



# AFRIMS DENGUE DIAGNOSTICS



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JITMM

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# Diagnostic Goals

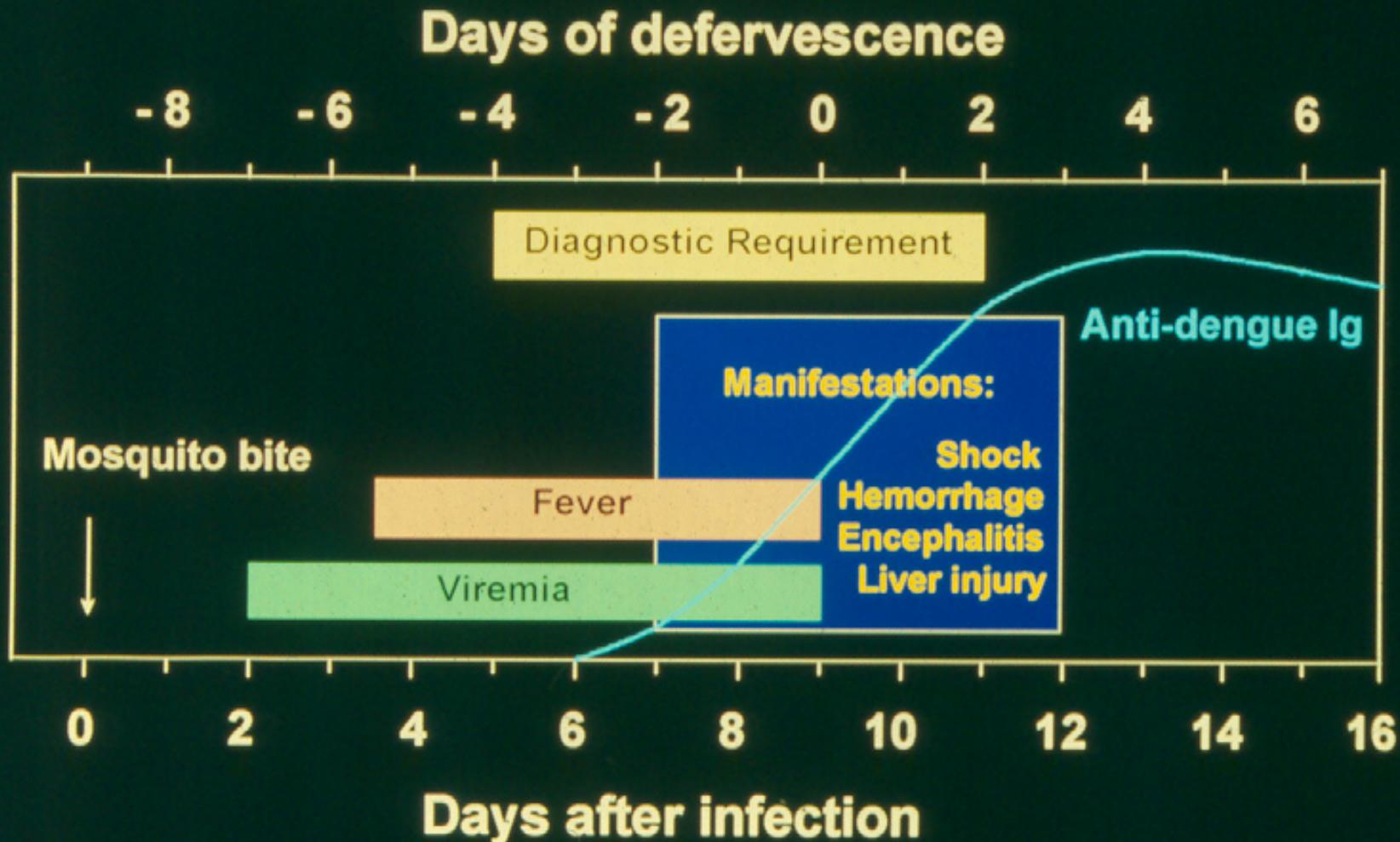
- Detection of infecting virus or its components

**OR**

- Measurement of antiviral antibody



# Acute dengue virus infection





# Dengue Diagnosis

Virus isolation

Mosquito inoculation (intrathoracic)

*Toxorhynchites splendens*

Mosquito cell culture

C6/36 (*Aedes albopictus*)

Molecular techniques

Reverse Transcriptase PCR  
(RT-PCR, Nested PCR)

Real time PCR

*NS1 antigen detection*

Hemagglutination Inhibition (HI)

IgM and IgG ELISA

Anti-dengue Ig

Manifestations:

