTE Confidence: 0.92151599

 $00:29:03.640 \longrightarrow 00:29:06.658$ Males also do have differences in

NOTE Confidence: 0.92151599

00:29:06.658 --> 00:29:08.670 their immune features including

NOTE Confidence: 0.92151599

 $00:29:08.755 \longrightarrow 00:29:11.079$ elevated natural killer cells,

 $00:29:11.080 \longrightarrow 00:29:12.728$ TGF beta and April.

NOTE Confidence: 0.92151599

 $00{:}29{:}12.728 \dashrightarrow 00{:}29{:}15.200$ These are cytokine levels that are

NOTE Confidence: 0.92151599

 $00:29:15.200 \longrightarrow 00:29:17.756$ higher in males with long COVID.

NOTE Confidence: 0.914068403333333

 $00:29:21.000 \longrightarrow 00:29:24.535$ And then when we looked at different

NOTE Confidence: 0.914068403333333

 $00:29:24.535 \longrightarrow 00:29:26.879$ hormones that are circulating

NOTE Confidence: 0.914068403333333

 $00:29:26.879 \longrightarrow 00:29:29.799$ in patients versus control,

NOTE Confidence: 0.914068403333333

00:29:29.800 --> 00:29:32.100 obviously testosterone is much higher

NOTE Confidence: 0.914068403333333

 $00{:}29{:}32.100 \dashrightarrow 00{:}29{:}35.439$ in males compared to the females here.

NOTE Confidence: 0.914068403333333

 $00:29:35.440 \longrightarrow 00:29:38.114$ But what you know is that the

NOTE Confidence: 0.914068403333333

 $00:29:38.120 \longrightarrow 00:29:40.592$ females with long COVID have lower

NOTE Confidence: 0.914068403333333

 $00:29:40.592 \longrightarrow 00:29:42.240$ levels of testosterone compared

NOTE Confidence: 0.914068403333333

 $00:29:42.308 \longrightarrow 00:29:44.120$ to their healthy counterpart.

NOTE Confidence: 0.914068403333333

 $00{:}29{:}44.120 \dashrightarrow 00{:}29{:}46.880$ And this is interesting because test osterone,

NOTE Confidence: 0.914068403333333

 $00{:}29{:}46.880 \rightarrow 00{:}29{:}48.700$ even though it's mostly thought

NOTE Confidence: 0.914068403333333

 $00:29:48.700 \longrightarrow 00:29:50.520$ of as a male hormone,

 $00:29:50.520 \longrightarrow 00:29:53.685$ has important physiological function in

NOTE Confidence: 0.914068403333333

 $00:29:53.685 \longrightarrow 00:29:56.240$ females and reduced levels of testosterone.

NOTE Confidence: 0.914068403333333

00:29:56.240 --> 00:29:58.150 Testosterone could be leading to

NOTE Confidence: 0.914068403333333

 $00{:}29{:}58.150 \dashrightarrow 00{:}30{:}00.630$ some of the symptoms that people

NOTE Confidence: 0.914068403333333

 $00:30:00.630 \longrightarrow 00:30:03.698$ are experiencing and doing this

NOTE Confidence: 0.914068403333333

00:30:03.698 --> 00:30:05.756 logistic regression analysis.

NOTE Confidence: 0.914068403333333

 $00{:}30{:}05.760 \dashrightarrow 00{:}30{:}09.477$ Accounting for HDMI and other Co founders,

NOTE Confidence: 0.914068403333333

 $00:30:09.480 \longrightarrow 00:30:12.112$ we noted that the test the per

NOTE Confidence: 0.914068403333333

 $00{:}30{:}12.112 \dashrightarrow 00{:}30{:}14.241$ unit changes in the test osterone

NOTE Confidence: 0.914068403333333

 $00:30:14.241 \longrightarrow 00:30:17.447$ is the top factor that can predict

NOTE Confidence: 0.914068403333333

 $00{:}30{:}17.447 \dashrightarrow 00{:}30{:}20.277$ long COVID status within females.

NOTE Confidence: 0.851759821304348

 $00{:}30{:}22.600 \to 00{:}30{:}25.379$ And conversely, we see that males have

NOTE Confidence: 0.851759821304348

 $00:30:25.379 \longrightarrow 00:30:27.540$ lower levels of estradiol compared

NOTE Confidence: 0.851759821304348

 $00:30:27.540 \longrightarrow 00:30:30.228$ to males with long COVID compared

NOTE Confidence: 0.851759821304348

 $00:30:30.228 \longrightarrow 00:30:33.038$ to their control male counterpart.

NOTE Confidence: 0.851759821304348

 $00{:}30{:}33.040 \dashrightarrow 00{:}30{:}36.680$ And estradiol per unit change

 $00:30:36.680 \longrightarrow 00:30:39.500$ is again the top predictor of

NOTE Confidence: 0.851759821304348

 $00:30:39.500 \longrightarrow 00:30:42.040$ long COVID status in males,

NOTE Confidence: 0.851759821304348

 $00:30:42.040 \longrightarrow 00:30:43.760$ which is better than say,

NOTE Confidence: 0.851759821304348

 $00:30:43.760 \longrightarrow 00:30:45.280$ something like cortisol here.

NOTE Confidence: 0.76380296375

 $00:30:47.600 \longrightarrow 00:30:50.480$ So this already told us that there's a

NOTE Confidence: 0.76380296375

 $00:30:50.480 \longrightarrow 00:30:53.114$ very big difference between the sexes

NOTE Confidence: 0.76380296375

00:30:53.114 --> 00:30:55.960 with respect to EBV reactivation,

NOTE Confidence: 0.76380296375

00:30:55.960 --> 00:30:59.200 the cytokine secreting T cells and NK cells,

NOTE Confidence: 0.76380296375

 $00:30:59.200 \longrightarrow 00:31:01.385$ as well as hormonal changes

NOTE Confidence: 0.76380296375

 $00:31:01.385 \longrightarrow 00:31:04.280$ that are seen in these people.

NOTE Confidence: 0.76380296375

 $00:31:04.280 \longrightarrow 00:31:06.597$ And I haven't said much about autoimmunity,

NOTE Confidence: 0.76380296375

 $00:31:06.600 \longrightarrow 00:31:11.568$ but so when we use the read to identify

NOTE Confidence: 0.76380296375

 $00{:}31{:}11.568 \dashrightarrow 00{:}31{:}13.688$ broadly what patients might be

NOTE Confidence: 0.76380296375

00:31:13.688 --> 00:31:16.400 reacting to with respect to their IgG,

NOTE Confidence: 0.76380296375

 $00:31:16.400 \longrightarrow 00:31:20.369$ we did not see a public auto antigen that

 $00:31:20.369 \longrightarrow 00:31:24.080$ like everyone in long COVID group had.

NOTE Confidence: 0.76380296375

00:31:24.080 --> 00:31:27.600 However, we didn't give up.

NOTE Confidence: 0.76380296375

 $00:31:27.600 \longrightarrow 00:31:29.976$ We, meaning Kayla, saw a postdoc

NOTE Confidence: 0.76380296375

 $00:31:29.976 \longrightarrow 00:31:32.280$ who's very talented in the lump,

NOTE Confidence: 0.76380296375

 $00:31:32.280 \longrightarrow 00:31:35.424$ decided to do a functional experiment

NOTE Confidence: 0.76380296375

00:31:35.424 --> 00:31:39.358 where she purified IgG from healthy people,

NOTE Confidence: 0.76380296375

00:31:39.360 --> 00:31:40.707 homeless and control,

NOTE Confidence: 0.76380296375

00:31:40.707 --> 00:31:42.503 severe acute COVID patients

NOTE Confidence: 0.76380296375

00:31:42.503 --> 00:31:44.560 and long COVID patients,

NOTE Confidence: 0.76380296375

 $00:31:44.560 \longrightarrow 00:31:48.277$ and possibly transfer these into B6 mice.

NOTE Confidence: 0.76380296375

 $00:31:48.280 \longrightarrow 00:31:50.590$ And she did a battery of behavioral

NOTE Confidence: 0.76380296375

 $00:31:50.590 \longrightarrow 00:31:55.120$ tests to look at anxiety and

NOTE Confidence: 0.76380296375

 $00:31:55.120 \longrightarrow 00:31:57.465$ other sort of behavioral issues

NOTE Confidence: 0.76380296375

 $00:31:57.465 \longrightarrow 00:32:00.320$ that we could measure in mice.

NOTE Confidence: 0.902299638

 $00:32:02.360 \longrightarrow 00:32:03.840$ She did many, many tests,

NOTE Confidence: 0.902299638

 $00{:}32{:}03.840 \dashrightarrow 00{:}32{:}06.112$ but I'm only going to show you what's

 $00:32:06.112 \longrightarrow 00:32:09.640$ different in the recipients of these animals.

NOTE Confidence: 0.902299638

 $00{:}32{:}09.640 \dashrightarrow 00{:}32{:}13.476$ One thing Kayla found was that the

NOTE Confidence: 0.902299638

 $00{:}32{:}13.476 \dashrightarrow 00{:}32{:}16.620$ balance and coordination of mice that

NOTE Confidence: 0.902299638

 $00:32:16.620 \longrightarrow 00:32:19.620$ are injected with IgG from patients

NOTE Confidence: 0.902299638

 $00:32:19.620 \dashrightarrow 00:32:23.240$ from with long COVID were quite reduced.

NOTE Confidence: 0.902299638

 $00:32:23.240 \longrightarrow 00:32:27.216$ So this is a rotorod analysis where you

NOTE Confidence: 0.902299638

 $00:32:27.216 \longrightarrow 00:32:30.292$ let the mice hang on to this rotating

NOTE Confidence: 0.902299638

 $00:32:30.292 \longrightarrow 00:32:33.280$ rod and the mice have to kind of keep

NOTE Confidence: 0.902299638

 $00:32:33.353 \longrightarrow 00:32:35.873$ balanced in order to hang on to it.

NOTE Confidence: 0.902299638

 $00:32:35.880 \longrightarrow 00:32:37.000$ When they lose balance,

NOTE Confidence: 0.902299638

 $00:32:37.000 \longrightarrow 00:32:38.680$ they fall off and the latency

NOTE Confidence: 0.902299638

 $00:32:38.741 \longrightarrow 00:32:39.956$ to fall is measured in.

NOTE Confidence: 0.902299638

 $00{:}32{:}39.960 \dashrightarrow 00{:}32{:}43.623$ Here you can see that the PBS or the

NOTE Confidence: 0.902299638

 $00:32:43.623 \longrightarrow 00:32:46.584$ healthy control IgG injected animals were

NOTE Confidence: 0.902299638

 $00:32:46.584 \longrightarrow 00:32:50.864$ able to hang on for 200 seconds or so.

00:32:50.864 --> 00:32:53.288 However, those who were injected

NOTE Confidence: 0.902299638

 $00:32:53.288 \longrightarrow 00:32:56.240$ with IgG from long COVID patients

NOTE Confidence: 0.902299638

00:32:56.326 --> 00:32:59.152 had a much reduced latency to fall,

NOTE Confidence: 0.902299638

 $00:32:59.152 \longrightarrow 00:33:00.848$ indicating that auto antibodies

NOTE Confidence: 0.902299638

 $00:33:00.848 \longrightarrow 00:33:03.044$ are sufficient to induce loss

NOTE Confidence: 0.902299638

 $00:33:03.044 \longrightarrow 00:33:04.756$ of balance and coordination.

