

Measurement of antibodies response to avian influenza A(H7N9) virus in confirmed human cases by multiple serology methods

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Serological method evaluation on new emerging avian influenza A(H7N9)virus

- **Sera panels**

Description	H7N9 patient group			Non H7N9 patient group		
	Single serum sample of acute-phase	Single serum sample of convalescent-phase	Paired serum samples	General population	Seasonal flu antibody positive	Poultry workers with H9N2 or H5N1 positive antibody
No.of serum samples	21	7	19	94	100	64
Average ages(range)	57(3.8-87)	53(30-75)	35(4-69)	21(18-39)	24(1-79)	40.5(8.9-70)
Testing methods	HI,MN,WB	HI,MN,WB	HI,MN,WB	HI,MN	HI,MN	HI,MN

- Main factors we evaluated

WB(Gold standard)

Concentration(HA protein) and dilution(sera) modification

HI

Evaluation on different type of RBCs

RBC adsorption

MN

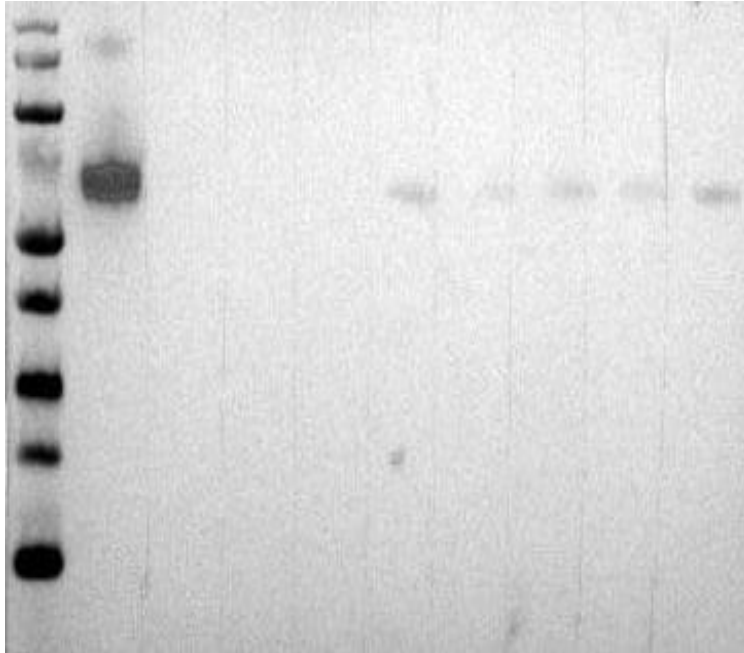
Reducing virus concentration(100TCID50 VS 50TCID50)

Cells numbers

BSA concentration

Western-blot assay

Marker 1 2 3 4 5 6 7 8 9



1 anti H7N9 rabbit sera
2 anti-H3 human sera
3 anti-H5 human sera
4 anti-H9 human sera
5 Case1 MN=20
6 case2 MN=20
7 case3 MN=10
8 case4 MN=40
9 case5 MN=40

HA protein (Sino Biological, Inc.): 250ng
Dilution of human sera:1:1000

Hemagglutination-Inhibition (HAI) assay

Study populations	No. of serum samples	RDE treated-RBC adsorption	RBC adsorption-RDE treated
		No. of serum samples with HI titer of ≥ 20 HRBC	No. of serum samples with HI titer of ≥ 20 HRBC
General populations with natural infection of seasonal H1,H3,Bv,By	100	0	3
Poultry workers with H5N1 antibodies and H5N1 cases	15	2	2
Poultry workers with H9N2 antibodies	49	0	3
Total	164	2	8

Serum samples	RDE treated-RBC adsorption	RBC adsorption-RDE treated	Testing Virus
	HI titer	HI titer	
AH1 FS(NIC)	640	80/160	LOT#20130701

Plasma causes trouble

Plasma(heparin)