Shock  
Hemorrhage  
Encephalitis  
Liver injury

Fever

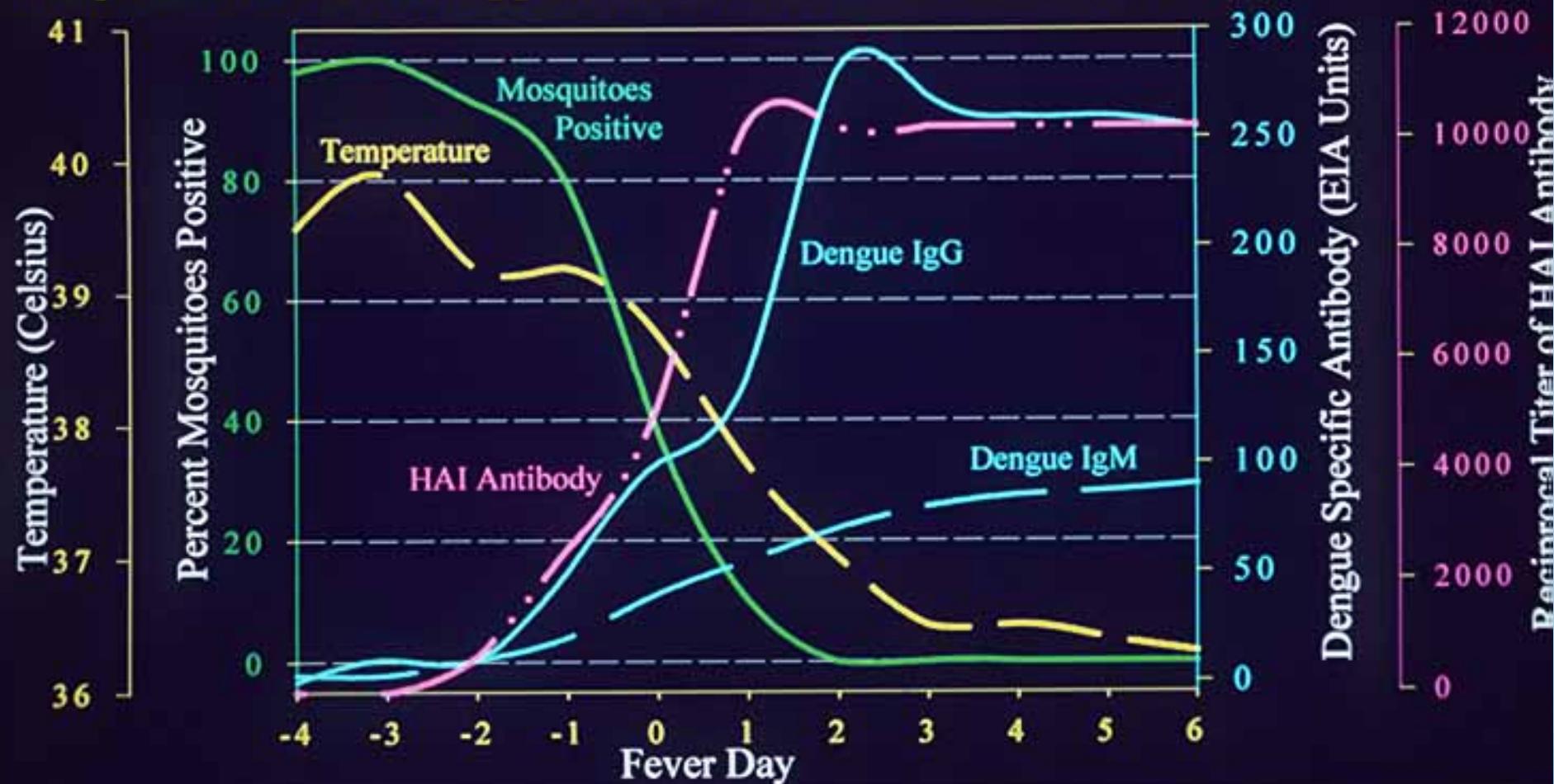
Viremia

0 2 4 6 8 10 12 14 16

Days After Infection



Viremia and antibody based diagnostic tests: mean values by fever day in patients with secondary dengue infections by maximum daily temperature, % mosquitoes positive for virus, dengue IgM and IgG antibody levels, and reciprocal titer of hemagglutination-inhibition antibody (HAI)



Vaughn DW et al. J. Infect Disease 1997 (2) : 322-30



# Diagnostics at AFRIMS

- Serology
  - IgM/IgG ELISA
  - HAI
  - Plaque Reduction Neutralization
- Antigen
  - NS-1
- NA
  - Nested PCR
  - Real-time PCR (Quantitative)
  - Sequencing
- Viral Isolation
  - Direct C6/36 cells
  - Mosquito Inoculation



# What to do?

- 1) Laboratory diagnosis of clinical cases
  - IgM/IgG -acute/convalescent (Serological diagnosis)
  - Nested PCR (serotype)

## Discordant results

Repeat assay

Viral isolation

HAI



# What to do?

## 2) Surveillance (Cohort-Study)

### – Off-Season

- HAI (asymptomatic infections)
- PRNT (baseline)

### – Acute infection

- EIA (Serological Diagnosis)
- Nested PCR
- Real-time PCR (Viral Load Study) (selected)
- PRNT of symptomatic and asymptomatic infections (selected)
- Viral Isolation (Selected)
- Sequencing (Selected)



# What to do?

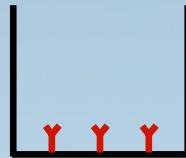
## 3. Outbreaks

- EIA (Often on single specimens)
- Nested PCR (used for serotyping and to aid in serological diagnosis)
- Sequencing

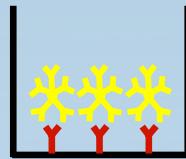


# Assays- EIA

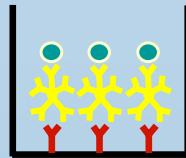
- Used for all dengue studies



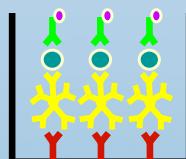
1. Coat plate with goat anti-human IgM OR IgG



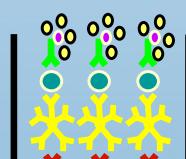
2. Add test specimens (serum or CSF),  
Negative and Positive controls



3. Add dengue antigens (dengue 1- 4)



4. Add human anti-flavivirus IgG- HRP



5. Add substrate, incubate, stop reaction,  
OD at 492



| Specimen type | Results   | interpretation            |
|---------------|---|---------------------------|
| Paired        | IgM:IgG >1.8 and IgM ≥ 40   | Acute Primary Infection   |
| Paired        | IgM:IgG <1.8 and IgM ≥ 40   | Acute Secondary Infection |
| Paired        | IgM:IgG <1.8 and IgM≥ 40 <u>IF</u> IgM<40 IgG rise between S1 and S2 to >100 <u>IF</u> IgG <100 confirm with HI | Acute Secondary Infection |



| Specimen type | Results   | Interpretation                 |
|---------------|---|--------------------------------|
| Paired        | IgM <40 AND IgG >100<br><i>IF</i> S1 <40 and IgG >100<br>and S2 IgG drop to less than 100 | Recent Secondary Infection     |
| Paired        | IgM<40 and IgG >100   | Suggestive Secondary Infection |
| Single        | IgM>40  | Acute Dengue Infection         |
| Single        | IgM <40 And IgM:IgG <1.8 and PCR Positive   | Secondary Infection            |



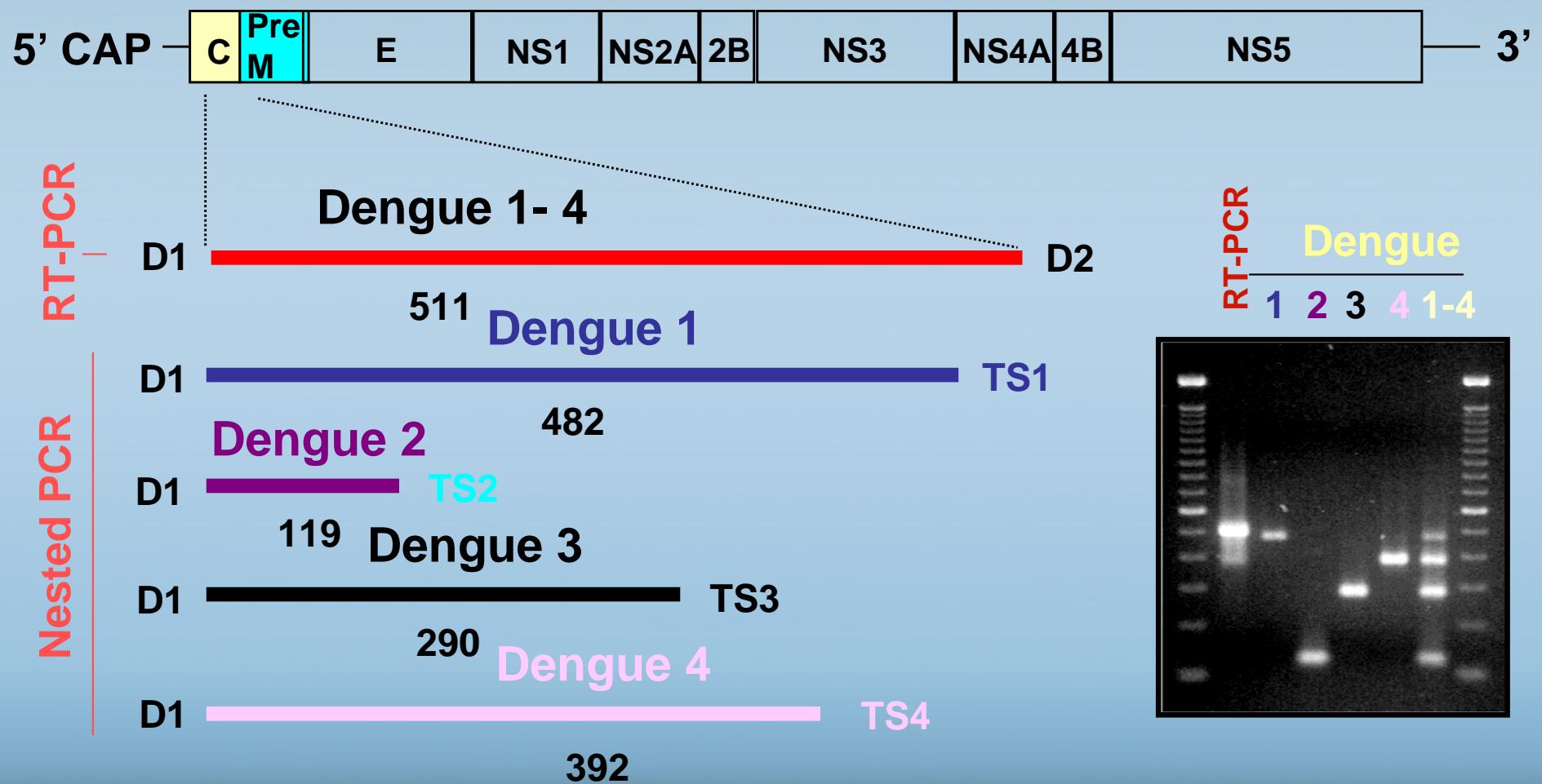
- Acute and convalescent sera interval should be  $\geq$  7 days to make serologic diagnosis as “No Evidence of Recent Flavivirus Infection”