NOTE Confidence: 0.798463808888889

00:33:06.960 --> 00:33:08.870 Another change that she noticed

NOTE Confidence: 0.798463808888889

 $00:33:08.870 \longrightarrow 00:33:11.438$ is a grip strength of mice.

NOTE Confidence: 0.798463808888889

00:33:11.438 --> 00:33:14.033 Again, animals are allowed to

NOTE Confidence: 0.798463808888889

 $00:33:14.033 \longrightarrow 00:33:17.616$ hang on to this sort of a mesh

NOTE Confidence: 0.798463808888889

 $00{:}33{:}17.616 \dashrightarrow 00{:}33{:}19.860$ and we're measuring the amount of

NOTE Confidence: 0.798463808888889

 $00:33:19.945 \longrightarrow 00:33:21.896$ grip strength that these animals

NOTE Confidence: 0.798463808888889

 $00:33:21.896 \longrightarrow 00:33:24.080$ have until they kind of fall off.

NOTE Confidence: 0.798463808888889

 $00:33:24.080 \longrightarrow 00:33:26.282$ And this indicated that auto antibodies

NOTE Confidence: 0.798463808888889

 $00:33:26.282 \longrightarrow 00:33:28.131$ can induce reduction in muscle

NOTE Confidence: 0.798463808888889

 $00{:}33{:}28.131 \dashrightarrow 00{:}33{:}30.336$ strength because you can look at the

00:33:30.336 --> 00:33:32.184 peak force being quite diminished

NOTE Confidence: 0.798463808888889

 $00:33:32.184 \longrightarrow 00:33:34.800$ in those animals that received IgG.

NOTE Confidence: 0.837536818235294

00:33:36.960 --> 00:33:40.146 And thermal sensation using hot plate

NOTE Confidence: 0.837536818235294

 $00:33:40.146 \longrightarrow 00:33:42.863$ test also demonstrated that latency

NOTE Confidence: 0.837536818235294

00:33:42.863 --> 00:33:45.875 to pain behavior is much shortened,

NOTE Confidence: 0.837536818235294

 $00:33:45.880 \longrightarrow 00:33:49.438$ meaning that auto antibodies are sufficient

NOTE Confidence: 0.837536818235294

 $00:33:49.438 \longrightarrow 00:33:53.000$ to increase sensitivity to thermal pain.

NOTE Confidence: 0.837536818235294

 $00{:}33{:}53.000 \dashrightarrow 00{:}33{:}55.010$ So these tests are now indicating

NOTE Confidence: 0.837536818235294

 $00:33:55.010 \longrightarrow 00:33:57.234$ to us that there's a physiological

NOTE Confidence: 0.837536818235294

 $00:33:57.234 \longrightarrow 00:33:59.670$ change that happened only by injecting

NOTE Confidence: 0.837536818235294

00:33:59.670 --> 00:34:02.039 IgG from patients into the mice.

NOTE Confidence: 0.837536818235294

 $00{:}34{:}02.040 \dashrightarrow 00{:}34{:}04.455$ And it also implies that whatever auto

NOTE Confidence: 0.837536818235294

 $00{:}34{:}04.455 \dashrightarrow 00{:}34{:}06.685$ antigens that are being detected are

NOTE Confidence: 0.837536818235294

 $00:34:06.685 \dashrightarrow 00:34:09.080$ shared between these two two species.

NOTE Confidence: 0.9402185172

 $00:34:11.360 \longrightarrow 00:34:13.803$ And finally, I'd like to give you

 $00:34:13.803 \longrightarrow 00:34:16.162$ a little example of tissue damage

NOTE Confidence: 0.9402185172

 $00:34:16.162 \longrightarrow 00:34:18.222$ and dysfunction that can happen

NOTE Confidence: 0.9402185172

 $00{:}34{:}18.222 \dashrightarrow 00{:}34{:}20.797$ after even a very mild acute COVID.

NOTE Confidence: 0.9402185172

 $00:34:20.800 \longrightarrow 00:34:24.036$ This is a study that we had the fortune

NOTE Confidence: 0.9402185172

 $00:34:24.036 \longrightarrow 00:34:26.370$ of doing with Professor Michelle Monje's

NOTE Confidence: 0.9402185172

 $00:34:26.438 \longrightarrow 00:34:29.452$ group at Stanford where she's a a

NOTE Confidence: 0.9402185172

 $00:34:29.452 \longrightarrow 00:34:32.290$ neuroscientist and A and a psychiatrist

NOTE Confidence: 0.9402185172

00:34:32.382 --> 00:34:35.478 who have been studying the impact of

NOTE Confidence: 0.9402185172

 $00{:}34{:}35.480 \dashrightarrow 00{:}34{:}37.964$ chemotherapy on brain dysfunction.

NOTE Confidence: 0.9402185172

00:34:37.964 --> 00:34:42.759 And based on her knowledge of this area,

NOTE Confidence: 0.9402185172

 $00{:}34{:}42.760 \dashrightarrow 00{:}34{:}47.384$ we collaborated to look at the impact of

NOTE Confidence: 0.9402185172

 $00:34:47.384 \longrightarrow 00:34:51.278$ mild respiratory only infection on the CNS.

NOTE Confidence: 0.9402185172

 $00{:}34{:}51.280 \dashrightarrow 00{:}34{:}53.910$ So a respiratory infection can

NOTE Confidence: 0.9402185172

 $00:34:53.910 \longrightarrow 00:34:57.324$ cause CNS impact by either directly

NOTE Confidence: 0.9402185172

 $00:34:57.324 \longrightarrow 00:35:00.394$ infecting brain cells or generating

NOTE Confidence: 0.9402185172

 $00:35:00.394 \longrightarrow 00:35:02.879$ autoimmunity that targets the brain.

 $00:35:02.880 \longrightarrow 00:35:05.300$ Or it's possible that distal

NOTE Confidence: 0.9402185172

 $00:35:05.300 \longrightarrow 00:35:07.720$ inflammation alone is capable of

NOTE Confidence: 0.9402185172

 $00:35:07.720 \longrightarrow 00:35:10.840$ making chronic changes in the brain.

NOTE Confidence: 0.9402185172

 $00{:}35{:}10.840 \dashrightarrow 00{:}35{:}13.515$ So this study really probes

NOTE Confidence: 0.9402185172

 $00:35:13.515 \longrightarrow 00:35:15.120$ the third hypothesis.

NOTE Confidence: 0.9402185172

 $00:35:15.120 \longrightarrow 00:35:17.776$ And the way in which we did this

NOTE Confidence: 0.9402185172

 $00:35:17.776 \longrightarrow 00:35:20.075$ is to we had an established animal

NOTE Confidence: 0.9402185172

00:35:20.075 --> 00:35:22.244 model in which we can introduce

NOTE Confidence: 0.9402185172

 $00:35:22.244 \longrightarrow 00:35:24.080$ the viral entry receptor,

NOTE Confidence: 0.9402185172

 $00:35:24.080 \dashrightarrow 00:35:27.600$ human ACE 2 into any organ of choice.

NOTE Confidence: 0.9402185172

00:35:27.600 --> 00:35:29.536 Here we're doing intratracheal

NOTE Confidence: 0.9402185172

 $00:35:29.536 \longrightarrow 00:35:31.956$ administration so that the lung

NOTE Confidence: 0.9402185172

 $00:35:31.956 \longrightarrow 00:35:34.698$ is the only organ in which the

NOTE Confidence: 0.9402185172

 $00{:}35{:}34.698 \dashrightarrow 00{:}35{:}37.280$ Tsarsco V2 can infect and replicate.

NOTE Confidence: 0.9402185172

 $00:35:37.280 \longrightarrow 00:35:40.038$ Then we give a Tsarsco V2 intranasally

 $00:35:40.040 \longrightarrow 00:35:41.600$ after about a couple weeks.

NOTE Confidence: 0.9402185172

 $00:35:41.600 \longrightarrow 00:35:44.512$ And then we looked at the brain

NOTE Confidence: 0.9402185172

00:35:44.512 --> 00:35:46.432 sections here and of course there

NOTE Confidence: 0.9402185172

 $00:35:46.432 \longrightarrow 00:35:48.000$ is no entry receptor in the brain.

NOTE Confidence: 0.9402185172

00:35:48.000 --> 00:35:49.908 So we don't see any Tsarsco

NOTE Confidence: 0.9402185172

 $00:35:49.908 \longrightarrow 00:35:51.680 \text{ V2}$ antigen in the brain.

NOTE Confidence: 0.9402185172

 $00:35:51.680 \dashrightarrow 00:35:53.678$ Animals don't lose much weight either.

NOTE Confidence: 0.9402185172

 $00:35:53.680 \longrightarrow 00:35:56.320$ This is a very mild infection,

NOTE Confidence: 0.9402185172

 $00:35:56.320 \longrightarrow 00:35:59.428$ but we know that the viral antigen

NOTE Confidence: 0.9402185172

 $00:35:59.428 \longrightarrow 00:36:01.678$ is abundantly expressed in the lung

NOTE Confidence: 0.9402185172

 $00{:}36{:}01.680 \dashrightarrow 00{:}36{:}04.140$ around 7:00 and which is cleared

NOTE Confidence: 0.9402185172

 $00:36:04.140 \longrightarrow 00:36:06.960$ within about seven days post infection.

NOTE Confidence: 0.9402185172

 $00:36:06.960 \longrightarrow 00:36:09.435$ So using this respiratory only

NOTE Confidence: 0.9402185172

00:36:09.435 --> 00:36:10.920 mild COVID model,

NOTE Confidence: 0.9402185172

 $00:36:10.920 \longrightarrow 00:36:13.320$ we then went on to look in the

NOTE Confidence: 0.9402185172

 $00:36:13.320 \longrightarrow 00:36:16.080$ cytokine in the serum and within

 $00:36:16.080 \longrightarrow 00:36:18.855$ the cerebral spinal fluid of these

NOTE Confidence: 0.9402185172

 $00{:}36{:}18.855 \dashrightarrow 00{:}36{:}20.885$ animals and at seven days post

NOTE Confidence: 0.9402185172

 $00:36:20.885 \longrightarrow 00:36:22.943$ infection on the left and seven

NOTE Confidence: 0.9402185172

 $00:36:22.943 \longrightarrow 00:36:25.235$ weeks post infection on the right.

NOTE Confidence: 0.9402185172

 $00{:}36{:}25.240 \dashrightarrow 00{:}36{:}28.456$ And what we noted is that even at

NOTE Confidence: 0.9402185172

 $00{:}36{:}28.456 \dashrightarrow 00{:}36{:}31.172$ 7 weeks post infection you see a

NOTE Confidence: 0.9402185172

00:36:31.172 --> 00:36:33.767 still elevation of cytokines and

NOTE Confidence: 0.9402185172

00:36:33.767 --> 00:36:36.506 chemokines in the both the serum

NOTE Confidence: 0.9402185172

 $00:36:36.506 \longrightarrow 00:36:38.034$ and serial spinal fluid.

NOTE Confidence: 0.9402185172

 $00:36:38.040 \longrightarrow 00:36:40.679$ And one thing to know is the

NOTE Confidence: 0.9402185172

 $00{:}36{:}40.680 \dashrightarrow 00{:}36{:}44.680$ OR elevated CCL 11 expression.