No.of samples	Day after onsets	HRBC HI Titer	mMN titer	Day after onsets	HRBC HI Titer	mMN titer	Seroconversion	
							HI	mMN
1	6	320	5	28	160	5		
2	12	160	5	14	20	5		
3	5	320	5	19	160	20		
4	8	160	5	17	160	10		
5	10	320	5	31	640	80		
6	6	160	5	13	160	40	3(30%)	7(70%)
7	9	160	5	18	320	20		
8	7	10	5	13	320	640		
9	8	20	5	22	320	20		
10	9	40	5	28	1280	80		

Sera

No.of samples	Day after onsets	HRBC HI Titer	mMN titer	Day after onsets	HRBC HI Titer	MN titer	Seroconversion	
							HI	mMN
1	5	10	5	25	640	160		
2	0	5	5	24	40	20		
3	5	10	5	35	320	80		
4	7	5	5	46	320	80		
5	5	10	5	27	160	20	6(75%)	6(75%)
6	6	10	5	26	320	80		
7	0	5	5	63	5	5		
8	5	5	5	28	5	5		

Hemagglutination-Inhibition (HAI) assay

- Comparison between HRBC and TRBC

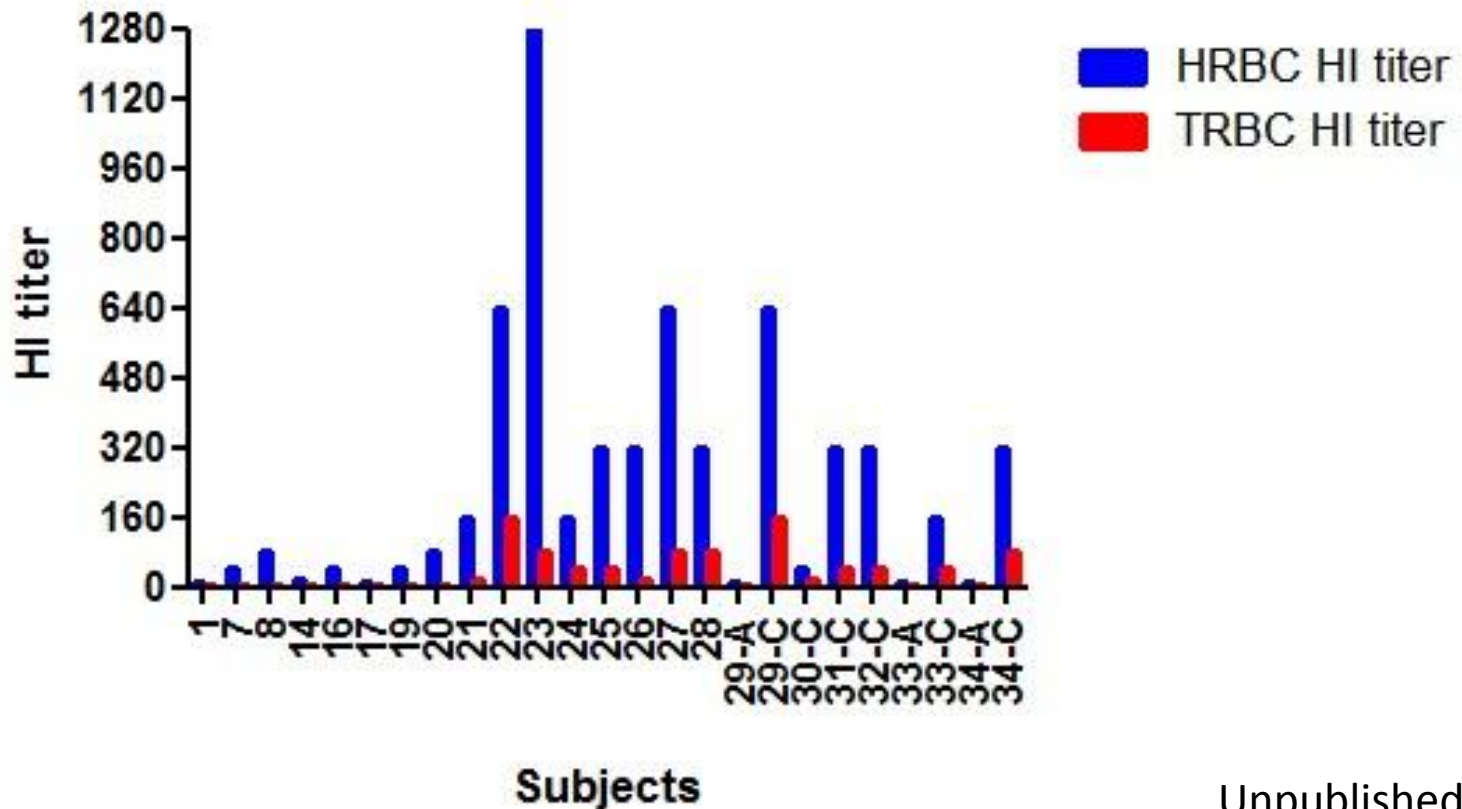
Virus concentration: 4HAU

RBC standardization

HRBC: $1.5E+08$ /ml with 0.5%BSA(Roche)-adapted from USCDC

TRBC: $4E+07$ /ml (WHO Manual 2011)

HRBC is 2-16 fold higher than TRBC



Unpublished data

Sensitivity and specificity of TRBC HI and HRBC HI

Testing results	No.of study subjects(average age)	Sensitivity % (95%CI)*	Specificity % (95%CI)*
TRBC HI	43(50.2 years-old)		
