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Multiplex Real-Time PCR for the Detection of Gastrointestinal Bacterial Pathogens: A Comparison of Two Commercial Assays





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Abstract

Background: Multiplexed molecular panels allow rapid detection of multiple stool pathogens, reducing workload and turn around time compared to conventional methods. This study evaluated the performance of Seegene Allplex[™] GI-Bacteria (I) and (II) panels and Roche LightMix[®] gastrointestinal bacterial assays.

Methods: A total of 233 frozen, pre-characterized clinical or simulated Copan fecal swab[™] specimens were tested on Allplex[™] panels, while 219 were tested on LightMix® panels. Fecal swab fluid (190uL) was combined with 10uL of each Allplex[™] GI-BP internal control and LightMix® phocine herpesvirus extraction control and extracted on the Roche MagNA Pure Compact. PCR was performed in parallel on the Bio-Rad CFX96 and LightCycler 480II, using reaction parameters specified by the manufacturers. Campylobacter spp, Salmonella spp, Shigella spp, Y. enterocolitica, Aeromonas spp and Shiga toxin 1/2 genes were compared between both assays, with C. difficile, Vibrio spp and E. coli OI57 only evaluated on AllplexTM, and *P*. shigelloides only evaluated on LightMix[®]. Sensitivity and specificity were calculated using a modified gold standard, composed of at least 2 positive between routine stool culture, AllplexTM and LightMix^{\mathbb{R}} PCR. **Results:** Allplex[™] panels provided accurate results in 192/198 (97%) clinical specimens while LightMix® was accurate in 183/189 (96.8%). When both clinical and simulated specimens were considered, Allplex[™] had excellent performance for all targets, apart from Campylobacter spp (87.5% sensitivity) and Vibrio spp (66.7% sensitivity), since more unusual species (eg: C. upsaliensis, V. fluvialis) were not detected (Table 1). LightMix® performed well with >90% sensitivity and >99% specificity for all targets. **Conclusions:** Both assays performed well in detecting clinically relevant infections, compared to conventional methods.

Introduction

- Infectious diarrhea is a leading cause of morbidity and mortality worldwide (1).
- This study compared the performance of the Seegene Allplex[™] GI-Bacteria (I) and (II) panels to the Roche LightMix® Modular Gastrointestinal Bacterial Assays

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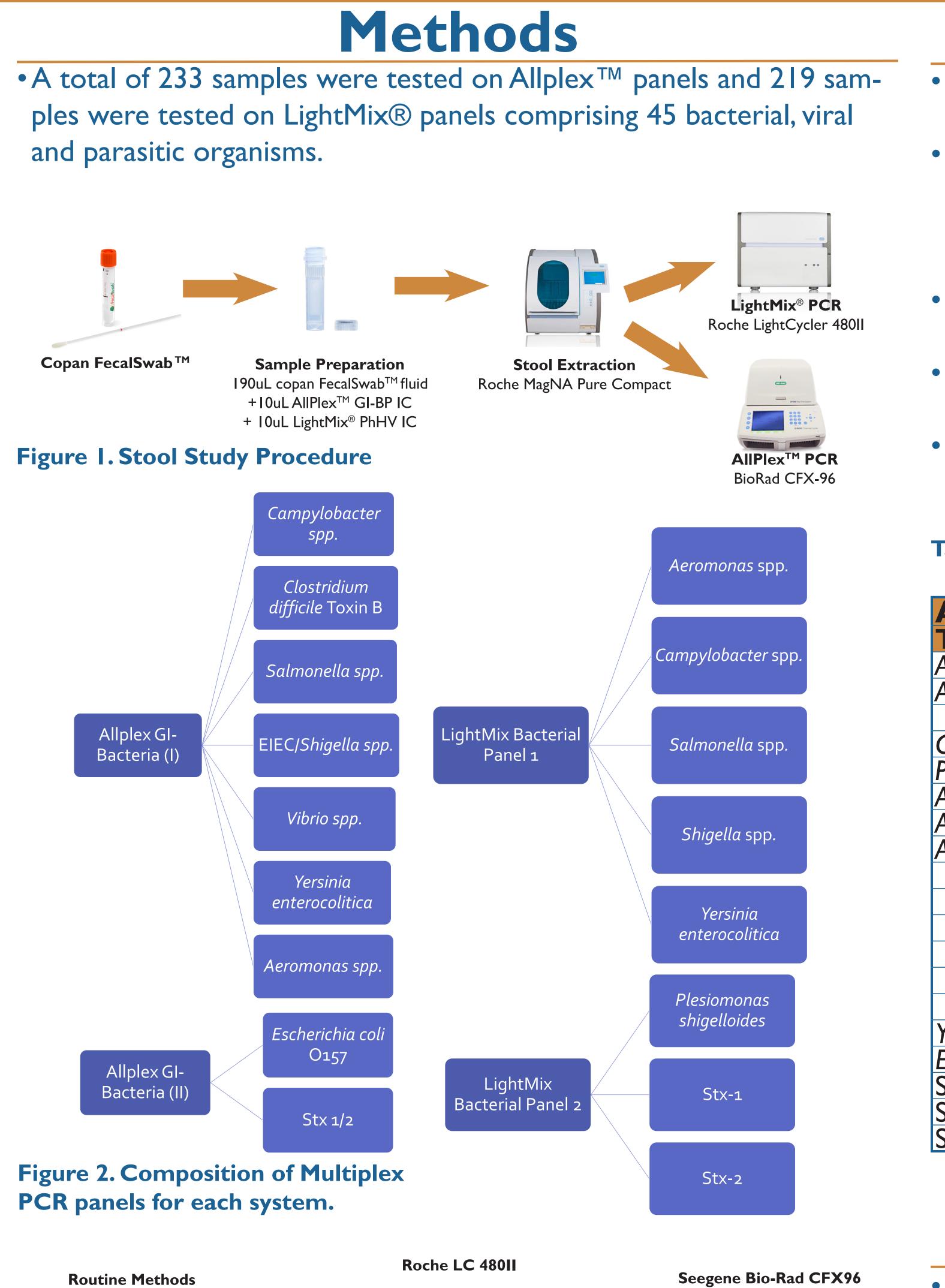