# Dengue Virus PCR

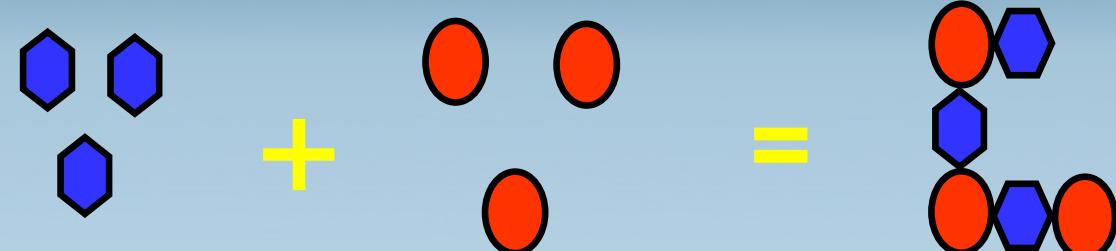
Lanciotti et al., (1992) J. Clin. Microbiol. 30: 545

RT-PCR ---> Nested PCR with type specific primers





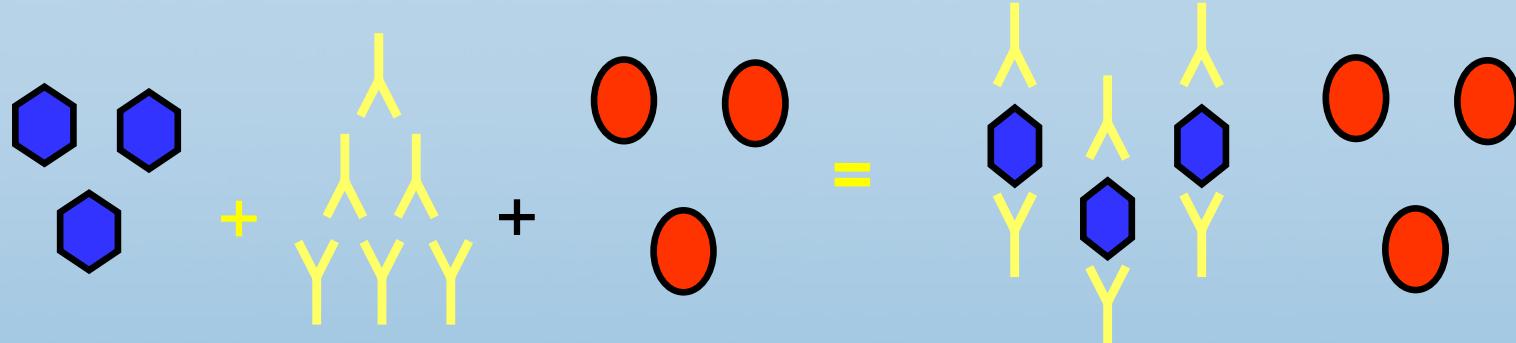
# Hemagglutination Inhibition Test



Virus

Erythrocytes

Hemagglutination



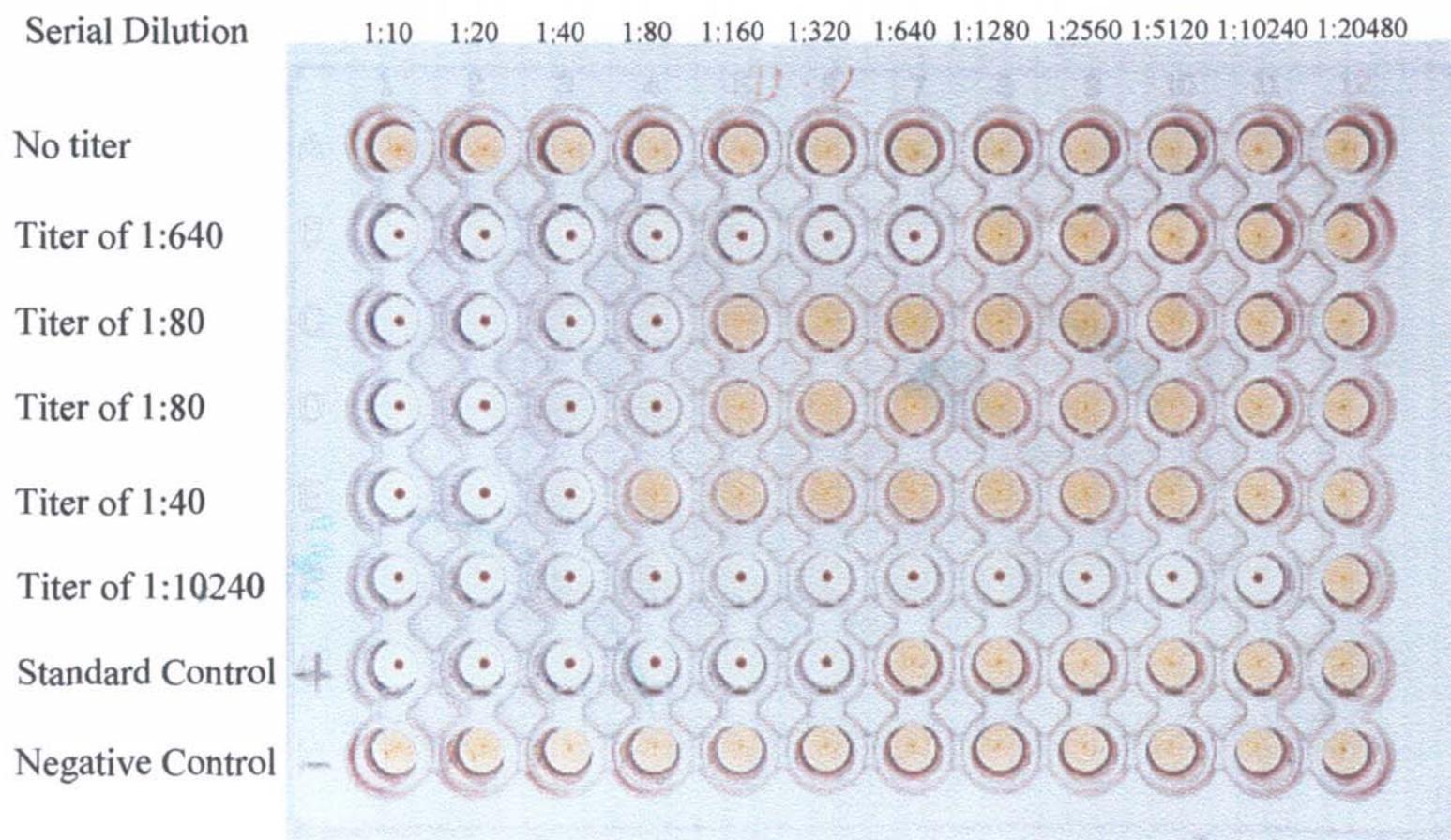
Antibody

No Hemagglutination  
(Hemagglutination Inhibition)





Figure Four: Example of Six Patients with Hemagglutination Inhibition Titers to den-2.