NOTE Confidence: 0.9402185172

 $00:36:44.680 \longrightarrow 00:36:48.066$ Now CCL 11 has been shown by others

NOTE Confidence: 0.9402185172

 $00{:}36{:}48.066 \dashrightarrow 00{:}36{:}51.252$ in the past to correlate with

NOTE Confidence: 0.9402185172

 $00:36:51.252 \longrightarrow 00:36:54.556$ neurocognitive decline during aging.

NOTE Confidence: 0.9402185172

 $00:36:54.560 \longrightarrow 00:36:56.288$ And so we're seeing the elevated

 $00:36:56.288 \longrightarrow 00:36:57.440$ levels of that here.

NOTE Confidence: 0.969636594545455

 $00:37:00.040 \longrightarrow 00:37:02.788$ And interestingly, when we look in

NOTE Confidence: 0.969636594545455

 $00:37:02.788 \longrightarrow 00:37:05.571$ the brain of these animals either

NOTE Confidence: 0.969636594545455

 $00:37:05.571 \longrightarrow 00:37:07.579$ seven days on on the top or seven

NOTE Confidence: 0.969636594545455

00:37:07.579 --> 00:37:09.478 weeks post infection on the bottom,

NOTE Confidence: 0.969636594545455

 $00:37:09.480 \longrightarrow 00:37:12.648$ we see a a consistently elevated

NOTE Confidence: 0.969636594545455

 $00:37:12.648 \longrightarrow 00:37:15.170$ reactive microglia in the subcortical

NOTE Confidence: 0.969636594545455

 $00{:}37{:}15.170 \dashrightarrow 00{:}37{:}18.040$ white matter of two strains of animals.

NOTE Confidence: 0.969636594545455

 $00:37:18.040 \dashrightarrow 00:37:21.775$ We tested CD1 and Bob C and you can

NOTE Confidence: 0.969636594545455

 $00:37:21.775 \longrightarrow 00:37:23.400$ see the micrograph showing here.

NOTE Confidence: 0.912753564285714

 $00:37:26.720 \dashrightarrow 00:37:30.234$ We also validated or looked at humans.

NOTE Confidence: 0.912753564285714

 $00:37:30.240 \longrightarrow 00:37:32.760$ We validated in mice, we look at humans.

NOTE Confidence: 0.912753564285714

00:37:32.760 --> 00:37:34.920 We looked at humans who

NOTE Confidence: 0.912753564285714

 $00:37:34.920 \longrightarrow 00:37:38.080$ have had died with COVID.

NOTE Confidence: 0.912753564285714

 $00:37:38.080 \longrightarrow 00:37:41.160$ So these people had source COVID 2 PCR

NOTE Confidence: 0.912753564285714

 $00:37:41.160 \longrightarrow 00:37:44.288$ positive at the time of death but they

00:37:44.288 --> 00:37:46.708 weren't suffering from acute respiratory

NOTE Confidence: 0.912753564285714

 $00:37:46.708 \longrightarrow 00:37:49.000$ distress syndrome at that point.

NOTE Confidence: 0.912753564285714

 $00:37:49.000 \longrightarrow 00:37:51.800$ They they died of some other causes.

NOTE Confidence: 0.912753564285714

 $00:37:51.800 \longrightarrow 00:37:54.638$ And even though that's the case,

NOTE Confidence: 0.912753564285714

 $00:37:54.640 \longrightarrow 00:37:57.840$ the mild COVID patients autopsy

NOTE Confidence: 0.912753564285714

 $00:37:57.840 \longrightarrow 00:38:00.330$ results show that there is increases

NOTE Confidence: 0.912753564285714

 $00:38:00.330 \longrightarrow 00:38:03.078$ in the reactive Mycoglia in the white

NOTE Confidence: 0.912753564285714

 $00{:}38{:}03.078 \dashrightarrow 00{:}38{:}05.118$ matter of these these patients who

NOTE Confidence: 0.912753564285714

 $00:38:05.118 \dashrightarrow 00:38:07.837$ or people who passed away with COVID.

NOTE Confidence: 0.916569013

 $00{:}38{:}10.240 \dashrightarrow 00{:}38{:}13.552$ We also see an accompanying impairment

NOTE Confidence: 0.916569013

 $00{:}38{:}13.552 \dashrightarrow 00{:}38{:}16.520$ of the hippocampal neurogenesis in seven

NOTE Confidence: 0.916569013

 $00:38:16.520 \dashrightarrow 00:38:18.800$ days and seven weeks post infection.

NOTE Confidence: 0.916569013

 $00:38:18.800 \longrightarrow 00:38:21.836$ You can see that these neuroblasts

NOTE Confidence: 0.916569013

 $00:38:21.836 \longrightarrow 00:38:24.392$ are significantly reduced in those

NOTE Confidence: 0.916569013

 $00:38:24.392 \longrightarrow 00:38:27.532$ animals that had these mild COVID as

 $00:38:27.532 \longrightarrow 00:38:30.696$ well as elevated levels of CCL 11

NOTE Confidence: 0.916569013

 $00{:}38{:}30.696 \dashrightarrow 00{:}38{:}33.840$ that I noted if a few slides ago.

NOTE Confidence: 0.916569013

 $00:38:33.840 \longrightarrow 00:38:36.954$ We see this not only in the mouse cerebral

NOTE Confidence: 0.916569013

00:38:36.954 --> 00:38:39.639 spinal fluid at 7 weeks post infection,

NOTE Confidence: 0.916569013

 $00:38:39.640 \longrightarrow 00:38:42.200$ but also in human serum.

NOTE Confidence: 0.916569013

 $00:38:42.200 \longrightarrow 00:38:45.440$ This was elevated in long COVID

NOTE Confidence: 0.916569013

00:38:45.440 --> 00:38:47.920 participants who who had brain fog,

NOTE Confidence: 0.868151046875

 $00:38:50.880 \longrightarrow 00:38:53.491$ and we also examined some of the

NOTE Confidence: 0.868151046875

 $00:38:53.491 \longrightarrow 00:38:55.856$ sort of downstream consequences of

NOTE Confidence: 0.868151046875

00:38:55.856 --> 00:38:58.196 having these reactive microglia,

NOTE Confidence: 0.868151046875

 $00{:}38{:}58.200 \dashrightarrow 00{:}39{:}01.300$ which is expected to impact

NOTE Confidence: 0.868151046875

 $00:39:01.300 \longrightarrow 00:39:03.840$ other glial cells and neurons.

NOTE Confidence: 0.868151046875

 $00:39:03.840 \longrightarrow 00:39:05.918$ For instance, the oligodendrocytes

NOTE Confidence: 0.868151046875

 $00{:}39{:}05.918 \dashrightarrow 00{:}39{:}09.272$ in the corpus callosum of these

NOTE Confidence: 0.868151046875

 $00:39:09.272 \longrightarrow 00:39:11.599$ animals were also reduced,

NOTE Confidence: 0.868151046875

 $00:39:11.600 \longrightarrow 00:39:15.992$ as you can see at 7 weeks post infection.

 $00:39:16.000 \longrightarrow 00:39:19.624$ And as a result of that we also

NOTE Confidence: 0.868151046875

 $00:39:19.624 \longrightarrow 00:39:23.280$ see loss of myelination of axons

NOTE Confidence: 0.868151046875

 $00:39:23.280 \longrightarrow 00:39:26.896$ within the cingulum of the corpus

NOTE Confidence: 0.868151046875

 $00:39:26.896 \longrightarrow 00:39:29.445$ callosum as indicated here at 7

NOTE Confidence: 0.868151046875

 $00:39:29.445 \longrightarrow 00:39:32.320$ weeks and seven days post infection.

NOTE Confidence: 0.868151046875

 $00:39:32.320 \longrightarrow 00:39:36.520$ So All in all this study that

NOTE Confidence: 0.868151046875

 $00:39:36.520 \longrightarrow 00:39:38.820$ combines mouse model and human

NOTE Confidence: 0.868151046875

 $00:39:38.820 \longrightarrow 00:39:42.000$ brain illustrated that even a mild

NOTE Confidence: 0.868151046875

 $00{:}39{:}42.000 \dashrightarrow 00{:}39{:}44.176$ respiratory psoroscovito infection can

NOTE Confidence: 0.868151046875

 $00:39:44.176 \longrightarrow 00:39:47.702$ have lasting impact on the CNS both

NOTE Confidence: 0.868151046875

 $00:39:47.702 \longrightarrow 00:39:50.280$ within the subcortical white matter

NOTE Confidence: 0.868151046875

 $00:39:50.280 \longrightarrow 00:39:52.956$ as well as within the hippocampus.

NOTE Confidence: 0.868151046875

 $00{:}39{:}52.960 \dashrightarrow 00{:}39{:}55.152$ And then specifically received

NOTE Confidence: 0.868151046875

 $00:39:55.152 \longrightarrow 00:39:57.892$ reactive mycoglia elevated in these

NOTE Confidence: 0.868151046875

00:39:57.892 --> 00:40:00.584 tissues accompanied by a reduction

 $00:40:00.584 \longrightarrow 00:40:03.800$ in oligodendrocyte numbers as well as

NOTE Confidence: 0.868151046875

 $00:40:03.885 \longrightarrow 00:40:07.960$ myelination of axons and a reduction in

NOTE Confidence: 0.868151046875

 $00:40:07.960 \longrightarrow 00:40:10.360$ neurogenesis within the hippocampus.

NOTE Confidence: 0.868151046875

00:40:10.360 --> 00:40:13.036 So this illustrates that you know,

NOTE Confidence: 0.868151046875

 $00:40:13.040 \longrightarrow 00:40:15.504$ you don't have to have direct infection

NOTE Confidence: 0.868151046875

00:40:15.504 --> 00:40:17.628 or direct immune pathology in the

NOTE Confidence: 0.868151046875

 $00:40:17.628 \longrightarrow 00:40:19.959$ brain to have a chronic changes that

NOTE Confidence: 0.868151046875

 $00:40:20.030 \longrightarrow 00:40:22.360$ could result in cognitive impairment.

NOTE Confidence: 0.870354215909091

00:40:24.840 --> 00:40:26.368 So collectively our findings

NOTE Confidence: 0.870354215909091

 $00:40:26.368 \longrightarrow 00:40:28.278$ show that reactivation of latent

NOTE Confidence: 0.870354215909091

 $00{:}40{:}28.278 \dashrightarrow 00{:}40{:}30.307$ viruses like ebb is happening in a

NOTE Confidence: 0.870354215909091

 $00:40:30.307 \longrightarrow 00:40:32.039$ subset of people with long COVID.

NOTE Confidence: 0.870354215909091

 $00:40:32.040 \longrightarrow 00:40:34.728$ We see elevation of auto antibodies

NOTE Confidence: 0.870354215909091

 $00:40:34.728 \longrightarrow 00:40:37.022$ that are functionally pathological in

NOTE Confidence: 0.870354215909091

 $00:40:37.022 \longrightarrow 00:40:40.319$ in the mouse model that we created.

NOTE Confidence: 0.870354215909091

 $00:40:40.320 \longrightarrow 00:40:43.440$ And we also see that hormonal

 $00:40:43.440 \longrightarrow 00:40:45.520$ dysregulation is happening both

NOTE Confidence: 0.870354215909091

 $00:40:45.606 \longrightarrow 00:40:48.771$ likely stemming from the hypothalamus

NOTE Confidence: 0.870354215909091

 $00:40:48.771 \longrightarrow 00:40:51.388$ pituitary axis as well as sex

NOTE Confidence: 0.870354215909091

 $00:40:51.388 \longrightarrow 00:40:53.073$ hormone differences that we see.