HI \geq 20		74(61-87)	100
HI \geq 40		58(43-73)	100
HI \geq 80		32(18-46)	100
HI \geq 160		11(2-20)	100
HRBC HI	47(47.5 years-old)		
HI \geq 20		95(89-101)	93(86-100)
HI \geq 40		90(81-99)	93(86-100)
HI \geq 80		75(63-87)	96(90-101)
HI \geq 160		65(51-79)	100

*: Using WB as “confirmatory method”

Unpublished data

Cut-off value for HI and MN assays

Validation the cut-off value by using 15 convalescence H7N9 human sera and 258 non-patient sera

Group	N	HI \geq 20 % (95% CI)	HI \geq 40 % (95% CI)	HI \geq 80 % (95% CI)	HI \geq 160 % (95% CI)
Sensitivity	15(ages<60yr)	87(70-104)	87(70-104)	80(60-100)	80(60-100)
Specificity	258(ages<60yr)	97(95-99)	98(96-100)	100	100

Microneutralization (MN) assay

MN

100TCID₅₀

1% of BSA

$1.5 \times 10^5/\text{ml}$



mMN

50TCID₅₀

0.5% of BSA

$1 \times 10^5/\text{ml}$



Sensitivity and specificity of MN with different concentration of virus

Testing results	No.of study subjects(average age)	Sensitivity % (95%CI)*	Specificity % (95%CI)*
MN	47(47.5 years-old)		
≥10		70(57-83)	100
≥20		65(51-79)	100
≥40		45(31-59)	100
mMN	47(47.5 years-old)		
≥10		100	100
≥20		85(75-95)	100
≥40		55(41-69)	100