Figure 3. The Modified Gold Standard used to analyze results

Modified Gold Standard Specimen considered positive if \geq 2/3 Methods confirmed the result

- for all targets.
- on Panel (I) and 4.3% run on Panel (II).
- run on Panel I and 14.2% run on Panel 2

Table I. Sensitivity and specificty results for all targets

Assay		Allplex TM		LightMix®	
Target	n	Sens	Spec	Sens	Spec
Aeromonas spp	30	96.7%	99.5%	93.3%	100%
All Campylobacter spp	40	87.5%	99.5%	100%	100%
C. coli/C. jejuni only	33	100%	100%	100%	100%
Clostridium difficile	19	100%	99.5%		
Plesiomonas shigelloides	5			100%	99.5%
All Salmonella spp	28	100%	100%	100%	100%
All Shigella spp	10	100%	100%	100%	100%
All Vibrio spp	9	66.7%	100%		
Vibrio alginolyticus		0.0%	100%		
Vibrio cholerae	2	100%	100%		
Vibrio fluvialis		0.0%	100%		
Vibrio mimicus		0.0%	100%		
Vibrio parahaemolyticus	3	100%	100%		
Vibrio vulnificus		100%	100%		
Yersinia enterocolitica	16	100%	100%	93.8%	100%
E. coli OI57	7	100%	100%		
Stx-I	9			100%	100%
Stx-2	15			100%	100%
Stx-1/2	17	100%	100%		

• Both assays performed well in detecting clinically relevant infections, compared to traditional methods



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Results

[•] Allplex[™] panels provided accurate results in 192/198 (97%) clinical specimens while LightMix® was accurate in 183/189 (96.8%). • Allplex[™] demonstrated lower sensitivity for *Campylobacter* spp (87.5%) and Vibrio spp (66.7%), since more unusual species (eg: C. upsaliensis, C. fetus, V. fluvialis, and V. alginolyticus) were not detected, as primers were designed to detect more common species • LightMix® performed well with >90% sensitivity and >99% specificity

• For Allplex[™] assays, inhibition was observed in 6.4% of samples run

• For LightMix® assays, inhibition was observed in 12.3% of samples

Conclusion

References

(1) Humphries RM, Linscott AJ. Laboratory diagnosis of bacterial gastroenteritis. Clin Microbiol Rev 2015;28(1):3-31.