NOTE Confidence: 0.870354215909091

 $00:40:53.080 \longrightarrow 00:40:55.020$ And there's a significant difference

NOTE Confidence: 0.870354215909091

 $00:40:55.020 \longrightarrow 00:40:57.872$ in male and female with respect to

NOTE Confidence: 0.870354215909091

 $00:40:57.872 \longrightarrow 00:40:59.977$ the symptoms and organ involvement

NOTE Confidence: 0.870354215909091

00:40:59.977 --> 00:41:02.430 and immune features that are

NOTE Confidence: 0.870354215909091

 $00{:}41{:}02.430 \dashrightarrow 00{:}41{:}06.000$ happening in people with long COVID.

NOTE Confidence: 0.870354215909091

 $00:41:06.000 \longrightarrow 00:41:08.037$ So what do we do about these?

NOTE Confidence: 0.870354215909091

00:41:08.040 --> 00:41:10.906 Well, we'd love to kind of bring

NOTE Confidence: 0.870354215909091

00:41:10.906 --> 00:41:13.236 this forward to something that's

NOTE Confidence: 0.870354215909091

00:41:13.236 --> 00:41:14.634 useful in patients.

NOTE Confidence: 0.870354215909091

 $00:41:14.640 \longrightarrow 00:41:17.096$ So now that we kind of see evidence

NOTE Confidence: 0.870354215909091

 $00:41:17.096 \longrightarrow 00:41:19.558$ for these four types of root causes,

 $00:41:19.560 \longrightarrow 00:41:21.736$ one thing that one can do is to

NOTE Confidence: 0.870354215909091

 $00{:}41{:}21.736 \longrightarrow 00{:}41{:}24.182$ do a randomized clinical trial

NOTE Confidence: 0.870354215909091

 $00:41:24.182 \longrightarrow 00:41:26.718$ coupled with biological analysis.

NOTE Confidence: 0.870354215909091

00:41:26.720 --> 00:41:28.904 So for example, autoimmunity,

NOTE Confidence: 0.870354215909091

 $00:41:28.904 \longrightarrow 00:41:32.013$ there are many very useful biologics

NOTE Confidence: 0.870354215909091

 $00:41:32.013 \longrightarrow 00:41:33.878$ and drugs that are currently

NOTE Confidence: 0.870354215909091

 $00:41:33.878 \longrightarrow 00:41:36.280$ being used to treat autoimmunity.

NOTE Confidence: 0.870354215909091

00:41:36.280 --> 00:41:39.040 And whether we can use those types of

NOTE Confidence: 0.870354215909091

00:41:39.040 --> 00:41:42.696 approved drugs for treatment of long COVID,

NOTE Confidence: 0.870354215909091

 $00:41:42.696 \longrightarrow 00:41:44.636$ it's something to be seen.

NOTE Confidence: 0.799211830909091

00:41:47.240 --> 00:41:49.152 As Wilton already mentioned,

NOTE Confidence: 0.799211830909091

 $00{:}41{:}49.152 \dashrightarrow 00{:}41{:}52.020$ we are collaborating with Harlan Krumholz

NOTE Confidence: 0.799211830909091

 $00:41:52.098 \longrightarrow 00:41:54.995$ group to carry out this Yelpak Slovak trial.

NOTE Confidence: 0.799211830909091

 $00:41:55.000 \longrightarrow 00:41:58.185$ This is a decentralized trial in that

NOTE Confidence: 0.799211830909091

 $00:41:58.185 \longrightarrow 00:42:02.200$ anyone in the contiguous US can participate.

NOTE Confidence: 0.799211830909091

 $00:42:02.200 \longrightarrow 00:42:05.000$ It's an online recruitment.

 $00:42:05.000 \longrightarrow 00:42:06.666$ We send the drugs to the the

NOTE Confidence: 0.799211830909091

 $00:42:06.666 \longrightarrow 00:42:08.200$ homes of the participants.

NOTE Confidence: 0.799211830909091

 $00:42:08.200 \longrightarrow 00:42:12.085$ We send phlebotomist to collect blood and

NOTE Confidence: 0.799211830909091

 $00:42:12.085 \longrightarrow 00:42:14.480$ saliva before and after the treatment.

NOTE Confidence: 0.799211830909091

 $00:42:14.480 \longrightarrow 00:42:17.700$ And we are doing a deep symptom

NOTE Confidence: 0.799211830909091

 $00:42:17.700 \longrightarrow 00:42:20.064$ survey all kind of electronically.

NOTE Confidence: 0.799211830909091

 $00:42:20.064 \longrightarrow 00:42:23.389$ And this is a revolutionary thing that

NOTE Confidence: 0.799211830909091

 $00{:}42{:}23.389 \dashrightarrow 00{:}42{:}26.320$ Harlan is doing with this trial and I'm

NOTE Confidence: 0.799211830909091

 $00{:}42{:}26.320 \dashrightarrow 00{:}42{:}29.158$ really kind of excited to be part of it.

NOTE Confidence: 0.799211830909091

 $00:42:29.160 \longrightarrow 00:42:32.508$ We are contributing more of the

NOTE Confidence: 0.799211830909091

 $00{:}42{:}32.508 \dashrightarrow 00{:}42{:}34.740$ biological analysis that accompanies

NOTE Confidence: 0.799211830909091

 $00:42:34.831 \longrightarrow 00:42:37.422$ this and I think that's very important

NOTE Confidence: 0.799211830909091

 $00{:}42{:}37.422 \dashrightarrow 00{:}42{:}39.900$ because let's say Pakslovid improves

NOTE Confidence: 0.799211830909091

 $00:42:39.900 \longrightarrow 00:42:43.440$ the symptoms in 10% of the participants.

NOTE Confidence: 0.799211830909091

 $00:42:43.440 \longrightarrow 00:42:47.154$ We should be able to find biomarkers

 $00:42:47.154 \longrightarrow 00:42:50.968$ of success in those temptations that

NOTE Confidence: 0.799211830909091

00:42:50.968 --> 00:42:54.664 then would help others who have those

NOTE Confidence: 0.799211830909091

 $00:42:54.664 \longrightarrow 00:42:57.768$ biomarkers as potential sort of you know

NOTE Confidence: 0.799211830909091

 $00:42:57.768 \longrightarrow 00:43:00.280$ candidates for treatment with Pakslovid.

NOTE Confidence: 0.799211830909091

 $00:43:00.280 \longrightarrow 00:43:02.905$ And it also gives us an empirical

NOTE Confidence: 0.799211830909091

00:43:02.905 --> 00:43:05.085 biomarker for success with Paxlovid

NOTE Confidence: 0.799211830909091

 $00:43:05.085 \longrightarrow 00:43:07.049$ which really implies persistent

NOTE Confidence: 0.799211830909091

 $00:43:07.049 \longrightarrow 00:43:09.826$ virus replication as being the the

NOTE Confidence: 0.799211830909091

 $00:43:09.826 \longrightarrow 00:43:11.676$ root cause for those patients.

NOTE Confidence: 0.799211830909091

 $00:43:11.680 \longrightarrow 00:43:14.101$ So this is a 15 day oral Paxlovid trial

NOTE Confidence: 0.799211830909091

00:43:14.101 --> 00:43:16.526 which is much longer than the five day

NOTE Confidence: 0.799211830909091

 $00:43:16.526 \longrightarrow 00:43:19.039$ course that we're using for the acute phase.

NOTE Confidence: 0.799211830909091

 $00:43:19.040 \longrightarrow 00:43:21.672$ We think it's 15 days are necessary

NOTE Confidence: 0.799211830909091

00:43:21.672 --> 00:43:23.680 because of the slowly replicating

NOTE Confidence: 0.799211830909091

 $00:43:23.680 \longrightarrow 00:43:25.880$ nature of these persistent reservoir.

NOTE Confidence: 0.880226869230769

 $00:43:28.040 \longrightarrow 00:43:30.574$ We're also very excited to have another

 $00:43:30.574 \longrightarrow 00:43:32.960$ trial ongoing which we're just starting.

NOTE Confidence: 0.880226869230769

00:43:32.960 --> 00:43:36.476 Actually Doctor was Eli from Vanderbilt

NOTE Confidence: 0.880226869230769

00:43:36.480 --> 00:43:39.210 is leading this anti-inflammatory agent

NOTE Confidence: 0.880226869230769

00:43:39.210 --> 00:43:42.720 study well Jack inhibitor this is called

NOTE Confidence: 0.880226869230769

00:43:42.720 --> 00:43:45.476 reverse LC trial which we are beginning

NOTE Confidence: 0.880226869230769

 $00:43:45.476 \longrightarrow 00:43:48.990$ soon and again we will be contributing some

NOTE Confidence: 0.880226869230769

 $00:43:48.990 \longrightarrow 00:43:52.195$ immunological analysis and insights there.

NOTE Confidence: 0.880226869230769

 $00{:}43{:}52.200 \to 00{:}43{:}55.740$ And finally with David Petrino we're

NOTE Confidence: 0.880226869230769

 $00:43:55.740 \longrightarrow 00:43:58.100$ doing antiviral randomized clinical

NOTE Confidence: 0.880226869230769

 $00{:}43{:}58.187 \dashrightarrow 00{:}44{:}00.730$ trial targeting latent EBB reactivation.

NOTE Confidence: 0.880226869230769

 $00{:}44{:}00.730 \dashrightarrow 00{:}44{:}04.420$ So I think you know knowing some of these

NOTE Confidence: 0.880226869230769

00:44:04.498 --> 00:44:07.312 key features are really helping us to

NOTE Confidence: 0.880226869230769

 $00{:}44{:}07.312 \dashrightarrow 00{:}44{:}10.325$ target the right kinds of pathways with

NOTE Confidence: 0.880226869230769

 $00:44:10.325 \longrightarrow 00:44:13.674$ an already approved drug that can we we

NOTE Confidence: 0.880226869230769

00:44:13.674 --> 00:44:17.080 are hoping to help patients with on COVID.

 $00:44:17.080 \longrightarrow 00:44:19.760$ So the mystery is there,

NOTE Confidence: 0.880226869230769

 $00:44:19.760 \longrightarrow 00:44:22.091$ but it's being solved and we are

NOTE Confidence: 0.880226869230769

00:44:22.091 --> 00:44:24.120 scratching the surface of this mystery,

NOTE Confidence: 0.880226869230769

 $00:44:24.120 \longrightarrow 00:44:26.100$ but at least we're seeing

NOTE Confidence: 0.880226869230769

00:44:26.100 --> 00:44:28.080 something underneath this the the,

NOTE Confidence: 0.880226869230769

 $00:44:28.080 \longrightarrow 00:44:31.120$ the thin layer that we are scratching and

NOTE Confidence: 0.880226869230769

 $00:44:31.120 \longrightarrow 00:44:34.546$ very excited to be able to progress in this

NOTE Confidence: 0.880226869230769

 $00:44:34.546 \longrightarrow 00:44:38.038$ both for the diagnosis and therapeutics

NOTE Confidence: 0.880226869230769

 $00:44:38.040 \longrightarrow 00:44:39.756$ and looking further into the future,

NOTE Confidence: 0.880226869230769

 $00:44:39.760 \longrightarrow 00:44:41.951$ of course we want to prevent these

NOTE Confidence: 0.880226869230769

 $00{:}44{:}41.951 \dashrightarrow 00{:}44{:}44.842$ diseases from ever happening and we are

NOTE Confidence: 0.880226869230769

00:44:44.842 --> 00:44:46.658 pursuing mucosal vaccine strategies

NOTE Confidence: 0.880226869230769

 $00:44:46.658 \longrightarrow 00:44:49.683$ that would enable people not only to

NOTE Confidence: 0.880226869230769

 $00:44:49.683 \longrightarrow 00:44:52.065$ be preventing severe disease but also

NOTE Confidence: 0.880226869230769

 $00:44:52.142 \longrightarrow 00:44:54.838$ infection and transmission altogether,

NOTE Confidence: 0.880226869230769

 $00:44:54.840 \longrightarrow 00:44:57.840$ which would by definition prevent

 $00:44:57.840 \longrightarrow 00:45:00.240$ post acute infection syndromes.