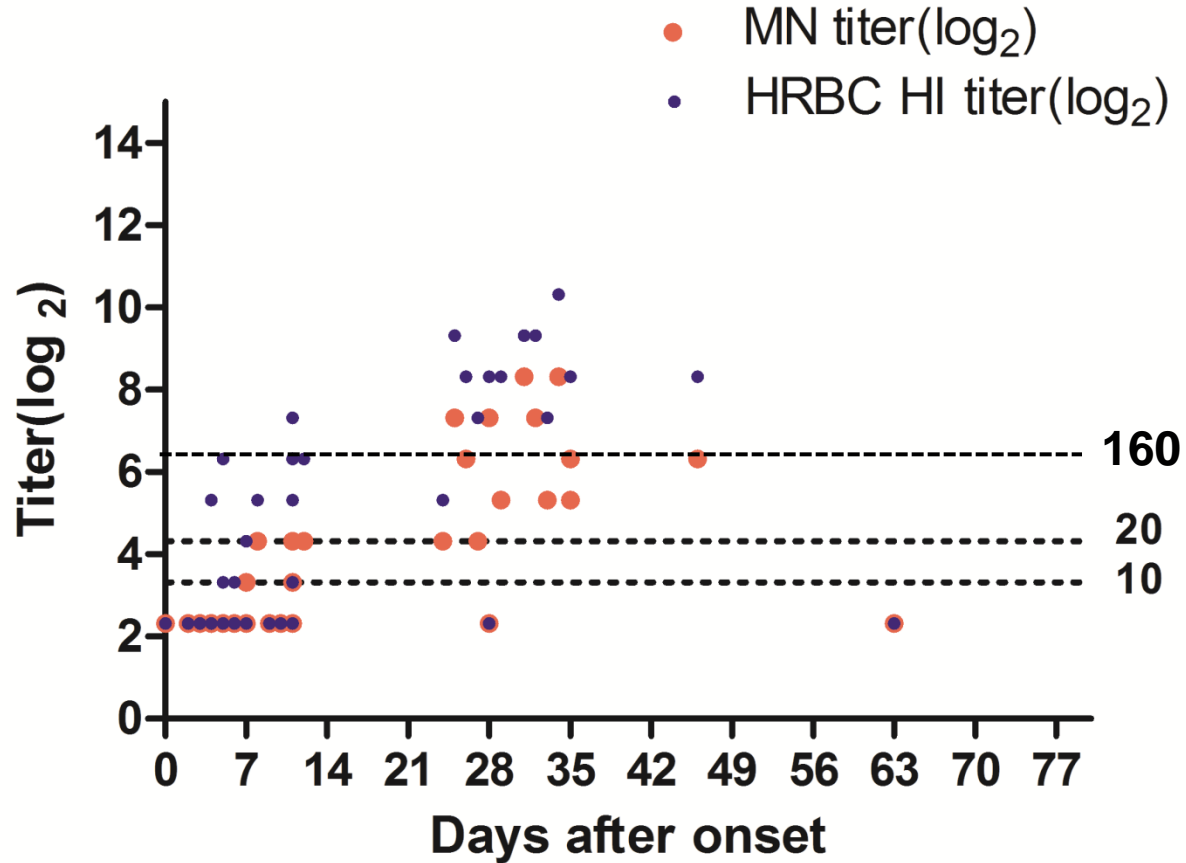
***: Using WB as “confirmatory method”**

Cut-off value for MN assays

Validation the cut-off value by using 15 convalescence H7N9 human sera and 258 non-patient sera

Group	N	mMN ≥ 10 % (95% CI)	mMN ≥ 20 % (95% CI)	mMN ≥ 40 % (95% CI)	mMN ≥ 80 % (95% CI)
Sensitivity	15(ages<60yr)	87(70-104)	87(70-104)	73(51-95)	53(28-78)
Specificity	258(ages<60yr)	100	100	100	100

Spectrum of antibodies to H7N9 virus by along the days after onsets



Conclusion

- Although the H7N9 virus could bind to both avian-type ($\alpha 2, 3$ -linked sialic acid) and human-type ($\alpha 2, 6$ -linked sialic acid) receptors, horse RBCs increase the sensitivity of HI in detecting antibody response to H7N9 virus comparing to turkey RBCs.
 - A reversal sera treatment order is recommended
 - Plasma is not proper for case diagnosis and serology survey
- Modified MN increase the sensitivity and has a better consistency with WB.
- Cases diagnosis:
 - 4-fold rise titer in H7N9 HI or mMN
 - Convalescent HI titer: ≥ 160 or mMN titer ≥ 10
 - Sera with a horse HI titer of 20-80 should be confirmed by mMN or WB.

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