

Identification of cholera: Rapid Diagnostic Tests

Nick Thomson

15th April 2019

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Towards identification of cholera cases for: rapid outbreak responses & to guide long-term policies and interventions.

Culture = Recognised gold standard - 3 days to complete & requires laboratory.

Phenotypic methods.

- Serotyping/ELISA based with specific antisera most RDT's use this approach.
- Phage typing collections of phage
- Multi-locus enzyme electrophoresis (MLEE)

Genotypic methods.

- DNA fragment length polymorphisms of restriction fragments (e.g. by ribotyping, pulsed-field gel electrophoresis).
- Amplified DNA fragments (e.g. by random amplification of polymorphic DNA, repetitive element-PCR) e.g. RAPD PCR.
- Amplified DNA fragment length polymorphism (AFLP, essentially PFGE with amplification).
- Natural polymorphisms (e.g. by multi-locus sequence typing [MLVA], multiple-locus variable number tandem repeat analysis, DNA microarray [Array tube], whole genome sequencing [SNPs, MLST, cgMLST etc]).

GTFCC Surveillance Laboratory Working Group



Interim Technical Note The Use of Cholera Rapid Diagnostic Tests November 2016

RESEARCH ARTICLE

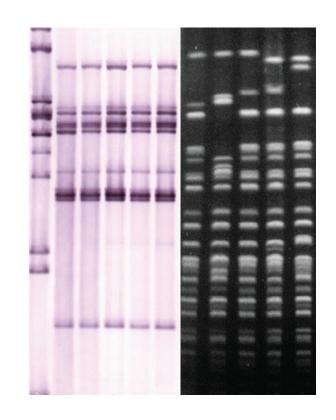
Laboratory evaluation of immunochromatographic rapid diagnostic tests for cholera in Haiti

Citation: Matias WR, Julceus FE, Abelard C, Mayo-Smith LM, Franke MF, Harris JB, et al. (2017) Laboratory evaluation of immunochromatographic rapid diagnostic tests for cholera in Haiti. PLoS ONE 12(11): e0186710. https://doi.org/10.1371/ journal.pone.0186710

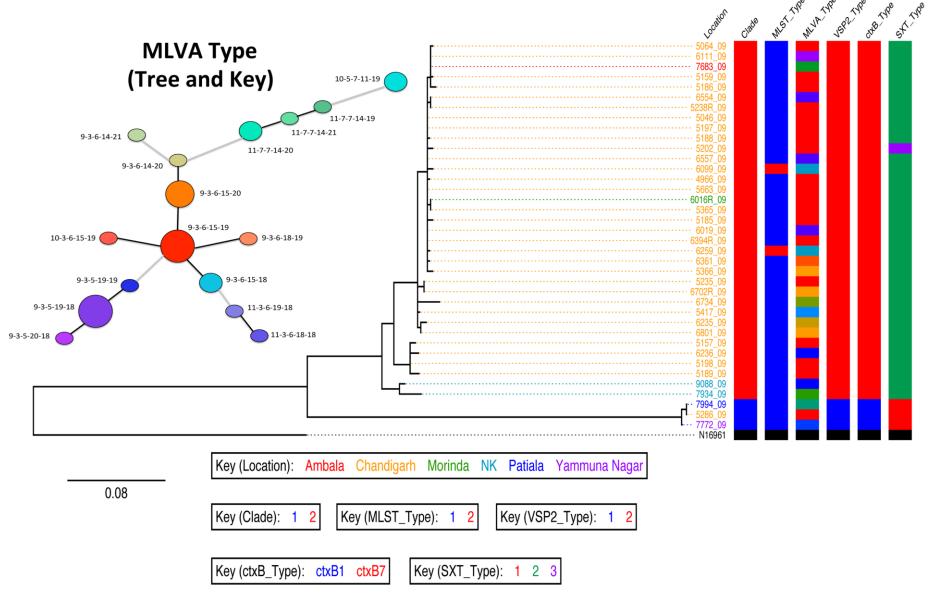
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Towards identification of cholera cases for: rapid outbreak responses & to guide long-term policies and interventions.