NOTE Confidence: 0.880226869230769

 $00:45:00.240 \longrightarrow 00:45:02.430$ And we're also looking at the rapies

NOTE Confidence: 0.880226869230769

 $00:45:02.430 \longrightarrow 00:45:04.790$ for post acute infection syndromes that

NOTE Confidence: 0.880226869230769

00:45:04.790 --> 00:45:07.336 hopefully will inform things like MECFS.

NOTE Confidence: 0.880226869230769

00:45:07.336 --> 00:45:11.440 Once we identify the root causes in one pies,

NOTE Confidence: 0.880226869230769

 $00:45:11.440 \longrightarrow 00:45:13.992$ we know we should be able to apply

NOTE Confidence: 0.880226869230769

 $00:45:13.992 \longrightarrow 00:45:16.198$ the same strategy for others.

NOTE Confidence: 0.880226869230769

 $00{:}45{:}16.200 \dashrightarrow 00{:}45{:}18.797$ So I want to acknowledge the the,

NOTE Confidence: 0.880226869230769

 $00:45:18.800 \longrightarrow 00:45:20.492$ the amazing team that I have

NOTE Confidence: 0.880226869230769

 $00:45:20.492 \longrightarrow 00:45:21.960$ the fortune of working with.

NOTE Confidence: 0.880226869230769

 $00:45:21.960 \longrightarrow 00:45:23.388$ I have only was able to tell

NOTE Confidence: 0.880226869230769

 $00:45:23.388 \longrightarrow 00:45:24.600$ you a couple of stories,

NOTE Confidence: 0.880226869230769

 $00{:}45{:}24.600 \dashrightarrow 00{:}45{:}26.502$ but they're just like a mazing things

NOTE Confidence: 0.880226869230769

 $00:45:26.502 \longrightarrow 00:45:29.234$ going on right now and the very generous

NOTE Confidence: 0.880226869230769

 $00:45:29.234 \longrightarrow 00:45:31.719$ funders that support our research.

00:45:31.720 --> 00:45:32.332 And finally,

NOTE Confidence: 0.880226869230769

 $00:45:32.332 \longrightarrow 00:45:34.474$ just a special thank you to all

NOTE Confidence: 0.880226869230769

 $00:45:34.474 \longrightarrow 00:45:36.535$ the participants and the patients

NOTE Confidence: 0.880226869230769

 $00:45:36.535 \longrightarrow 00:45:37.746$ who provided efforts,

NOTE Confidence: 0.880226869230769

00:45:37.746 --> 00:45:40.104 time and their specimen in order

NOTE Confidence: 0.880226869230769

 $00:45:40.104 \longrightarrow 00:45:42.198$ for us to learn together.

NOTE Confidence: 0.880226869230769

 $00:45:42.200 \longrightarrow 00:45:44.520$ So thank you so much for your attention.

NOTE Confidence: 0.709623501428571

00:45:48.680 --> 00:45:50.276 Some thank you so much Doctor Rasaki,

NOTE Confidence: 0.709623501428571

 $00:45:50.280 \longrightarrow 00:45:52.786$ that was a great presentation for those

NOTE Confidence: 0.709623501428571

 $00{:}45{:}52.786 \dashrightarrow 00{:}45{:}55.055$ of us who are still in the on the call.

NOTE Confidence: 0.709623501428571

 $00:45:55.055 \longrightarrow 00:45:55.880$ If you have a question,

NOTE Confidence: 0.709623501428571

 $00{:}45{:}55.880 \dashrightarrow 00{:}45{:}57.518$ you can use the Q& A function,

NOTE Confidence: 0.709623501428571

 $00:45:57.520 \longrightarrow 00:45:59.823$ you can just type in your question

NOTE Confidence: 0.709623501428571

 $00{:}45{:}59.823 \dashrightarrow 00{:}46{:}01.958$ and then we'll relay them over.

NOTE Confidence: 0.709623501428571

00:46:01.960 --> 00:46:03.358 But again, thank you so much.

NOTE Confidence: 0.709623501428571

00:46:03.360 --> 00:46:06.458 I just had a quick question, you know,

00:46:06.458 --> 00:46:08.072 especially regarding you know some of

NOTE Confidence: 0.709623501428571

00:46:08.072 --> 00:46:09.917 the data you showed about you know,

NOTE Confidence: 0.709623501428571

 $00{:}46{:}09.920 \dashrightarrow 00{:}46{:}11.858$ lower levels of cortisol and like

NOTE Confidence: 0.709623501428571

 $00:46:11.858 \longrightarrow 00:46:13.743$ testosterone or estradiol and some of

NOTE Confidence: 0.709623501428571

00:46:13.743 --> 00:46:15.357 those patients who had long COVID.

NOTE Confidence: 0.709623501428571

 $00:46:15.360 \longrightarrow 00:46:17.628$ I think given since long COVID has

NOTE Confidence: 0.709623501428571

 $00:46:17.628 \longrightarrow 00:46:19.614$ all these different symptoms and it's

NOTE Confidence: 0.709623501428571

 $00:46:19.614 \longrightarrow 00:46:21.840$ really hard to sort of diagnose and

NOTE Confidence: 0.709623501428571

00:46:21.840 --> 00:46:24.104 and sort of sort of spot like how

NOTE Confidence: 0.709623501428571

 $00:46:24.104 \longrightarrow 00:46:26.186$ feasible would it be to use those sorts

NOTE Confidence: 0.709623501428571

 $00:46:26.186 \longrightarrow 00:46:28.445$ of levels to as like a screening tour

NOTE Confidence: 0.709623501428571

 $00{:}46{:}28.445 \dashrightarrow 00{:}46{:}30.735$ or like a bio marker that people could

NOTE Confidence: 0.709623501428571

 $00{:}46{:}30.735 \dashrightarrow 00{:}46{:}32.552$ clinically use to sort of indicate, hey,

NOTE Confidence: 0.709623501428571

 $00:46:32.552 \longrightarrow 00:46:34.360$ maybe this person does have long COVID.

NOTE Confidence: 0.709623501428571

 $00:46:34.360 \longrightarrow 00:46:36.232$ So just wanted to kind of hear

 $00:46:36.232 \longrightarrow 00:46:37.000$ your thoughts on that.

NOTE Confidence: 0.845074187142857

00:46:37.600 --> 00:46:40.519 Yeah. So in in our own cohort,

NOTE Confidence: 0.845074187142857

 $00:46:40.520 \longrightarrow 00:46:44.168$ those handful of markers were sufficient

NOTE Confidence: 0.845074187142857

 $00:46:44.168 \longrightarrow 00:46:46.890$ to very accurately diagnose long

NOTE Confidence: 0.845074187142857

 $00:46:46.890 \longrightarrow 00:46:49.115$ COVID using the machine learning.

NOTE Confidence: 0.845074187142857

 $00:46:49.120 \longrightarrow 00:46:52.400$ So I I think we can get there.

NOTE Confidence: 0.845074187142857

 $00:46:52.400 \longrightarrow 00:46:54.570$ It's just that because every

NOTE Confidence: 0.845074187142857

 $00:46:54.570 \longrightarrow 00:46:56.306$ physician diagnosed this long

NOTE Confidence: 0.845074187142857

00:46:56.306 --> 00:46:58.240 COVID slightly differently.

NOTE Confidence: 0.845074187142857

 $00:46:58.240 \longrightarrow 00:47:00.172$ So that that's really kind of the

NOTE Confidence: 0.845074187142857

 $00{:}47{:}00.172 \dashrightarrow 00{:}47{:}03.100$ problem is that because the diagnostic

NOTE Confidence: 0.845074187142857

 $00:47:03.100 \longrightarrow 00:47:06.600$ criteria used are not uniform,

NOTE Confidence: 0.845074187142857

00:47:06.600 --> 00:47:10.778 you know we may not be able to use one type

NOTE Confidence: 0.845074187142857

 $00:47:10.778 \longrightarrow 00:47:14.320$ of biomarkers to as a diagnostic tool.

NOTE Confidence: 0.845074187142857

 $00:47:14.320 \longrightarrow 00:47:17.200$ So the Mount Sinai clinic where

NOTE Confidence: 0.845074187142857

 $00:47:17.200 \longrightarrow 00:47:19.252$ these patients were recruited from,

 $00:47:19.252 \longrightarrow 00:47:21.072$ they have pretty strict guidelines

NOTE Confidence: 0.845074187142857

 $00:47:21.072 \longrightarrow 00:47:23.476$ as to how they define long COVID.

NOTE Confidence: 0.845074187142857

 $00:47:23.480 \longrightarrow 00:47:24.992$ And I think that's helping us

NOTE Confidence: 0.845074187142857

 $00:47:24.992 \longrightarrow 00:47:26.480$ come up with these markers.

NOTE Confidence: 0.845074187142857

 $00:47:26.480 \longrightarrow 00:47:27.209$ But so yeah,

NOTE Confidence: 0.845074187142857

00:47:27.209 --> 00:47:29.480 it's kind of a chicken and egg question,

NOTE Confidence: 0.845074187142857

00:47:29.480 --> 00:47:32.155 right, 'cause if you're not

NOTE Confidence: 0.845074187142857

 $00:47:32.155 \longrightarrow 00:47:33.760$ diagnosing them properly,

NOTE Confidence: 0.845074187142857

 $00:47:33.760 \longrightarrow 00:47:37.280$ those patients cannot be used as a sort

NOTE Confidence: 0.845074187142857

 $00:47:37.280 \longrightarrow 00:47:40.320$ of platform to generate a biomarker.

NOTE Confidence: 0.845074187142857

 $00{:}47{:}40.320 \dashrightarrow 00{:}47{:}43.752$ And so it's kind of a problem both ways,

NOTE Confidence: 0.845074187142857

 $00:47:43.752 \longrightarrow 00:47:46.320$ but we are hoping to be able to,

NOTE Confidence: 0.845074187142857 00:47:46.320 --> 00:47:47.056 for instance,

NOTE Confidence: 0.845074187142857

 $00:47:47.056 \longrightarrow 00:47:49.632$ let's say if these four drivers are,

NOTE Confidence: 0.845074187142857

 $00:47:49.640 \longrightarrow 00:47:52.080$ you know, creating the disease,

 $00:47:52.080 \longrightarrow 00:47:54.075$ we should be able to get biomarkers

NOTE Confidence: 0.845074187142857

 $00:47:54.075 \longrightarrow 00:47:55.360$ for each of these.

