

The challenge of Zika Virus Diagnosis after Acute Infection: Anti-Zika Virus NS1 Antibody ELISAs Exhibit poor Accuracy in Brazilian Patients

First International Zika Conference, Washington – 23rd February 2017

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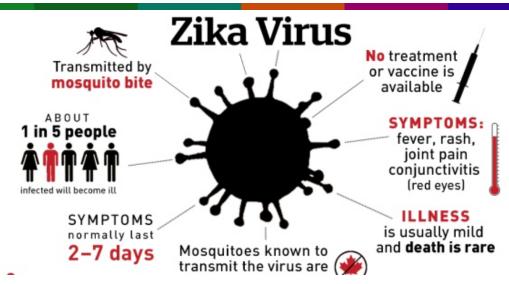




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Introduction : Zika Virus



- First isolated in 1947 in Uganda
- First human case in Nigeria in 1952
- Outbreak in Yap Island (2007) and French Polynesia (2014)
- 2015 : WIDESPREAD EPIDEMIC in Brazil
- Currently 76 contries worldwide reported mosquito-borne ZIKV transmisión (WHO)









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- Infection during pregnacy can cause ZIKV congenital syndrome
- Associated with PNS and CNS disease (GBS, meningoencephalitis, encephalitis, myelitis)

Very similar clinical symtoms with Chikungunya and Dengue infections

IMPORTANCE OF DIAGNOSIS OF ZIKA VIRUS INFECTION







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Laboratory diagnosis of ZIKV is very challenging

Molecular: Low viremia in human body fluids

High antibody cross- reactivity among flaviviruses





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WHO guidelines (2016) for laboratory diagnos ZIKV recommends:

After acute phase (after 7 days)
Serology testing





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IMPORTANCE of Diagnosis after ACUTE Infection

Guillain-Barré Syndrome outbreak associated with Zika virus $\gg @$ (1) infection in French Polynesia: a case-control study

Van-Mai Cao-Lormeau^{*}, Alexandre Blake^{*}, Sandrine Mons, Stéphane Lastère, Claudine Roche, Jessica Vanhomwegen, Timothée Dub, Laure Baudouin, Anita Teissier, Philippe Larre, Anne-Laure Vial, Christophe Decam, Valérie Chournet, Susan K Halstead, Hugh J Willison, Lucile Musset, Jean-Claude Manuguerra, Philippe Despres, Emmanuel Fournier, Henri-Pierre Mallet, Didier Musso, Arnaud Fontanet^{*}, Jean Neil^{*}, Frédéric Ghawché^{*}

Zika Virus Associated with Meningoencephalitis

TO THE EDITOR: Zika virus (ZIKV) is currently relationship between ZIKV infection and cerebral spreading widely, while its clinical spectrum rebirth abnormalities^{1,2} is growing.¹ An increased mains a matter of investigation. Evidence of a incidence of some peripheral nervous syndromes

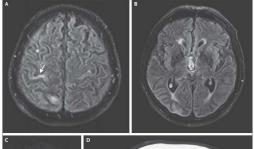




Figure 1. Imaging of the Brain.

MBI with the use of fluid-strenuated inversion recovery [FLAB] imaging revealed subcortical white-matter hyperintensities in the right frontial region. In eight parietal region (Panel A), the right temporo-occipital region (Panel B), and bilateral relandic regions (Panel A). The slight hyperintensity of the right rolandic fissure (Panel A, arow) is suggestive of memorgitis. The multiple unchated hyperintensities on diffusion-weighted sequences are suggestive of ischemic ficio (Panel C). The MBI with FLABI imaging and diffusion-weighted sequences are used with a diffusion of the right calloscenarginal artery (Panel D, arows). Angiography was performed with the use of a DISucoery (T730 HD canning system (CB Medical Systems).