- O antigen serogrouping (O1, O139, O37, ...)
- Biotyping (El Tor vs Classical)
- O1 serotyping (Ogawa, Inaba, Hikojima)
- Phage typing
- Multilocus enzyme electrophoresis (MLEE)
- Ribotyping
- Pulsed-field gel electrophoresis
- ctxB (B subunit of cholera toxin) RFLP or sequencing
- *tcpA* (toxin coregulated pilus A) sequencing
- Sequencing of other virulence genes
- Multiple loci VNTR analysis (MLVA)



A SNP based maximum likelihood phylogeny of the Chandigarh V. cholerae.



Molecular RDTs

PCR Targets,

Species:

16srRNA

Serogroup:

01/0139

Serotype:

wbe

Virulence:

cholera toxin (ctx),
zonula occludens toxin (zot)
accessory cholera enterotoxin (ace)

Resistance:

tetracycline resistance genotype (tetA).

Geographically defined targets:

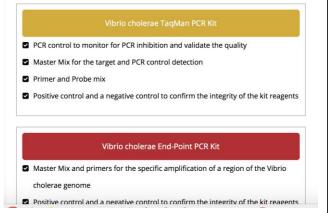
WASA1 - Latin America 7th Pandemic Wave 1

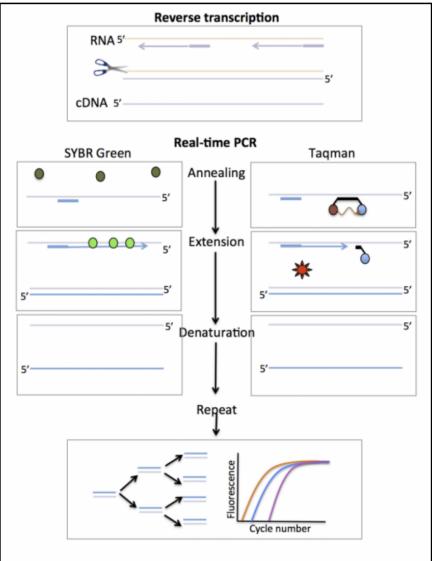


Vibrio cholerae Detection Kits

Vibrio cholerae is a comma-shaped, gram-negative bacterium. It is the cause of cholera in humans, which affects the upper small intestine. Transmission of the disease is mainly through contaminated food or water. Human subjects affected by cholera exhibit severe watery diarrhea and vomiting, caused by the cholera toxin produced by the bacterium. Many cases of cholera are life-threatening, as diarrhea and associated vomiting can lead to rapid dehydration and electrolyte loss. Even with the extensive research on its epidemiology, cholera still affects over 5 million people per year worldwide.

There are 2 kits available for the detection of Vibrio cholerae:





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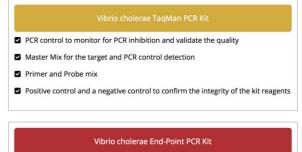
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Real Time PCR

Plasmid design *ctxB* (cholera toxin) gen and Outer membrane protein W (*ompl*) Genesig Easy detection kits for: Toxigenic *Vibrio cholerae*. All *V. cholerae* subspecies.

ATTRIBUTES definitions	DESIRED	ACCEPTABLE
Intended use of the test	Early detection, declaration, and monitoring of outbreak without need for cholera confirmation First intention test to be used on a predefined number of cholera suspect cases	Test to declare a cholera alert, to be confirmed by culture and/or PCR
Target molecule classic approach is based on LipoPolySaccharide (LPS) (O antigen), additional markers can be considered provided they show adequate performance	Biomarker for toxigenic Vibrio cholerae O1: LPS (O antigen) and cholera toxin marker (CT Monoclonal antibody)	Biomarker for <i>Vibrio cholerae</i> O1 and O139 (test will distinguish O1 from O139): LPS (O antigen)
Specimen type	Stool/Rectal swab Or Samples easier to collect (capillary blood if new markers are used)	Stool/Rectal swab
Analytical Sensitivity/Limit of Detection (Identification of positive reference material)	100%	≥ 95%
Clinical/Diagnostic Sensitivity (identification of clinical cases with toxigenic Vibrio cholerae only)	≥ 95% 95%CI (90 - 100)	≥ 90% 95%CI (85 – 95)
Analytical Specificity (assessment of cross reactivity with other pathogens)	100%	100%
Clinical /Diagnostic Specificity (identification of the cases not due to toxigenic vibrio cases)	≥ 98% 95%CI (95-100)	≥ 95% 95%CI (93 – 98)
Result output	Qualitative result	Qualitative result
Time to result	< 15 minutes	< 30 minutes
Throughput: number of tests to be performed in an hour	5-6	4-3
Intended users	Health worker from outbreak investigation team with dedicated training, present at community level And Health Community Worker at primary or secondary care levels for early detection of cholera transmission in patients presenting with compatible symptoms"	Non-laboratory trained health personnel