# Interpretation of the dengue hemagglutination-inhibition test

| Antibody response | Specimen Interval | Conversion titer;<br>any dengue Ag | Interpretation                            |
|-------------------|-------------------|------------------------------------|---|
| $\geq 4x$ rise    | $\geq 7$ days     | $\leq 1:1280$                      | Acute flavivirus infection,<br>primary    |
|                   |                   | $>1:1280$                          | secondary                                 |
| No change         | Any               | $>1:1280$<br>specimen              | Recent flavivirus infection,<br>secondary |



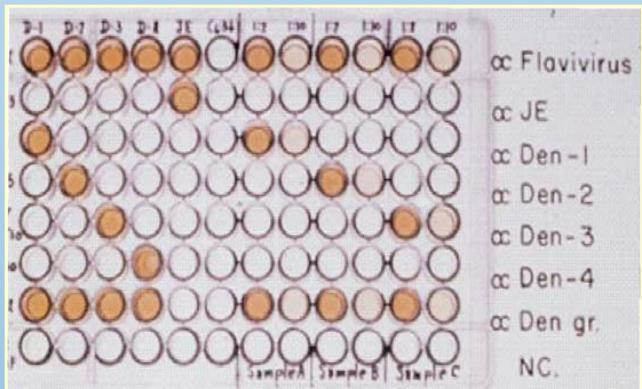
# Isolation and Identification of Dengue Viruses

## Specimens

- Serum
- CSF
- Tissue



Negative



Typing by ELISA using  
mouse monoclonal Ab

***Toxorhynchites splendens***  
(intrathoracic inoculation)

10-14 days

Head squash

Indirect Immunofluorescence Assay

Positive

Grind mosquito body

C6/36 cells

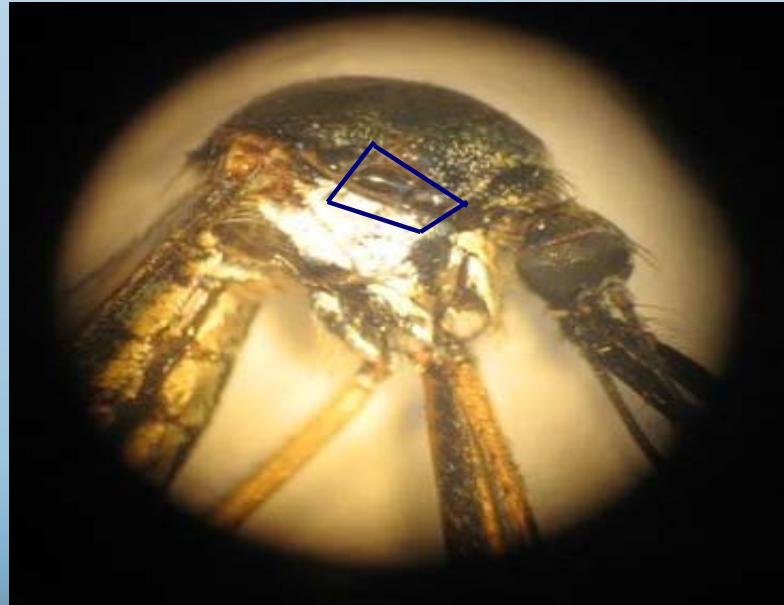
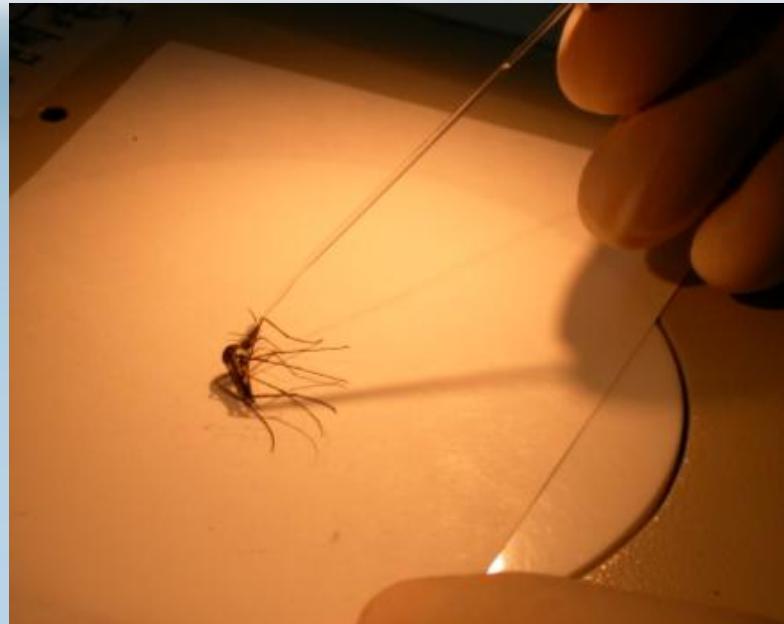
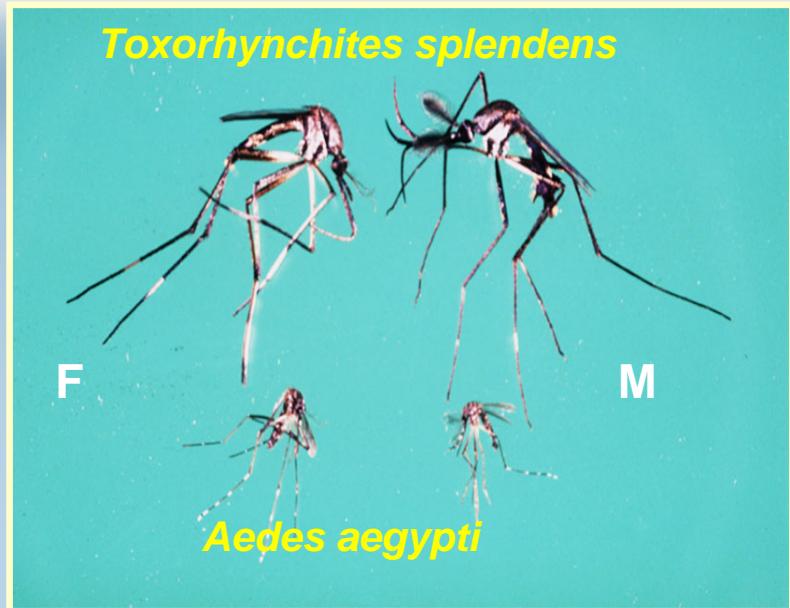
7 days