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CORRESPONDENCE

Zika Virus Associated with Meningoencephalitis N Engl J Med 2016; 374:1595-1596 | April 21, 2016 | DOI: 10.1056/NEJMc1602964



Case Report

Acute myelitis due to Zika virus infection

Sylvie Mécharles, MD, Cécile Herrmann, MD, Pascale Poullain, MD, Tuan-Huy Tran, MB, Nathalie Deschamps, MB, Grégory Mathon, MD, Anne Landais, MD, Sébastien Breurec, MD, Prof Annie Lannuzel, PhD 🗹 🖂





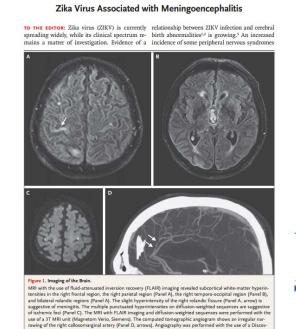
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IMPORTANCE of Diagnosis after ACUTE Infection

Estimated time between infection and neurology symptoms:

- Brasil: average 9,1 days (0 49 days)
- Colombia : Average 8,8 days (0 36 days)



ry CT750 HD scanning system (GE Medical Systems)

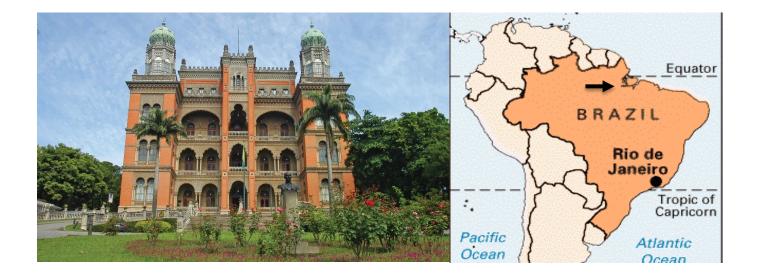


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• Evaluation of various Diagnosis methods of ZIKV with Brazilian Patients

Zika, Dengue, Yellow Fever and Chikungunya Reference Laboratory- Fiocruz







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Evaluation of serology methods for Zika Virus Diagnosis

Commercial IgM and IgG Anti-ZIKV ELISA

- Recombinant ZIKV NS1 antigen
- Euroimmun ELISA

METHODS

Specificity:

More than 200 serum samples from before 2014 from Brasilian confirmed patients with:

- PCR Pos for Dengue (DENV 1, DENV 2, DENV 3 and DENV4), Yellow Fever (Vaccinated and non-vaccinated), Hepatitis (A, C and E),
- Antibody pos for: Measles, Rubella, Chagas, Leptospirosis and CMV and General Population.

Sensitivity

57 paired serum samples (114) from PCR Positive confirmed patients





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Results section removed – awaiting for publication





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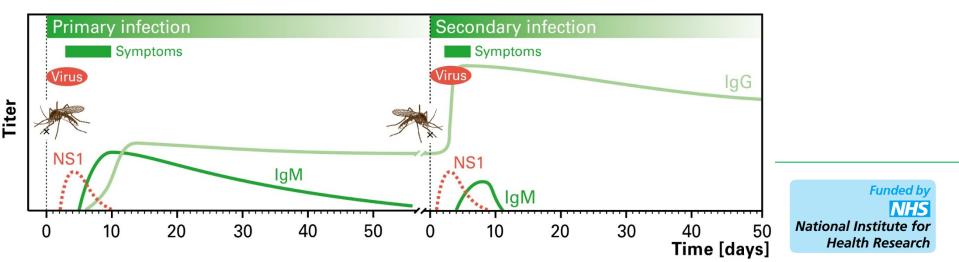
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Evaluation of serology methods for Zika Virus Diagnosis

Commercial IgM and IgG Anti-ZIKV ELISA

Low accuracy of ZIKV IgM and IgG ELISA Tests

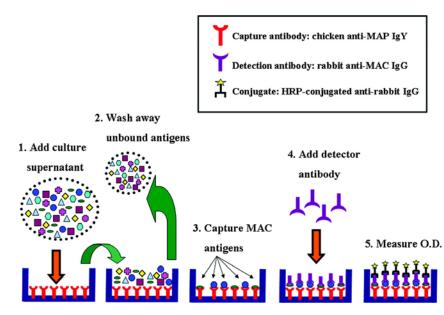
- > This may be due to:
- Long-term exposure of the Brazilian population to flavivirus infections
- Low levels of specific ZIKV IgM
- ✓ Primary and Secondary Dengue Infections:



Evaluation of serology methods for Zika Virus Diagnosis

Evaluation of ZIKA- MAC ELISA

- FDA: Emergency Use Authorization (EUA) for diagnosis of Zika virus
- Capture ELISA Detects IgM Antibodies
- Evaluation of specificity and sensitivity