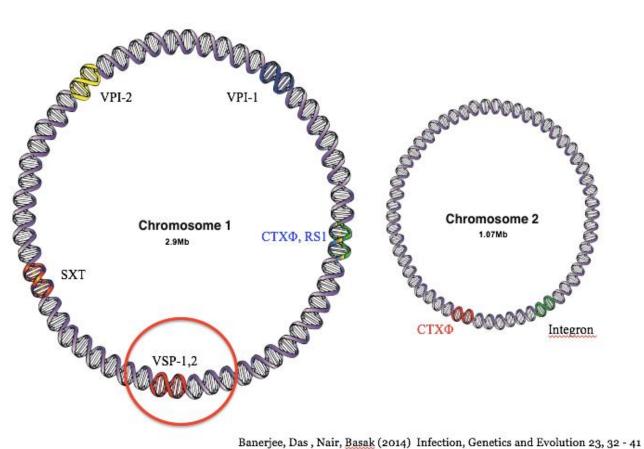


WHO – Global Task Force on Cholera Control Target Product Profile (TPP) for the development of improved Cholera rapid diagnostic tests

June 2017

In use stability	≥ 1 hour after opening of individual pouch	≥ 30mn after opening of individual pouch
End-point stability (time window during which signal remain valid)	1 hour	≥ 30mn
Shelf-life	24 months	12 months
Storage conditions for test device (stability)	2°C - 40°C, relative humidity up to 98%, no cold chain required Should be able to tolerate stress during transport (cycles of temperature of 30 to 50°C) without affecting the labelled expiry date	Up to 35°C, no cold chain required Should be able to tolerate stress during transport cycles of temperature of 30 to 50°C without affecting the labelled expiry date
Lot to lot variation - Sensitivity - Specificity	SE: up to 50% in end-point sensitivities with all lots meeting the sensitivity specification SP: no variation	Same
Reader to reader variation	90% of readers should detect a positive result near the limit of detection	Same

Vibrio cholerae genome



- RDTs
- Have limited usefulness for individual diagnosis among suspected cholera patients, unless the results of the test would influence on the immediate management of the case

RDTs may be used for:

- early outbreak detection,
- as a tool for an initial alert
- monitoring of outbreaks
- monitoring of seasonal peaks in highly endemic areas

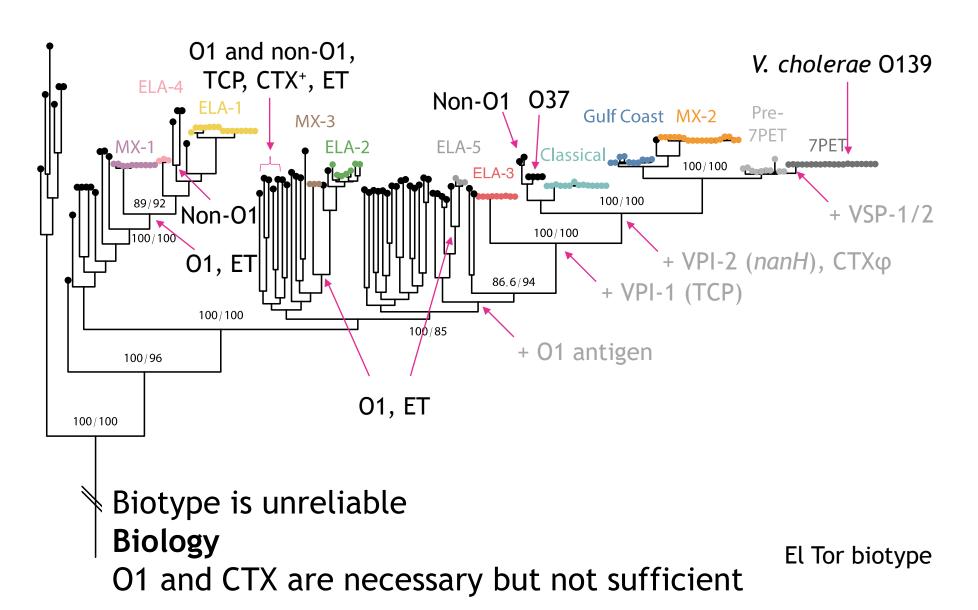
Areas where WGS are more appropriate (combined with good Epi data)