NOTE Confidence: 0.845074187142857

 $00:47:55.360 \longrightarrow 00:47:57.064$ I mean there's some of them are pretty

NOTE Confidence: 0.845074187142857

00:47:57.064 --> 00:47:58.320 simple, right, Like if it's SARS,

NOTE Confidence: 0.845074187142857

00:47:58.320 --> 00:47:59.816 COVID 2 that's persistent,

NOTE Confidence: 0.845074187142857

 $00:47:59.816 \longrightarrow 00:48:02.060$ we should be able to just

NOTE Confidence: 0.845074187142857

00:48:02.142 --> 00:48:03.798 measure their you know,

NOTE Confidence: 0.845074187142857

 $00:48:03.800 \longrightarrow 00:48:05.775$ viral antigens and circulations or

NOTE Confidence: 0.845074187142857

00:48:05.775 --> 00:48:08.184 something like this which some people

NOTE Confidence: 0.845074187142857

 $00:48:08.184 \longrightarrow 00:48:09.558$ are doing already autoimmunity.

NOTE Confidence: 0.845074187142857

 $00{:}48{:}09.558 \dashrightarrow 00{:}48{:}12.060$ You know if we had a panel of auto

NOTE Confidence: 0.845074187142857

00:48:12.125 --> 00:48:14.274 antibody we can order right from Quest

NOTE Confidence: 0.845074187142857

 $00:48:14.274 \longrightarrow 00:48:16.477$ that that should also cover it.

NOTE Confidence: 0.845074187142857

 $00:48:16.480 \longrightarrow 00:48:20.224$ So I think if we can identify more the

NOTE Confidence: 0.845074187142857

00:48:20.224 --> 00:48:23.594 molecular sort of agents that we can target,

NOTE Confidence: 0.845074187142857

 $00:48:23.600 \longrightarrow 00:48:25.245$ we're hoping to to be able to

 $00:48:25.245 \longrightarrow 00:48:27.080$ do that as a diagnostic tool.

NOTE Confidence: 0.90091896

 $00:48:29.240 \longrightarrow 00:48:30.160$ Awe some. Thank you so much.

NOTE Confidence: 0.90091896

 $00:48:30.160 \longrightarrow 00:48:32.645$ It looks like we do have one

NOTE Confidence: 0.90091896

00:48:32.645 --> 00:48:34.605 question as you know from someone

NOTE Confidence: 0.90091896

 $00:48:34.605 \longrightarrow 00:48:36.671$ related to my question was would

NOTE Confidence: 0.90091896

00:48:36.671 --> 00:48:38.626 you consider the clinical syndrome

NOTE Confidence: 0.90091896

 $00:48:38.626 \longrightarrow 00:48:41.261$ of adrenal fatigue to be some sort

NOTE Confidence: 0.90091896

 $00:48:41.261 \longrightarrow 00:48:43.277$ of a post acute infection syndrome?

NOTE Confidence: 0.883779592857143

00:48:44.240 --> 00:48:45.443 Yeah, great question.

NOTE Confidence: 0.883779592857143

00:48:45.443 --> 00:48:47.448 So adrenal fatigue is something

NOTE Confidence: 0.883779592857143

 $00:48:47.448 \longrightarrow 00:48:49.960$ that we are really interested in.

NOTE Confidence: 0.883779592857143

 $00{:}48{:}49.960 \dashrightarrow 00{:}48{:}52.056$ I mean that was a basically the the

NOTE Confidence: 0.883779592857143

 $00{:}48{:}52.056 \dashrightarrow 00{:}48{:}54.822$ biggest thing that hit us in the in

NOTE Confidence: 0.883779592857143

 $00{:}48{:}54.822 \dashrightarrow 00{:}48{:}56.634$ the face right with this analysis.

NOTE Confidence: 0.883779592857143

 $00:48:56.640 \longrightarrow 00:49:00.942$ So right now what we are doing is we

00:49:00.942 --> 00:49:03.768 collected A saliva from long COVID

NOTE Confidence: 0.883779592857143

 $00:49:03.768 \longrightarrow 00:49:06.876$ patients over the 48 hours time window.

NOTE Confidence: 0.883779592857143

 $00:49:06.880 \longrightarrow 00:49:09.806$ There are 12 collections and and we're

NOTE Confidence: 0.883779592857143

00:49:09.806 --> 00:49:13.217 doing a very kind of detailed high

NOTE Confidence: 0.883779592857143

 $00:49:13.217 \longrightarrow 00:49:16.319$ resolution mapping of the cortisol level,

NOTE Confidence: 0.883779592857143

00:49:16.320 --> 00:49:17.916 you know over that time period.

NOTE Confidence: 0.883779592857143

 $00:49:17.920 \longrightarrow 00:49:19.720$ And so we should be able to tell,

NOTE Confidence: 0.883779592857143

00:49:19.720 --> 00:49:22.800 you know, is it like a general, you know,

NOTE Confidence: 0.883779592857143

 $00{:}49{:}22.800 \dashrightarrow 00{:}49{:}25.320$ adrenal fatigue and insufficiency or is

NOTE Confidence: 0.883779592857143

00:49:25.320 --> 00:49:28.358 there some sort of circadian, you know,

NOTE Confidence: 0.883779592857143

 $00{:}49{:}28.358 \dashrightarrow 00{:}49{:}31.634$ this regulation that's leading to this?

NOTE Confidence: 0.883779592857143

 $00:49:31.640 \longrightarrow 00:49:33.884$ I think there's circadian rhythm is

NOTE Confidence: 0.883779592857143

 $00:49:33.884 \longrightarrow 00:49:35.880$ quite disrupted in these people.

NOTE Confidence: 0.883779592857143

00:49:35.880 --> 00:49:38.984 We know that from not only survey but

NOTE Confidence: 0.883779592857143

 $00:49:38.984 \longrightarrow 00:49:40.960$ also from other people's analysis.

NOTE Confidence: 0.883779592857143

 $00{:}49{:}40.960 \dashrightarrow 00{:}49{:}42.960$ Jim Heath for example published

 $00:49:42.960 \longrightarrow 00:49:44.000$ this early on.

NOTE Confidence: 0.883779592857143

 $00:49:44.000 \longrightarrow 00:49:46.674$ So it could be many things happening.

NOTE Confidence: 0.883779592857143 00:49:46.680 --> 00:49:47.214 But yeah, NOTE Confidence: 0.883779592857143

 $00:49:47.214 \longrightarrow 00:49:49.083$ that that that's a really key thing

NOTE Confidence: 0.883779592857143

 $00:49:49.083 \longrightarrow 00:49:51.196$ to nail down and and we're excited.

NOTE Confidence: 0.883779592857143

 $00{:}49{:}51.200 \dashrightarrow 00{:}49{:}53.720$ We just shipped the saliva samples yesterday.

NOTE Confidence: 0.883779592857143 00:49:53.720 --> 00:49:54.160 So very, NOTE Confidence: 0.675860816666667

 $00:49:56.000 \longrightarrow 00:49:58.040$ very exciting. It really is very,

NOTE Confidence: 0.675860816666667

 $00{:}49{:}58.040 \dashrightarrow 00{:}50{:}02.880$ you know, hot off, depressed, awe some.

NOTE Confidence: 0.675860816666667

 $00:50:02.880 \longrightarrow 00:50:04.722$ Next question, are there any lessons

NOTE Confidence: 0.675860816666667

 $00:50:04.722 \longrightarrow 00:50:06.609$ learned from long COVID that could

NOTE Confidence: 0.675860816666667

 $00:50:06.609 \longrightarrow 00:50:08.421$ inform will be relevant to other

NOTE Confidence: 0.675860816666667

 $00:50:08.421 \longrightarrow 00:50:10.360$ conditions like chronic fatigue syndrome?

NOTE Confidence: 0.965063692

 $00:50:11.400 \longrightarrow 00:50:13.176$ I really hope so.

NOTE Confidence: 0.965063692

00:50:13.176 --> 00:50:15.840 That's why we are now including

 $00:50:15.840 \longrightarrow 00:50:19.025$ MECFS patients as a as a separate

NOTE Confidence: 0.965063692

 $00{:}50{:}19.025 {\:\dashrightarrow\:} 00{:}50{:}23.170$ cohort as well as you know chronic

NOTE Confidence: 0.965063692

 $00:50:23.170 \longrightarrow 00:50:26.532$ Lyme patients because you know as

NOTE Confidence: 0.965063692

 $00:50:26.532 \longrightarrow 00:50:29.197$ I mentioned these Pais syndromes,

NOTE Confidence: 0.965063692

 $00:50:29.200 \longrightarrow 00:50:32.946$ they are not unique to COVID and the

NOTE Confidence: 0.965063692

 $00:50:32.946 \longrightarrow 00:50:35.557$ more we can understand the overlap and

NOTE Confidence: 0.965063692

 $00:50:35.557 \longrightarrow 00:50:37.478$ distinction between these diseases,

NOTE Confidence: 0.965063692

 $00:50:37.480 \longrightarrow 00:50:39.352$ the more we can sort of

NOTE Confidence: 0.965063692

 $00:50:39.352 \longrightarrow 00:50:40.600$ learn from each other.

NOTE Confidence: 0.965063692

 $00:50:40.600 \longrightarrow 00:50:42.700$ And so for instance it let's say

NOTE Confidence: 0.965063692

 $00{:}50{:}42.700 \longrightarrow 00{:}50{:}44.997$ you know a third of the people

NOTE Confidence: 0.965063692

 $00:50:45.000 \longrightarrow 00:50:47.190$ reactivated EBV and that's sort

NOTE Confidence: 0.965063692

00:50:47.190 --> 00:50:50.200 of causing some of the symptoms.

NOTE Confidence: 0.965063692

 $00:50:50.200 \longrightarrow 00:50:53.266$ I would expect similar kinds of

NOTE Confidence: 0.965063692

00:50:53.266 --> 00:50:55.839 impact in other conditions like

NOTE Confidence: 0.965063692

 $00:50:55.839 \longrightarrow 00:51:00.824$ MECFS and if if a drug works in EBV

 $00{:}51{:}00.824 \dashrightarrow 00{:}51{:}03.559$ long COVID patients that should

NOTE Confidence: 0.965063692

00:51:03.559 --> 00:51:05.928 also work in EBVME patients.

NOTE Confidence: 0.965063692

00:51:05.928 --> 00:51:07.080 So, you know,

NOTE Confidence: 0.965063692

 $00:51:07.080 \longrightarrow 00:51:09.187$ we're hoping that these are going to

NOTE Confidence: 0.965063692

00:51:09.187 --> 00:51:10.839 be cross fertilizing and you know,

NOTE Confidence: 0.965063692

 $00:51:10.840 \longrightarrow 00:51:14.277$ able to come up with proper treatment

NOTE Confidence: 0.965063692

 $00:51:14.280 \longrightarrow 00:51:16.284$ that that's another thing that really

NOTE Confidence: 0.965063692

 $00:51:16.284 \longrightarrow 00:51:18.563$ drives me and others in the lab

NOTE Confidence: 0.965063692

00:51:18.563 --> 00:51:20.033 is the suffering that's happening

NOTE Confidence: 0.965063692

 $00{:}51{:}20.033 \dashrightarrow 00{:}51{:}22.119$ and in people with ME it's just,

NOTE Confidence: 0.965063692

 $00:51:22.120 \longrightarrow 00:51:23.684$ it's just it's devastating.

