

3D Printed Nasopharyngeal Swabs for COVID-19: Innovations and Lessons Learned[†]

Cody J. Callahan,^a Rose Lee,^{b,c} Katelyn E. Zulauf,^{b,d} Lauren Tamburello,^e Kenneth P. Smith,^{b,d} Joe Previtera,^f Annie Cheng,^b Alex Green,^{b,d} Ahmed Abdul Azim,^{c,i} Amanda Yano,^g Nancy Doraiswami,^h James E. Kirby,^{b,d} **Ramy A. Arnaout^{b,d,j}**

^aDepartment of Radiology, ^bClinical Microbiology Laboratories, Division of Clinical Pathology, Department of Pathology, ^cDivision of Infectious Disease, Department of Medicine, ^eDivision of Urologic Surgery, Department of Surgery, ^fDivision of Respiratory Therapy, ^gDepartment of Medicine, ^hDivision of Perioperative Services, Department of Central Processing, ⁱDivision of Infection Control/Hospital Epidemiology, Silverman Institute for Healthcare Quality and Safety, and ^jDivision of Clinical Informatics, Department of Medicine, Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA; ^dHarvard Medical School, Boston, Massachusetts, USA. Rose Lee and Katelyn E. Zulauf contributed equally to this work. Their names are listed alphabetically

Addressing the swab crisis

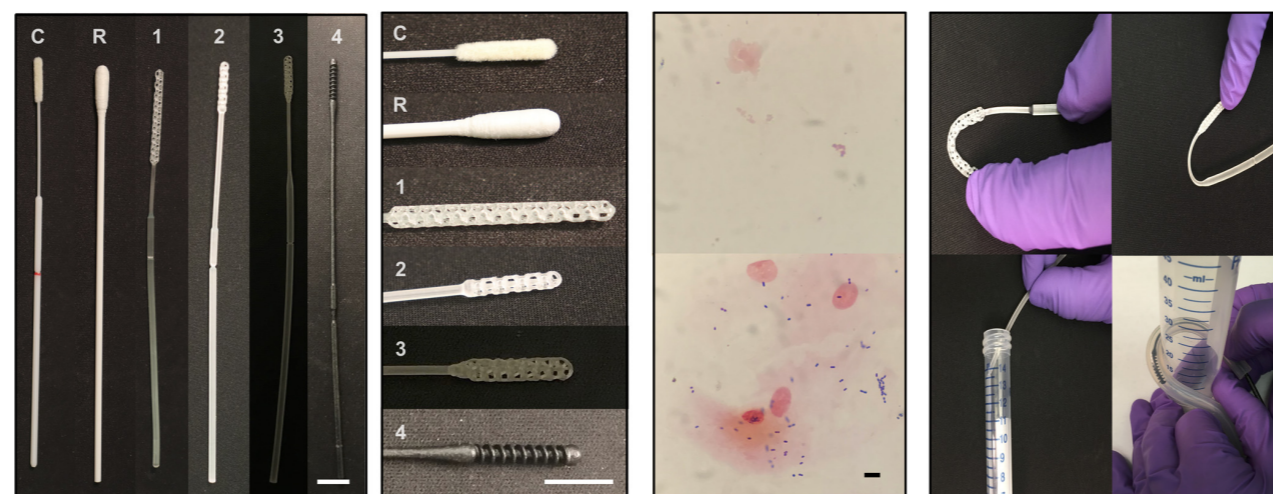
In early 2020 the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic caused a **severe shortage of nasopharyngeal swabs**, which are required for collection of optimal specimens, creating a critical bottleneck blocking clinical laboratories' ability to perform high-sensitivity virological testing for SARS-CoV-2.

Through an innovative, multidisciplinary, cooperative, rapid-response translational-research program, **we emergently developed and clinically validated new swabs** for immediate mass production via the method of **3D printing**.

Lessons learned

- 1: Define the mission
- 2: Establish norms
- 3: Leverage expertise
- 4: Communicate clearly
- 5: Stay positive!