- Low incidence and inter-outbreak periods
- Defining routes and patterns of long distance transmission

Connecting hotspots and understanding repeat natterns of disease

- Fine mapping routes of transmission
- Understanding carriage















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Whole Genome Sequence Resource

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15th April 2019





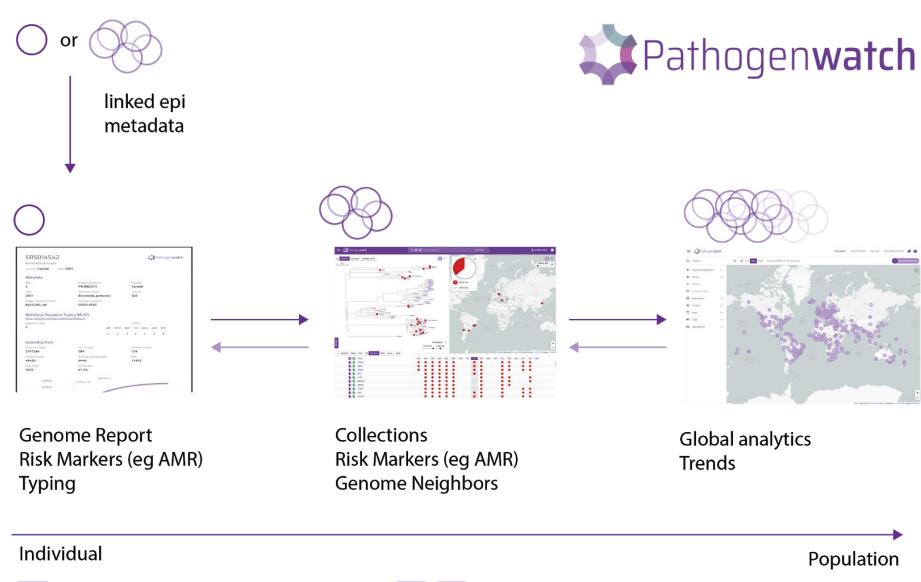


A global platform for genomic surveillance.

- Fast predictions of resistant genotypes and clustering.
- Real-time analytics and genomic epidemiology.
- Facilitates processing, clustering and exploration of whole genome assemblies.

http://pathogen.watch

Analyse data from anywhere



Use Cases



NEW UPLOAD

Pathogen**watch**

PREVIOUS UPLOADS

Drag and drop files to begin.

Genomic Data

One or more assemblies in multi-FASTA format with one of the following extensions:

.fa, .fas, .fna, .ffn, .faa, .frn, .fasta, .genome, .contig, .dna

Please ensure that there is one file per genome.

Settings

Enable Compression

Recommended for slow connections.

Upload Files Individually

Recommended for unstable connections.

Metadata

Files in CSV format with the extension .csv.

Files should contain a column filename containing the names of genome files uploaded at the same time.

To make full use of metadata, we strongly recommend including the following columns:

latitude, longitude, year, month, day

When providing a date, month and day are optional. Additional metadata may be included and will be saved.

CSV Templates

General

Salmonella Typhi



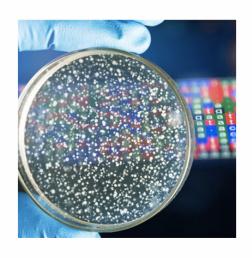
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