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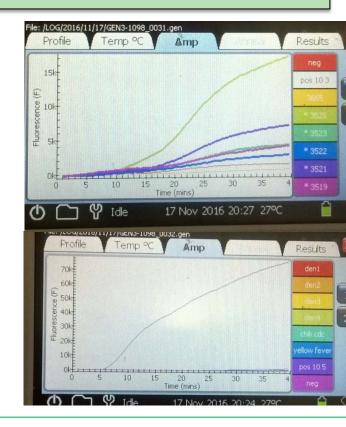
Evaluation of serology methods for Zika Virus Diagnosis

Hand-held Recombinase Polymerase Amplification PCR System

- Genie III Real Time Equipment
- Tested:
 - ZIKV Controls
 - ZIKV Positive Samples
 - Negative Samples for arboviral infections
 - Other Flavivirus samples: Yellow fever, Dengue (1 to 4)
 - Chikungunya

Results:

<u>High Specificity (100%)</u> Low Sensitivity (less than 50%)







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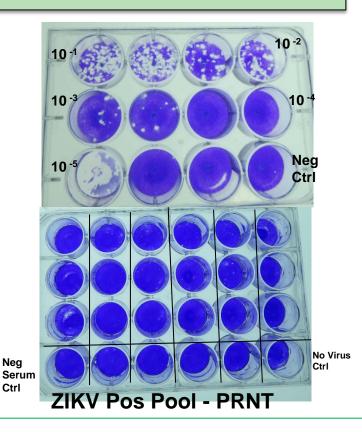
Evaluation of methods for Zika Virus laboratory diagnosis

Plaque Reduction Neutralization Assays (PRNTs)

PRNTs are the **gold standard** method for flavivirus diagnostics

Currently established in Rio, optimised the conditions and evaluating accuracy

 Challenges of PRNTs assays : laborious, time-consuming, tedious...

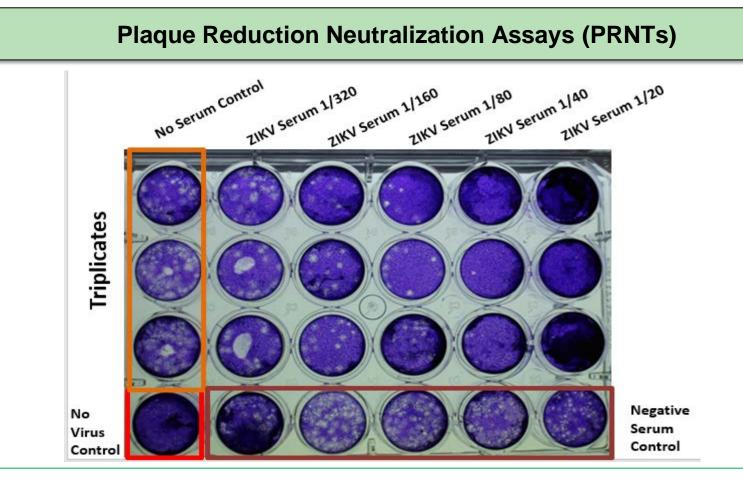






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Evaluation of methods for Zika Virus laboratory diagnosis







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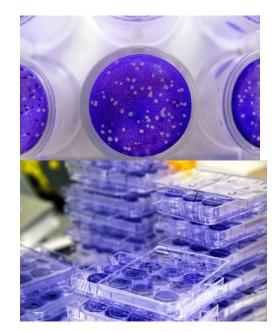
Evaluation of methods for Zika Virus laboratory diagnosis

Current work:

Evaluation of specificity and sensitivity of ZIKV PRNTs

Develop alternative methods to PRNTs to compare:

- Focus forming assays
- PRNT with qPCR
- Cell viability reporter assay







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Conclusions

- Serologic diagnosis of ZIKV is very challenging
- Current methods need to be improved
 - Low IgG Specificity
 - Low IgM Sensitivity
- Antibody response corresponding to a **secondary IgM response**
- Need to develop improved accurate **IgG assays**
- Existing methods need to be evaluated in the **local population**
- **Public health importance** provide accurate Zika diagnostic results









Acknowledgments

Mike Griffiths (University of Liverpool)