Creating & testing new swabs

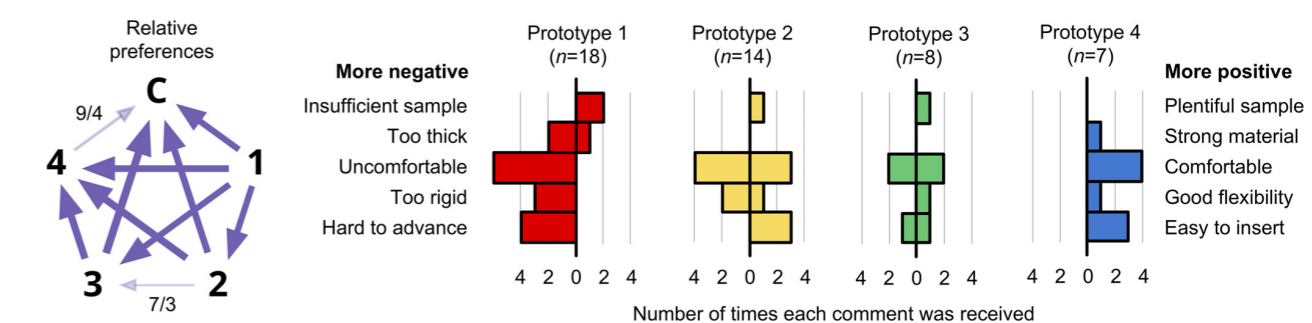
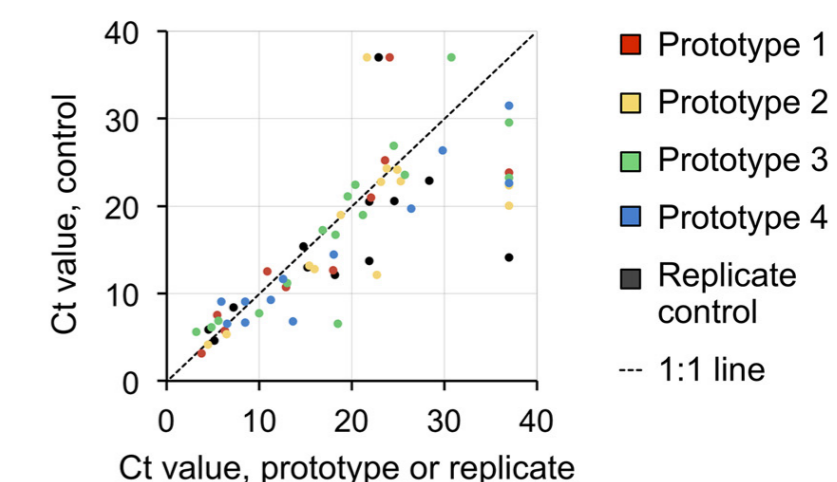


We performed a detailed multistep preclinical evaluation of **160 swab designs** and 48 materials from 24 companies, laboratories, and individuals. We created a **public data repository on GitHub** to share results and feedback. We validated **four prototypes** through an institutional review board (IRB)-approved clinical trial that involved **276 outpatient volunteers** who presented to our hospital's drive-through testing center with symptoms suspicious for COVID-19. Each participant was **swabbed with a reference swab (the control) and a prototype**, and SARS-CoV-2 reverse transcriptase PCR (RT-PCR) **results were compared**.

Clinical performance

All prototypes displayed **excellent concordance with the reference ($\kappa = 0.85$ to 0.89)**. Cycle threshold (CT) values were not significantly different between each prototype and the control, supporting the new swabs' noninferiority ($p \leq 0.05$).

Study staff preferred one of the prototypes over the others and preferred the control swab overall. The **total time elapsed between identification of the problem and validation of the first prototype was 22 days**.



[†]Callahan et al. *JCM* 58:e00876 2020; Arnaout *JCM* 59:e01239 2021