Cell culture fluid

Storage  
at -70° C



# *Toxorhynchites splendens* (intrathoracic inoculation)

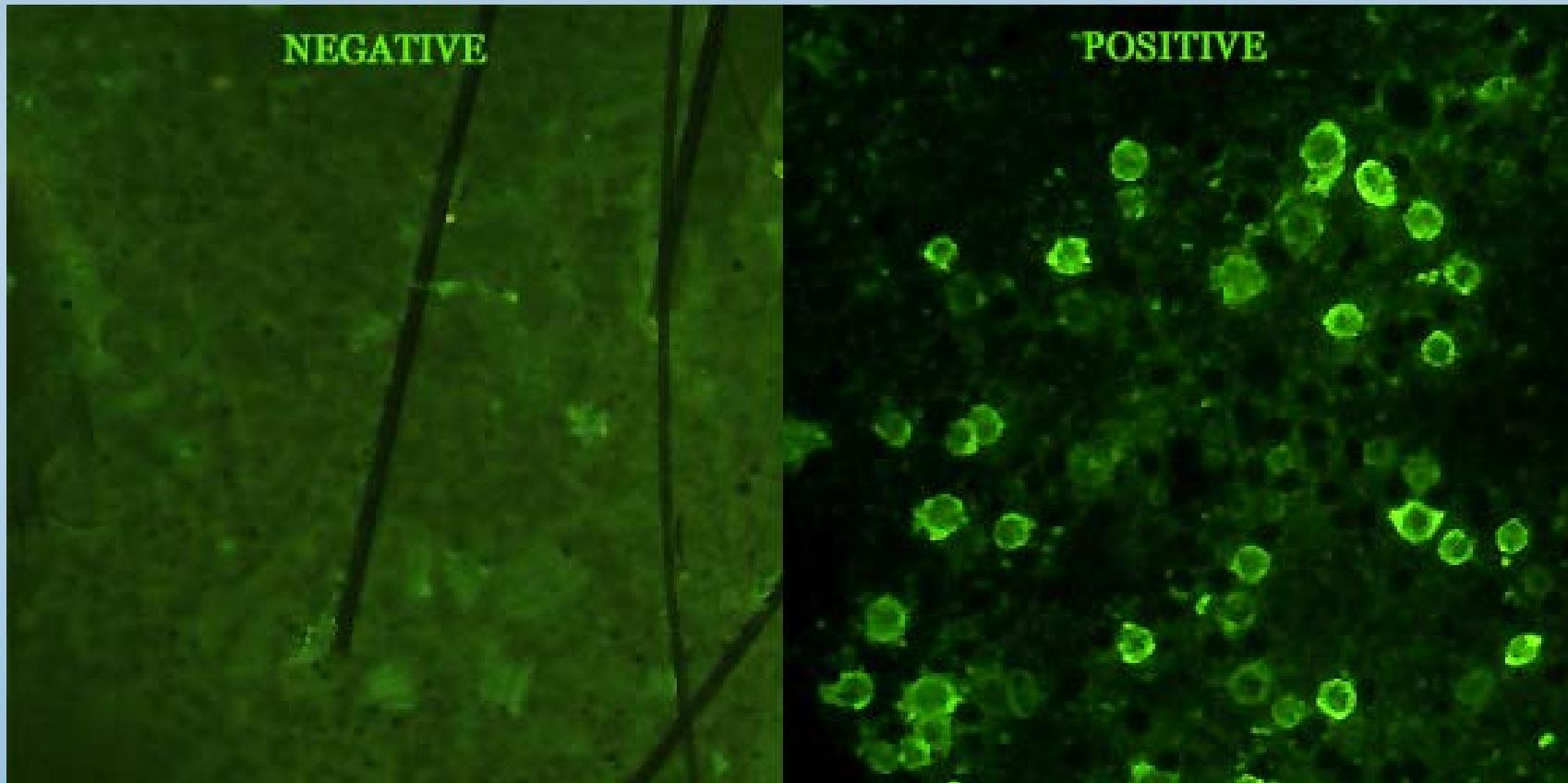




# Indirect Immunofluorescence Assay

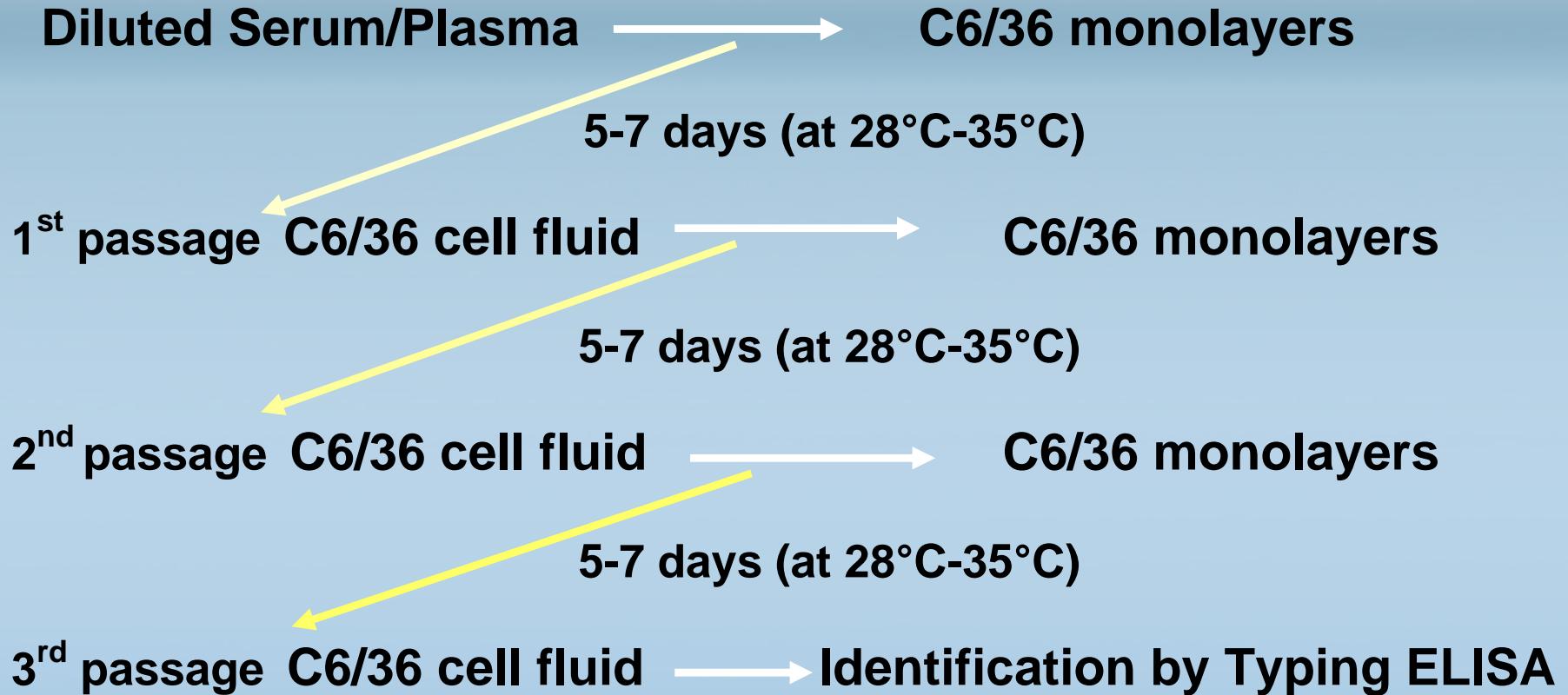
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# Dengue Virus Isolation in C6/36 Cells

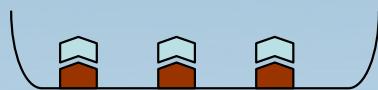




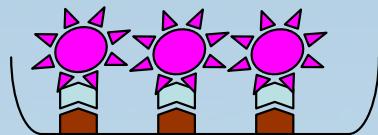
# Dengue Virus Identification by Typing ELISA with Dengue Specific Monoclonal Antibodies