Tom Solomon (University of Liverpool) **David Brown (Fiocruz - PHE)** Lance Turtle (University of Liverpool) Roger Hewson (PHE) Babak Afrough (PHE) **Ana Bispo (Fiocruz) Patricia Sequeira (Fiocruz) Rita Maria Nogueira (Fiocruz)** Patricia Brasil (Fiocruz) Ravi Mehta (University of Liverpool) UNIVERSITY OF LIVERPOOL





Fundação Oswaldo Cruz



All the Fiocruz Flavivirus Lab members (Rio de Janeiro) All the other BIG (Brain Infectious Group) Members (University of Liverpool)

No Conflicts of Interest to Disclose

NIHR HPRU EZI

The research was funded by the **National Institute for Health Research Health Protection Research Unit (NIHR HPRU)** in Emerging and Zoonotic Infections at University of Liverpool in partnership with Public Health England (PHE), in collaboration with Liverpool School of Tropical Medicine. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR, the Department of Health or Public Health England."





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OBRIGADA / Gracias / THANK YOU ! UM MOSQUITO NAO E MAIS FORTE QUE UM PAÍS INTEIRO.

MOBILIZE SUA FAMÍLIA E ELIMINE A ÁGUA PARADA.

Participação de Drauzio Participação de Drauzio Processo de Drauzio Processo de Drauzio Processo de Drauzio Processo de Drauzio

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Table 1. Countries and territories that have reported mosquito-borne Zika virus transmission

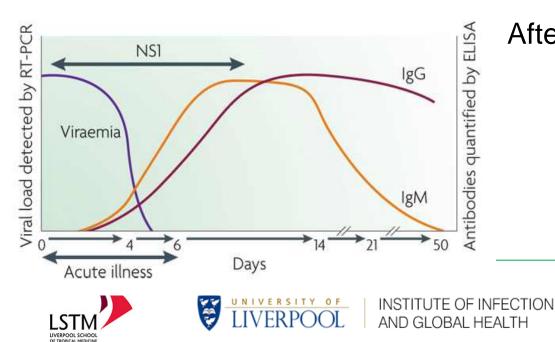
Classification	WHO Regional Office	Country / territory	Total
Category 1: Countries with a reported outbreak from 2015 onwards [#]	AFRO	Angola; Cabo Verde; Guinea-Bissau	3
	AMRO/PAHO	Anguilla; Antigua and Barbuda; Argentina; Aruba; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Bonaire, Sint Eustatius and Saba – Netherlands; Brazil; British Virgin Islands; Cayman Islands; Colombia; Costa Rica; Cuba; Curaçao; Dominica; Dominican Republic; Ecuador; El Salvador; French Guiana; Grenada; Guadeloupe; Guatemala; Guyana; Haiti; Honduras; Jamaica; Martinique; Mexico; Montserrat; Nicaragua; Panama; Paraguay; Peru; Puerto Rico; Saint Barthélemy; Saint Kitts and Nevis; Saint Lucia; Saint Martin; Saint Vincent and the Grenadines; Sint Maarten; Suriname; Trinidad and Tobago; Turks and Caicos; United States of America; United States Virgin Islands; Venezuela (Bolivarian Republic of)	48
	WPRO	American Samoa; Fiji; Marshall Islands; Micronesia (Federated States of); Palau; Samoa; Singapore; Tonga	8
Subtotal			59
Category 2: Countries with	SEARO	Indonesia; Maldives; Thailand	3
possible endemic transmission or evidence of local mosquito-borne Zika Infections in 2016 or 2017	WPRO	Malaysia; New Caledonia; Philippines; Viet Nam	4
Subtotal			7
Category 3: Countries with	AFRO	Gabon**	1
evidence of local mosquito-	PAHO/AMRO	ISLA DE PASCUA — Chile**	1
borne Zika infections in or before 2015, but without documentation of cases in 2016 or 2017, or outbreak terminated	SEARO	Bangladesh**	1
	WPRO	Cambodia**; Cook Islands**; French Polynesia**; Lao People's Democratic Republic; Papua New Guinea; Solomon Islands; Vanuatu	7
Subtotal Total			10 76

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WHO guidelines (2016) for laboratory diagnosis of ZIKV recommends:

Acute phase (up to 7 days) : >ZIKV PCR



After acute phase (after 7 days) Serology testing

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