NOTE Confidence: 0.965063692

 $00:51:23.684 \longrightarrow 00:51:25.639$ People are taking their lives.

NOTE Confidence: 0.965063692

00:51:25.640 --> 00:51:29.106 So this is an urgent and really

NOTE Confidence: 0.965063692

 $00{:}51{:}29.106 \dashrightarrow 00{:}51{:}31.638$ severely unmet medical need.

NOTE Confidence: 0.760564076842105

 $00:51:33.800 \longrightarrow 00:51:34.996$ Yeah. Next question asks,

 $00:51:34.996 \longrightarrow 00:51:36.790$ do you know how diverse the

NOTE Confidence: 0.760564076842105

00:51:36.847 --> 00:51:38.662 four factors that you mentioned

NOTE Confidence: 0.760564076842105

 $00:51:38.662 \longrightarrow 00:51:40.114$ are with persistent virus,

NOTE Confidence: 0.760564076842105

00:51:40.120 --> 00:51:41.788 auto antibodies, reactivation and

NOTE Confidence: 0.760564076842105

00:51:41.788 --> 00:51:43.873 the dysregulation of the hormones?

NOTE Confidence: 0.760564076842105

 $00:51:43.880 \longrightarrow 00:51:46.000$ And what do you think is sort of

NOTE Confidence: 0.760564076842105

 $00:51:46.000 \longrightarrow 00:51:47.863$ the relationship with a chain of

NOTE Confidence: 0.760564076842105

00:51:47.863 --> 00:51:49.458 causality between being being between

NOTE Confidence: 0.760564076842105

00:51:49.458 --> 00:51:51.400 those four different factors? Yeah,

NOTE Confidence: 0.932585442307692

00:51:52.000 --> 00:51:54.884 great question. I wish I had a

NOTE Confidence: 0.932585442307692

 $00{:}51{:}54.884 \dashrightarrow 00{:}51{:}57.000$ longitudinal sampling of all these

NOTE Confidence: 0.932585442307692

00:51:57.000 --> 00:51:59.675 people so I can see like what actually

NOTE Confidence: 0.932585442307692

 $00:51:59.675 \longrightarrow 00:52:01.519$ happened over the time course.

NOTE Confidence: 0.932585442307692

 $00:52:01.520 \longrightarrow 00:52:05.060$ But my thinking is that it

NOTE Confidence: 0.932585442307692

 $00:52:05.060 \longrightarrow 00:52:07.480$ all starts with SARS Co V2.

NOTE Confidence: 0.932585442307692

 $00:52:07.480 \longrightarrow 00:52:09.620$ Of course that infection,

00:52:09.620 --> 00:52:12.295 if it's not being properly

NOTE Confidence: 0.932585442307692

 $00:52:12.295 \longrightarrow 00:52:13.999$ managed in the body,

NOTE Confidence: 0.932585442307692

 $00:52:14.000 \longrightarrow 00:52:17.556$ the the virus can seed other organs,

NOTE Confidence: 0.932585442307692

 $00:52:17.560 \longrightarrow 00:52:19.576$ things like small intestine or large

NOTE Confidence: 0.932585442307692

 $00:52:19.576 \longrightarrow 00:52:21.321$ intestine where people are finding

NOTE Confidence: 0.932585442307692

00:52:21.321 --> 00:52:23.373 viral antigens or in the meninges

NOTE Confidence: 0.932585442307692

 $00:52:23.373 \longrightarrow 00:52:25.040$ there's spike proteins everywhere.

NOTE Confidence: 0.932585442307692

 $00:52:25.040 \longrightarrow 00:52:26.012$ So you know,

NOTE Confidence: 0.932585442307692

 $00{:}52{:}26.012 \dashrightarrow 00{:}52{:}28.280$ these types of events can happen if

NOTE Confidence: 0.932585442307692

 $00{:}52{:}28.355 \dashrightarrow 00{:}52{:}31.015$ you don't control it at the respiratory

NOTE Confidence: 0.932585442307692

00:52:31.015 --> 00:52:33.520 tract and that can certainly trigger,

NOTE Confidence: 0.932585442307692

00:52:33.520 --> 00:52:34.800 you know,

NOTE Confidence: 0.932585442307692

 $00{:}52{:}34.800 \dashrightarrow 00{:}52{:}37.360$ tissue dysfunction easily imaginable

NOTE Confidence: 0.932585442307692

 $00{:}52{:}37.360 \dashrightarrow 00{:}52{:}40.354$ that can also trigger activation of

NOTE Confidence: 0.932585442307692

 $00:52:40.354 \longrightarrow 00:52:43.382$ by stander immune cells that can start

 $00:52:43.382 \longrightarrow 00:52:45.757$ to create these auto antibodies.

NOTE Confidence: 0.932585442307692

 $00{:}52{:}45.760 \dashrightarrow 00{:}52{:}48.448$ And of course these old antibodies then

NOTE Confidence: 0.932585442307692

00:52:48.448 --> 00:52:50.879 can target things like hypothalamus,

NOTE Confidence: 0.932585442307692 00:52:50.880 --> 00:52:52.040 brain stem, NOTE Confidence: 0.932585442307692

 $00:52:52.040 \longrightarrow 00:52:54.940$ whatever that then trigger these

NOTE Confidence: 0.932585442307692

00:52:54.940 --> 00:52:56.170 adrenal insufficiency, right.

NOTE Confidence: 0.932585442307692

00:52:56.170 --> 00:52:58.445 So I mean there are lots of

NOTE Confidence: 0.932585442307692

 $00:52:58.445 \longrightarrow 00:52:59.878$ arrows that one can draw,

NOTE Confidence: 0.932585442307692

 $00:52:59.880 \longrightarrow 00:53:01.092$ but that's sort of the way

NOTE Confidence: 0.932585442307692

 $00:53:01.092 \longrightarrow 00:53:02.320$ we're kind of thinking about it.

NOTE Confidence: 0.932585442307692

 $00{:}53{:}02.320 \dashrightarrow 00{:}53{:}03.928$ It's just starting with the virus

NOTE Confidence: 0.932585442307692

 $00:53:03.928 \longrightarrow 00:53:05.382$ and all these other triggers

NOTE Confidence: 0.932585442307692

00:53:05.382 --> 00:53:06.678 that come come forward.

NOTE Confidence: 0.6358081

 $00:53:09.040 \longrightarrow 00:53:11.622$ Awe some. And then a follow up question

NOTE Confidence: 0.6358081

00:53:11.622 --> 00:53:13.078 for the very first question was there,

NOTE Confidence: 0.6358081

 $00:53:13.080 \longrightarrow 00:53:15.042$ are there any connections to long

 $00:53:15.042 \longrightarrow 00:53:16.759$ bacterial infections as well like

NOTE Confidence: 0.6358081

 $00{:}53{:}16.759 \dashrightarrow 00{:}53{:}18.519$ the controversial like chronic Lyme

NOTE Confidence: 0.789592139090909

 $00:53:19.960 \longrightarrow 00:53:21.163$ syndrome. Yeah, exactly.

NOTE Confidence: 0.789592139090909

00:53:21.163 --> 00:53:24.400 So that that is why we're using this,

NOTE Confidence: 0.789592139090909

 $00:53:24.400 \longrightarrow 00:53:26.775$ we're we're kind of recruiting

NOTE Confidence: 0.789592139090909

 $00:53:26.775 \longrightarrow 00:53:28.675$ people with chronic Lyme.

NOTE Confidence: 0.789592139090909

00:53:28.680 --> 00:53:31.688 It is controversial unfortunately,

NOTE Confidence: 0.789592139090909

00:53:31.688 --> 00:53:34.944 but I I think we can sort of weed

NOTE Confidence: 0.789592139090909

 $00:53:34.944 \longrightarrow 00:53:37.497$ out some of the controversy by

NOTE Confidence: 0.789592139090909

 $00:53:37.497 \longrightarrow 00:53:40.560$ really focusing on the science,

NOTE Confidence: 0.789592139090909

 $00:53:40.560 \longrightarrow 00:53:42.332$ you know, science alone.

NOTE Confidence: 0.789592139090909

00:53:42.332 --> 00:53:45.416 Like it's just ensuring that what they

NOTE Confidence: 0.789592139090909

 $00{:}53{:}45.416 \to 00{:}53{:}48.720$ have is explainable by biological factors.

NOTE Confidence: 0.789592139090909

 $00:53:48.720 \longrightarrow 00:53:50.760$ And if those factors are overlapping,

NOTE Confidence: 0.789592139090909

 $00:53:50.760 \longrightarrow 00:53:52.212$ say with long COVID,

 $00:53:52.212 \longrightarrow 00:53:55.451$ that will bring some sort of insights and

NOTE Confidence: 0.789592139090909

 $00:53:55.451 \longrightarrow 00:53:58.397$ legitimacy to these kinds of conditions.

NOTE Confidence: 0.789592139090909

00:53:58.400 --> 00:54:00.386 So, you know,

NOTE Confidence: 0.789592139090909

00:54:00.386 --> 00:54:01.638 we're completely open minded.

NOTE Confidence: 0.789592139090909

 $00:54:01.640 \longrightarrow 00:54:03.482$ We're just want to know what's

NOTE Confidence: 0.789592139090909

 $00{:}54{:}03.482 \dashrightarrow 00{:}54{:}05.559$ going on and science will tell us,

NOTE Confidence: 0.789592139090909

 $00:54:05.560 \longrightarrow 00:54:07.096$ you know what way we need

NOTE Confidence: 0.789592139090909

 $00:54:07.096 \longrightarrow 00:54:08.120$ to interpret things but

NOTE Confidence: 0.856728809

 $00:54:09.400 \longrightarrow 00:54:10.092$ right. Awe some.

NOTE Confidence: 0.856728809

00:54:10.092 --> 00:54:12.168 The next question wanted you to

NOTE Confidence: 0.856728809

 $00{:}54{:}12.168 \dashrightarrow 00{:}54{:}14.822$ ask if you could sort of elaborate

NOTE Confidence: 0.856728809

 $00:54:14.822 \longrightarrow 00:54:16.712$ regarding the the sex hormones,

NOTE Confidence: 0.856728809

 $00{:}54{:}16.720 \dashrightarrow 00{:}54{:}17.884$ testosterone and and estrogen

NOTE Confidence: 0.856728809

 $00:54:17.884 \longrightarrow 00:54:19.630$ and do you think these are

NOTE Confidence: 0.856728809

 $00:54:19.682 \longrightarrow 00:54:21.237$ correlated or are they causative

NOTE Confidence: 0.856728809

00:54:21.237 --> 00:54:22.792 of the long COVID syndrome?

 $00:54:24.040 \longrightarrow 00:54:26.665$ Yeah. So there's a huge amount of

NOTE Confidence: 0.862175963333333

 $00:54:26.665 \longrightarrow 00:54:28.800$ correlation that I said already.

NOTE Confidence: 0.862175963333333

 $00:54:28.800 \longrightarrow 00:54:30.888$ The lower levels of testosterone really

NOTE Confidence: 0.862175963333333

 $00:54:30.888 \longrightarrow 00:54:35.650$ seems to be a a, a bad, you know,

NOTE Confidence: 0.862175963333333

00:54:35.650 --> 00:54:37.270 prognostic factor for developing

NOTE Confidence: 0.862175963333333

 $00:54:37.270 \longrightarrow 00:54:40.124$ all kinds of symptoms and and and

NOTE Confidence: 0.862175963333333

 $00:54:40.124 \longrightarrow 00:54:41.680$ other other immune pathologies.