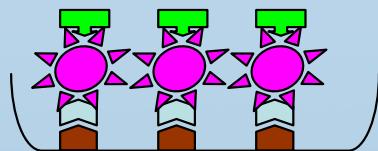
Coat plate with goat anti-mouse IgG 



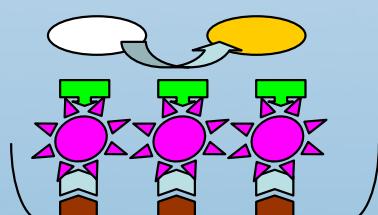
Add specific mouse monoclonal antibodies 



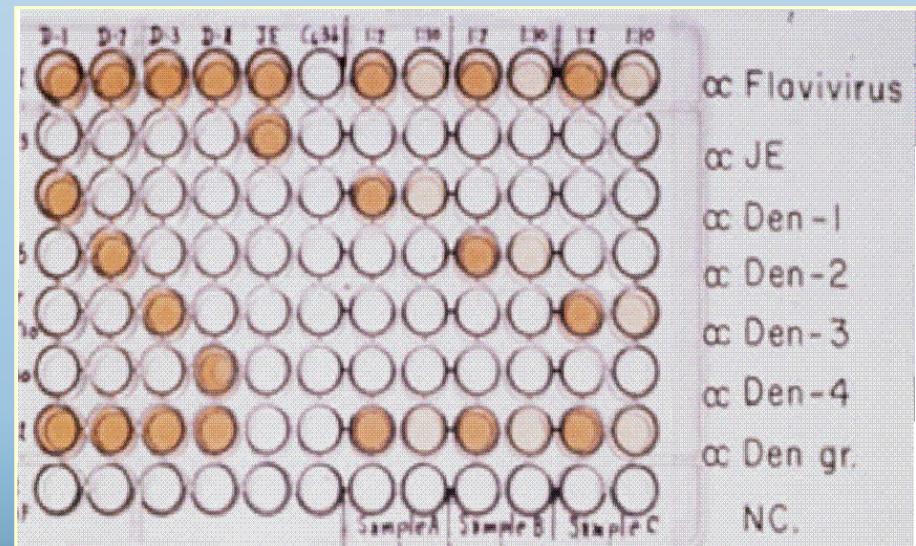
Add test sample, Dengue1-4 antigen, and normal cell fluid (negative control) 



Add human anti-flavivirus HRP 



Add substrate,  
stop reaction,  
and read O.D.  
at 492 nm.





# Plaque Reduction Neutralization test

- Mixture of serum and reference virus or clinical isolate to determine if sample has antibodies that can stop virus from infecting cultured cells
  - Used to assess presence of neutralization antibodies
  - Can be used to determine seroconversion
  - Single specimen: provides prior dengue virus serotype exposure (limited by cross-reactivity between dengue serotypes and between flaviviruses soon after infection)
  - Paired specimens: 4-fold rise for any given serotype suggests an intervening dengue virus infection



# Plaque Reduction Neutralization Test (PRNT)

3-5 4 fold dilutions of heat +  
inactivated test sera

**Reference viruses:50 PFU**  
Dengue 1(16007), Thailand  
Dengue 2(16681), Thailand  
Dengue 3(16562), Philippines  
Dengue 4(1036), Indonesia  
JE(SA-14-14-2), China

LLC-MK2 or Vero cells

4-7 days

Stain with neutral red, plaque count

50% plaque reduction by Probit analysis



# DEN-1 viral plaques per well and serial dilution of test sera

1:640

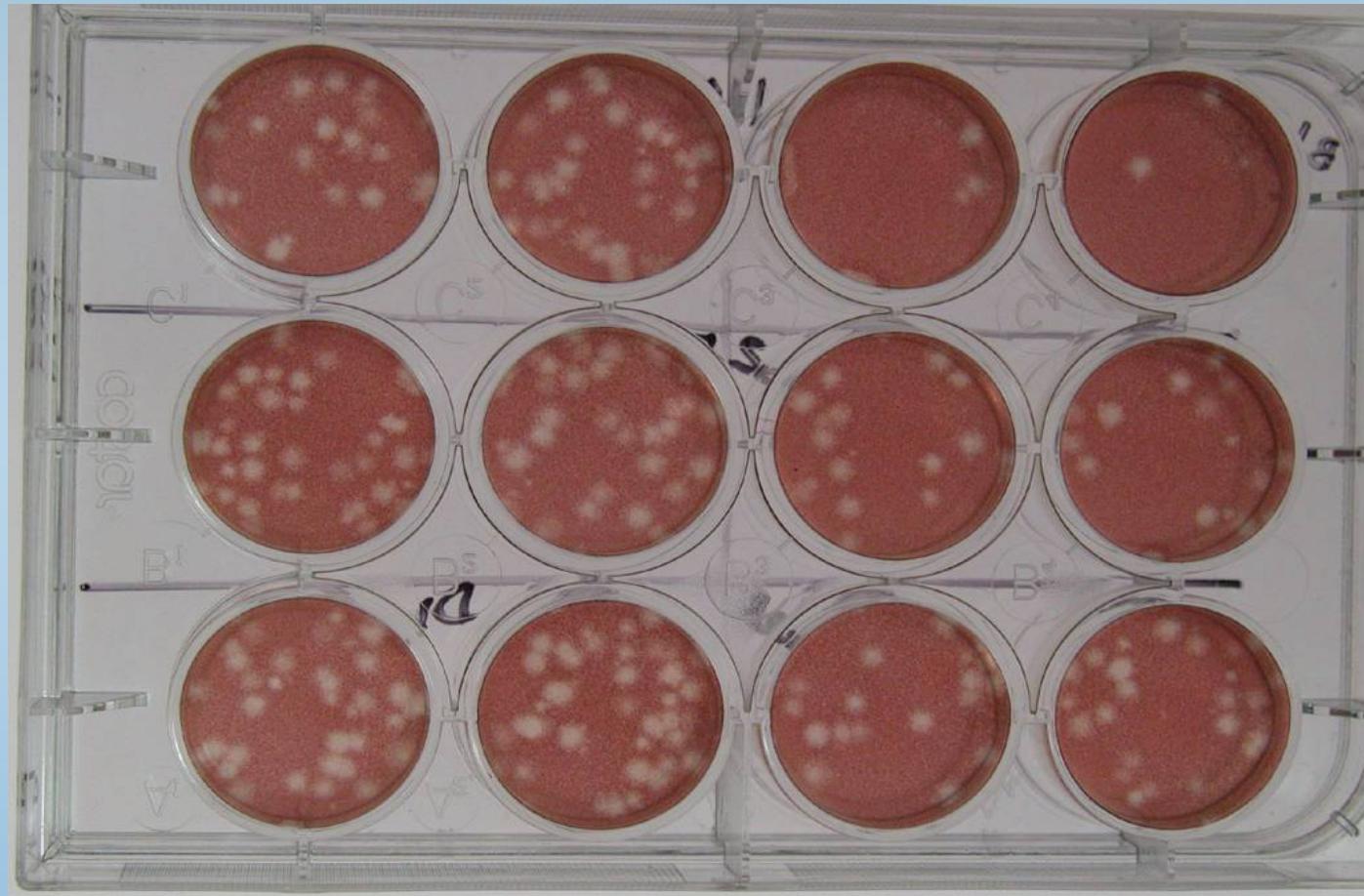
1:2,560

Virus  
control

1:10

1:40

1:160





# Variation of PRNT

- Single Dilution Neutralization
  - 1:30 dilution
  - Used for screening
  - Used as dengue serotype sero-survey
- Microneutraliztion
  - Can be used as PRNT
  - Can be automated
  - Readout by spectrophotometer
  - High Throughput



# Real time PCR



**Low Risk of Contamination**

**Data Acquisition**

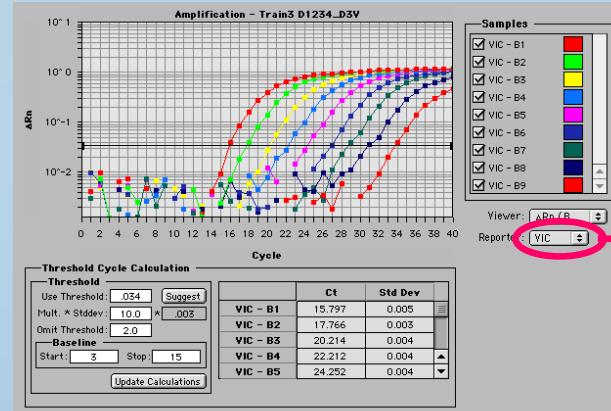
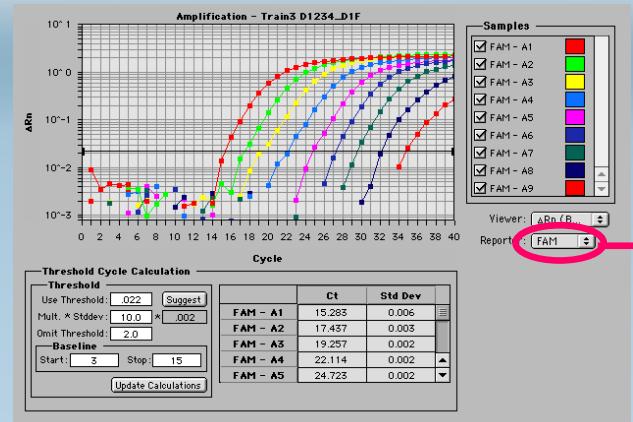
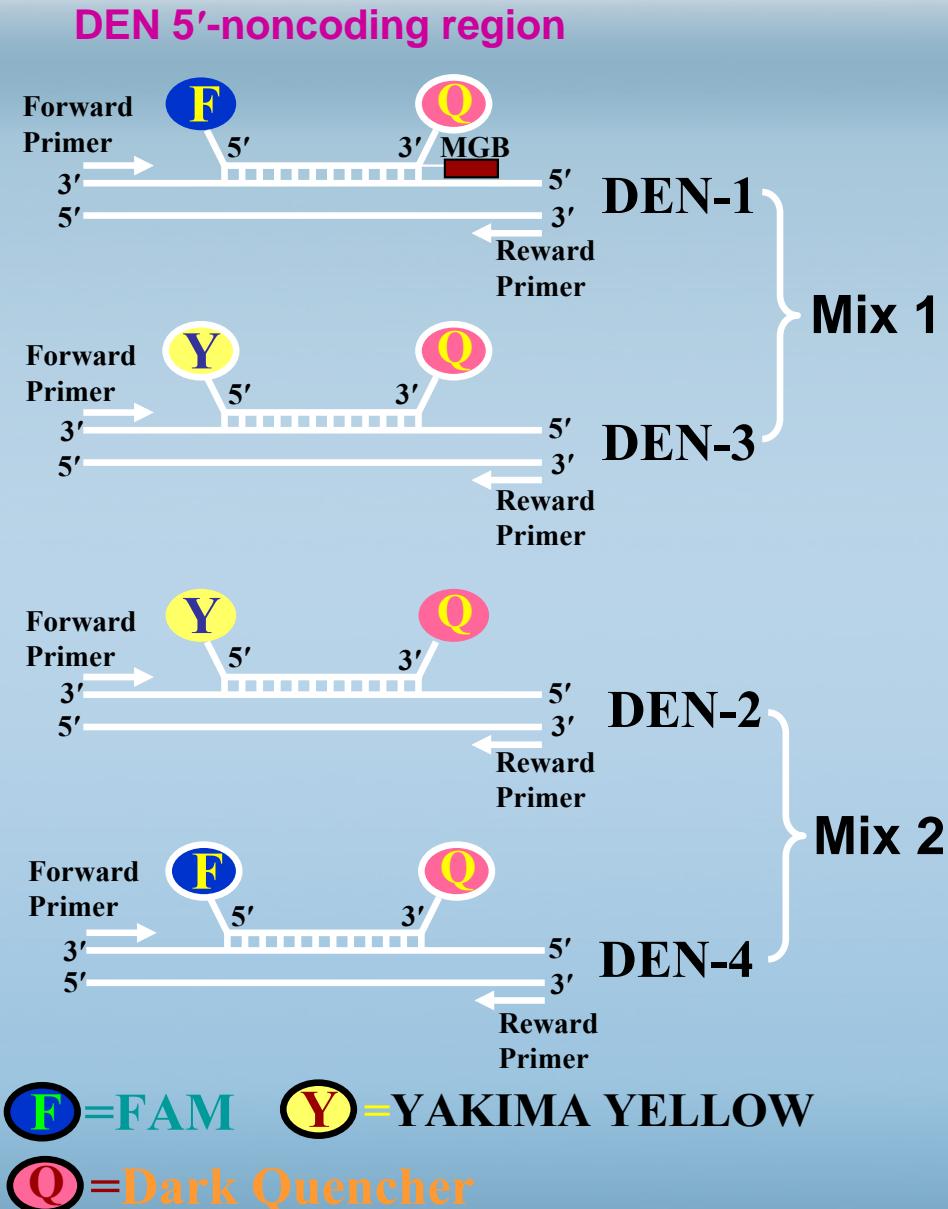
**Amenable to Validation**

**Cost**

**More sophisticated equipment**



# Dengue Quantitative Real-Time PCR





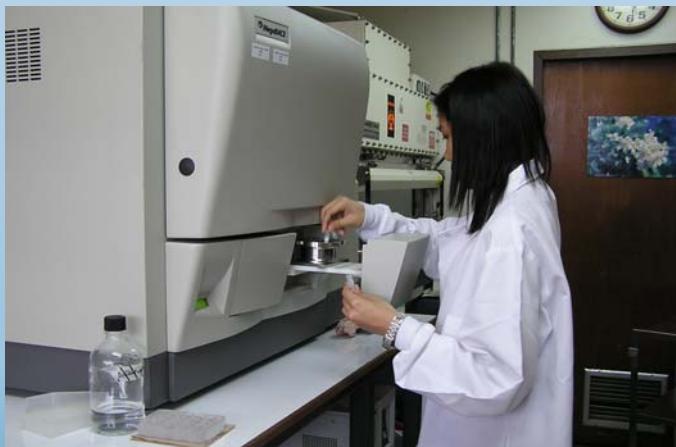
# Detection of Dengue NS1 antigen

- Commercial NS1 Ag Detection Kits used at AFRIMS
- Commercial EIA and Rapid antigen are available but are not used in AFRIMS sponsored s