NOTE Confidence: 0.862175963333333

 $00{:}54{:}41.680 \to 00{:}54{:}45.760$ So testosterone has long been known

NOTE Confidence: 0.862175963333333

 $00:54:45.760 \longrightarrow 00:54:47.960$ to be have a immunosuppressive

NOTE Confidence: 0.862175963333333

 $00{:}54{:}48.035 \dashrightarrow 00{:}54{:}50.233$ impact and it's also thought to be

NOTE Confidence: 0.862175963333333

00:54:50.233 --> 00:54:53.000 one of the reasons why women develop

NOTE Confidence: 0.862175963333333

 $00:54:53.000 \longrightarrow 00:54:56.400$ autoimmunity more often than men.

NOTE Confidence: 0.862175963333333

 $00{:}54{:}56.400 \to 00{:}54{:}58.710$ And actually this whole thing started

NOTE Confidence: 0.862175963333333

00:54:58.710 --> 00:55:02.329 with a a parent of a a a trans child

NOTE Confidence: 0.862175963333333

 $00:55:02.329 \longrightarrow 00:55:04.733$ contacting me and telling me that the

 $00:55:04.733 \longrightarrow 00:55:07.650$ this child who has long COVID when they

NOTE Confidence: 0.862175963333333

00:55:07.650 --> 00:55:10.440 went on to a testosterone treatment,

NOTE Confidence: 0.862175963333333

 $00:55:10.440 \longrightarrow 00:55:12.800$ completely resolved in their symptoms

NOTE Confidence: 0.862175963333333

 $00:55:12.800 \longrightarrow 00:55:15.678$ and then when the testosterone levels

NOTE Confidence: 0.862175963333333

00:55:15.678 --> 00:55:17.878 were reduced for the treatment,

NOTE Confidence: 0.862175963333333

 $00:55:17.880 \longrightarrow 00:55:19.650$ they went back back onto the

NOTE Confidence: 0.862175963333333

 $00:55:19.650 \longrightarrow 00:55:21.732$ sort of original symptoms.

NOTE Confidence: 0.862175963333333

 $00:55:21.732 \longrightarrow 00:55:24.705$ So we know that there's anecdotal

NOTE Confidence: 0.862175963333333

 $00{:}55{:}24.705 \dashrightarrow 00{:}55{:}26.779$ evidence of cause and effect,

NOTE Confidence: 0.862175963333333

00:55:26.779 --> 00:55:30.120 but obviously you know it's just end of one,

NOTE Confidence: 0.862175963333333

 $00{:}55{:}30.120 \longrightarrow 00{:}55{:}32.400$ but that that's sort of the kind

NOTE Confidence: 0.862175963333333

 $00:55:32.400 \longrightarrow 00:55:34.276$ of driving force is by learning

NOTE Confidence: 0.862175963333333

 $00:55:34.276 \longrightarrow 00:55:36.452$ about these types of anecdotes from

NOTE Confidence: 0.862175963333333

 $00:55:36.452 \longrightarrow 00:55:39.714$ patients and really kind of trying to

NOTE Confidence: 0.862175963333333

 $00:55:39.714 \longrightarrow 00:55:42.400$ understand that at the population level.

NOTE Confidence: 0.862175963333333 00:55:42.400 --> 00:55:43.040 So yes,

 $00:55:43.040 \longrightarrow 00:55:45.280$ I think there may even be a

NOTE Confidence: 0.862175963333333

 $00:55:45.280 \longrightarrow 00:55:46.492$ cause and effect there,

NOTE Confidence: 0.862175963333333

00:55:46.492 --> 00:55:48.007 but something we really need

NOTE Confidence: 0.862175963333333

 $00:55:48.007 \longrightarrow 00:55:49.636$ to do a large scale study,

NOTE Confidence: 0.924300635

 $00:55:50.600 \longrightarrow 00:55:51.302$ yeah, awesome.

NOTE Confidence: 0.924300635

 $00:55:51.302 \longrightarrow 00:55:53.759$ And I think we'll probably only have

NOTE Confidence: 0.924300635

00:55:53.759 --> 00:55:55.694 time for one more question just

NOTE Confidence: 0.924300635

 $00:55:55.694 \longrightarrow 00:55:57.038$ to make sure we have, you know,

NOTE Confidence: 0.924300635

00:55:57.040 --> 00:55:58.640 we respect Doctor Osaki's time,

NOTE Confidence: 0.924300635

 $00:55:58.640 \longrightarrow 00:56:00.272$ but the next question that was

NOTE Confidence: 0.924300635

 $00:56:00.272 \longrightarrow 00:56:01.752$ on the list is, you know,

NOTE Confidence: 0.924300635

 $00:56:01.752 \longrightarrow 00:56:03.320$ thank you for your work on long COVID.

NOTE Confidence: 0.924300635

 $00{:}56{:}03.320 \dashrightarrow 00{:}56{:}05.385$ Do you find that individual

NOTE Confidence: 0.924300635

 $00{:}56{:}05.385 \dashrightarrow 00{:}56{:}06.752$ participants had a combination of

NOTE Confidence: 0.924300635

 $00:56:06.752 \longrightarrow 00:56:08.454$ the findings from each of the four

00:56:08.454 --> 00:56:09.994 root causes and or do you think,

NOTE Confidence: 0.924300635

 $00{:}56{:}10.000 \dashrightarrow 00{:}56{:}11.430$ you know, maybe there's certain

NOTE Confidence: 0.924300635

 $00:56:11.430 \longrightarrow 00:56:12.860$ individuals who have a greater

NOTE Confidence: 0.924300635

00:56:12.910 --> 00:56:14.476 dominance of 1 cause over another?

NOTE Confidence: 0.959418896666667

00:56:15.240 --> 00:56:17.718 Yeah, that's definitely our next step.

NOTE Confidence: 0.959418896666667

 $00.56:17.720 \longrightarrow 00.56:20.177$ I mean we we have you know like 100

NOTE Confidence: 0.959418896666667

 $00:56:20.177 \longrightarrow 00:56:22.313$ people in the Mylan COVID study which

NOTE Confidence: 0.959418896666667

 $00{:}56{:}22.313 \dashrightarrow 00{:}56{:}25.011$ is a little bit too small to start

NOTE Confidence: 0.959418896666667

00:56:25.011 --> 00:56:27.159 doing this kind of cluster analysis.

NOTE Confidence: 0.959418896666667

 $00:56:27.160 \longrightarrow 00:56:31.878$ But cortisol reduction was a pretty uniform,

NOTE Confidence: 0.959418896666667

 $00:56:31.880 \longrightarrow 00:56:33.810$ so that that that's probably

NOTE Confidence: 0.959418896666667

 $00:56:33.810 \longrightarrow 00:56:35.354$ happening in most people.

NOTE Confidence: 0.959418896666667

00:56:35.360 --> 00:56:37.028 But the persistent virus,

NOTE Confidence: 0.959418896666667

00:56:37.028 --> 00:56:39.113 persistent source could be two

NOTE Confidence: 0.959418896666667

 $00:56:39.113 \longrightarrow 00:56:41.001$ again it may be happening in

NOTE Confidence: 0.959418896666667

 $00:56:41.001 \longrightarrow 00:56:43.320$ like a third 40% of the people.

00:56:43.320 --> 00:56:44.972 Ebb reactivation happening mostly

NOTE Confidence: 0.959418896666667

 $00:56:44.972 \longrightarrow 00:56:48.000$ in females and not in every female.

NOTE Confidence: 0.959418896666667

00.56.48.000 --> 00.56.50.198 So you start to see these clusters,

NOTE Confidence: 0.959418896666667

 $00:56:50.200 \longrightarrow 00:56:52.300$ but you know there's definitely

NOTE Confidence: 0.959418896666667

 $00:56:52.300 \longrightarrow 00:56:53.184$ overlapping as well.

NOTE Confidence: 0.959418896666667

 $00:56:53.184 \longrightarrow 00:56:55.040$ So it's not that one person has one

NOTE Confidence: 0.959418896666667

 $00:56:55.097 \longrightarrow 00:56:56.837$ and the other person has another.

NOTE Confidence: 0.959418896666667

 $00{:}56{:}56.840 \dashrightarrow 00{:}56{:}58.440$ It's it's an overlapping cluster.

NOTE Confidence: 0.959418896666667

 $00{:}56{:}58.440 \to 00{:}57{:}01.800$ But we're starting to see these separate.

NOTE Confidence: 0.959418896666667

 $00{:}57{:}01.800 \dashrightarrow 00{:}57{:}03.228$ We need thousands of people to be

NOTE Confidence: 0.959418896666667

 $00{:}57{:}03.228 \dashrightarrow 00{:}57{:}04.919$ able to do that cluster analysis.

NOTE Confidence: 0.959418896666667

 $00:57:04.920 \longrightarrow 00:57:07.356$ But we're hoping to get there.

NOTE Confidence: 0.959418896666667 00:57:07.360 --> 00:57:07.600 Yeah, NOTE Confidence: 0.875528222222222

00:57:08.000 --> 00:57:09.374 awe some. And we're just out of

NOTE Confidence: 0.87552822222222

 $00:57:09.374 \longrightarrow 00:57:11.228$ time and we're very sorry that we

00:57:11.228 --> 00:57:12.713 couldn't answer every single question,

NOTE Confidence: 0.87552822222222

 $00:57:12.720 \longrightarrow 00:57:14.640$ but want to thank everyone for

NOTE Confidence: 0.87552822222222

 $00:57:14.640 \longrightarrow 00:57:15.920$ joining during their lunch time today.

NOTE Confidence: 0.87552822222222

 $00:57:15.920 \longrightarrow 00:57:17.607$ And thank you for those of you

NOTE Confidence: 0.87552822222222

 $00:57:17.607 \longrightarrow 00:57:19.239$ who asked such great questions.

NOTE Confidence: 0.87552822222222

 $00:57:19.240 \longrightarrow 00:57:20.400$ And then thank you again,

NOTE Confidence: 0.87552822222222

 $00:57:20.400 \longrightarrow 00:57:22.040$ Doctor Saki, for joining us.

NOTE Confidence: 0.87552822222222

 $00:57:22.040 \longrightarrow 00:57:23.064$ That was a very,

NOTE Confidence: 0.87552822222222

 $00:57:23.064 \longrightarrow 00:57:24.088$ very great presentation and

NOTE Confidence: 0.87552822222222

 $00:57:24.088 \longrightarrow 00:57:25.746$ we're glad that please join us.

NOTE Confidence: 0.87552822222222

00:57:25.746 --> 00:57:27.558 If anyone has any additional questions,

NOTE Confidence: 0.87552822222222

 $00:57:27.560 \longrightarrow 00:57:28.960$ they can always contact her.

NOTE Confidence: 0.87552822222222

 $00:57:28.960 \longrightarrow 00:57:29.688$ But otherwise,

NOTE Confidence: 0.875528222222222

00:57:29.688 --> 00:57:32.236 have a great rest of your Thursday

NOTE Confidence: 0.87552822222222

 $00:57:32.236 \longrightarrow 00:57:33.700$ and and a great weekend.

NOTE Confidence: 0.87552822222222

00:57:33.700 --> 00:57:34.800 Thank you so much.

00:57:35.480 --> 00:57:37.000 Thank you. Bye, bye.