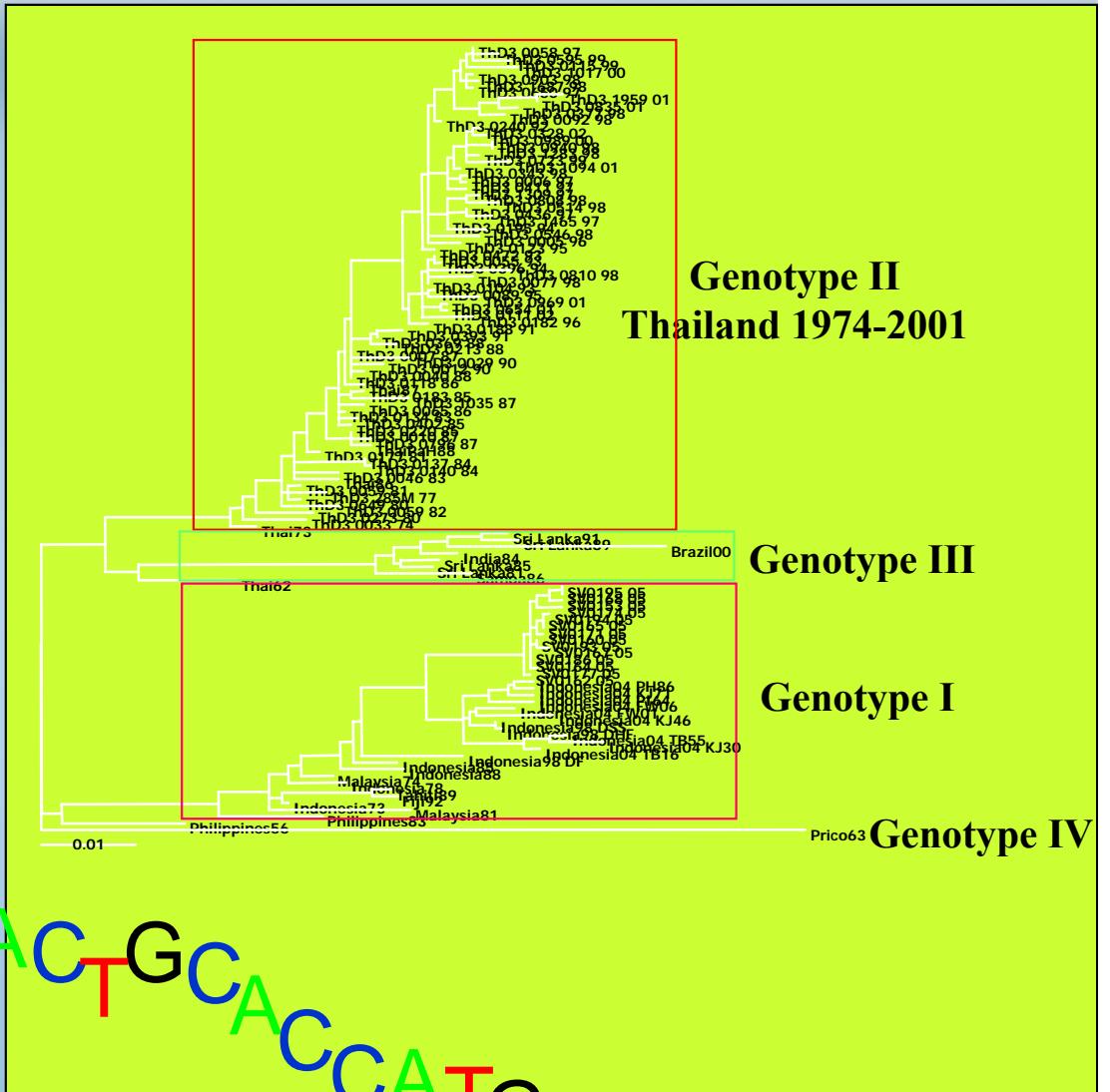


# Genetic Sequencing

- Evolution Studies
  - Genotyping
  - Genetic Pathogenesis

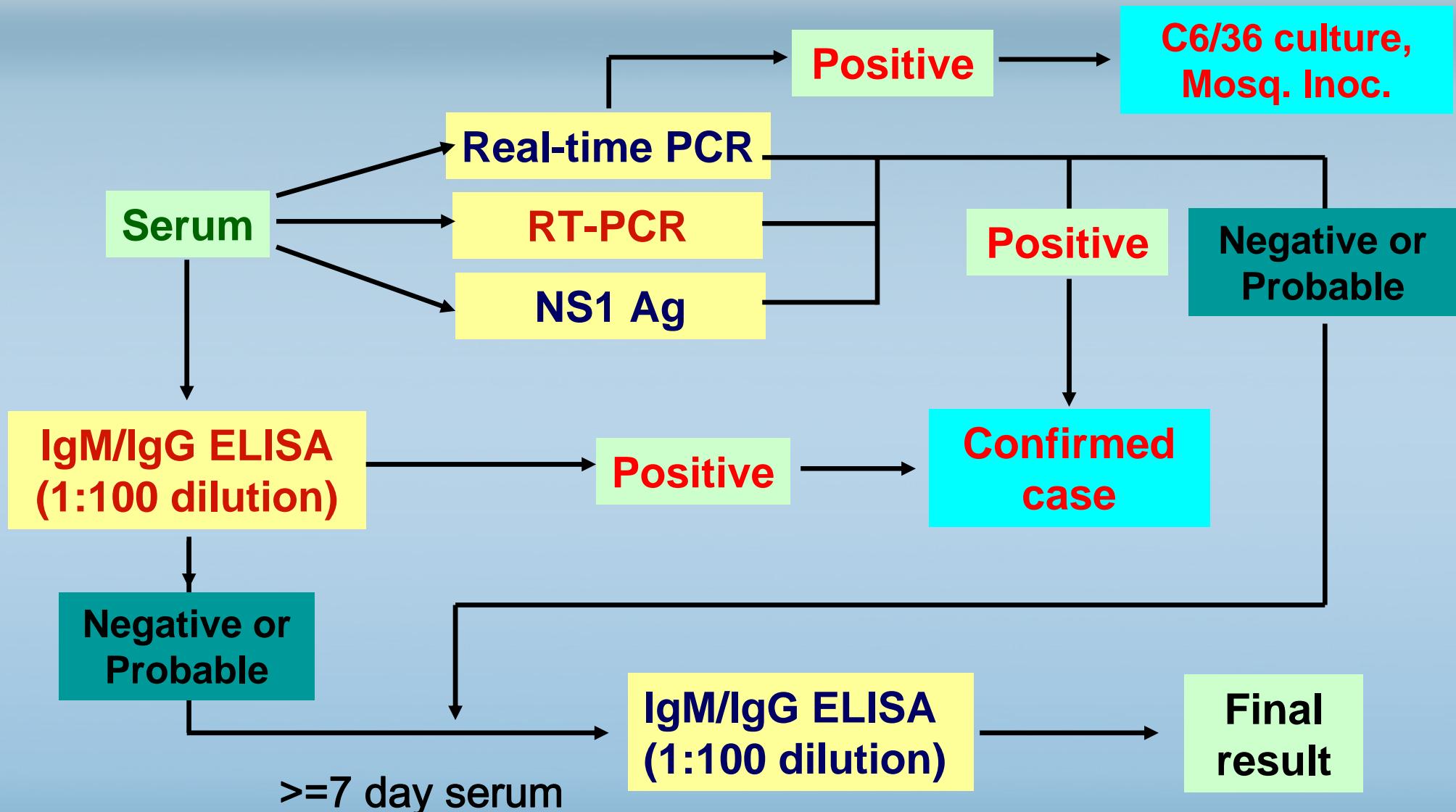


A<sup>G</sup>T<sub>T</sub>T<sup>A</sup>C<sub>T</sub>G<sub>C</sub>A<sub>C</sub>C<sub>C</sub>A<sub>T</sub>G<sub>T</sub>





# Flow Chart of Laboratory Diagnosis of Dengue Virus Infection





# Questions



