

**Diagnostic methods for Q fever in ruminants:  
contribution to the validation of performances and to  
their harmonization**

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## KEYNOTES

**Diagnostic methods for Q fever in ruminants: contribution to the validation of performances and to their harmonization**

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Work to improve the quality of diagnostic methods for Q fever is being pursued in France, by the National Reference Laboratory (NRL), together with producers of available commercial kits, analytical laboratories, and with scientific collaborators. Standardization and calibration of methods are a prerequisite for the production of reliable and usable data for a network of laboratories, involved in surveillance programs as well as epidemiological studies, case diagnostics and confirmation or investigations linked to human outbreaks. The role of the NRL is also to ensure that the performance of methods by analytical laboratories, and, their harmonization across a network of laboratories, are properly maintained.

Serological analyzes are carried out in France using three ELISA commercial kits, which use antigens obtained from different strains of *Coxiella burnetii*. Discordant results between kits are observed. Moreover, no reference method exists, and there is no collection of true positive and true negative sera, representative of the diversity of the epidemiological situations encountered for the three main target species (sheep, goat and bovine) bred in French

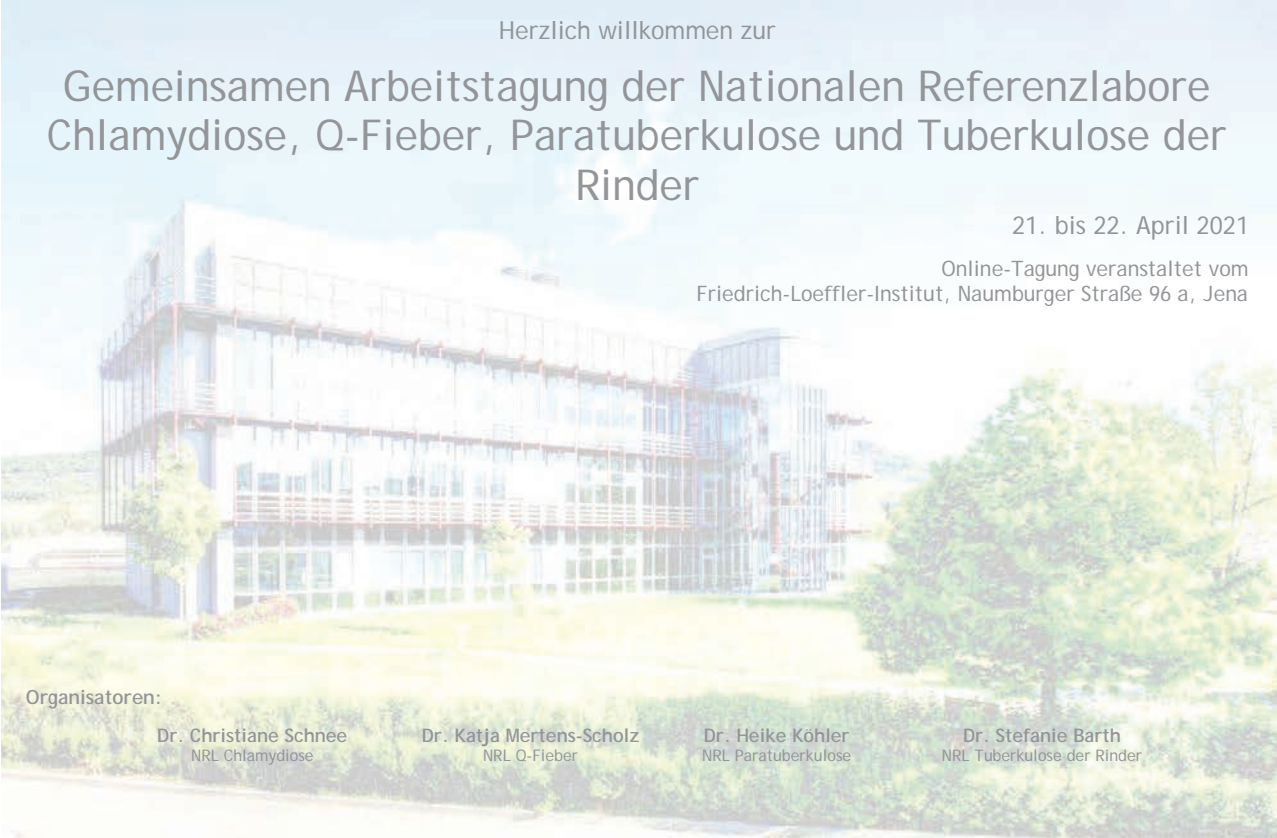
regions. First, to overcome these difficulties, a reference material (RM), provided by the NRL, was included into the manufacturers' quality control. This allows estimating the variability of the measurements around the positivity threshold, which corresponds to the critical zone, and defining calibration criteria for each kit batches. Second, a comparative study was undertaken using a probabilistic modeling approach to better characterize the diagnostic performances of the kits in clinical or epidemiological contexts (PhD in progress). The results are expected to assess the kits' specificities and sensitivities. Based on these characterizations, a common standard serum for all kits, or even a common reference serological antigen, could be developed to be available to kit producers.

Real-time PCR methods, based on commercial kits, were validated in compliance with the U47-600 standard provided by the French normalization body (AFNOR), and, harmonized within the framework of a network of laboratories. Because these methods are used for the etiological diagnosis of abortion to Q fever, a bacterial load threshold was suggested. Then in order to reduce the financial costs associated to quantitative PCR (qPCR), a principle of PCR relating to this clinical interpretation threshold (relative PCR, rPCR) has been proposed. A list of validated 23 qPCR and rPCR methods has thus been established and recommended in France for the clinical diagnosis of laboratories. Adoption assays were performed, in laboratories conditions, to confirm initial performance of a specific method before routine analysis. Instructions on how maintaining this performance were provided, in particular on the basis of a bacterial RM and a control chart. Beyond this global harmonization work, additional studies must also be carried out to consolidate or change the definition of the threshold.

**Kontakt:**

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[13]



Herzlich willkommen zur

# Gemeinsamen Arbeitstagung der Nationalen Referenzlabore Chlamydiose, Q-Fieber, Paratuberkulose und Tuberkulose der Rinder

21. bis 22. April 2021

Online-Tagung veranstaltet vom  
Friedrich-Loeffler-Institut, Naumburger Straße 96 a, Jena

Organisatoren:

Dr. Christiane Schnee NRL Chlamydiose	Dr. Katja Mertens-Scholz NRL Q-Fieber	Dr. Heike Köhler NRL Paratuberkulose	Dr. Stefanie Barth NRL Tuberkulose der Rinder
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## DIAGNOSTIC METHODS FOR Q FEVER IN RUMINANTS:

### CONTRIBUTIONS TO THE VALIDATION OF PERFORMANCES AND TO THEIR HARMONIZATION

MEETING OF THE NATIONAL REFERENCE LABORATORY OF CHLAMYDIOSIS, PARATUBERCULOSIS (PTB),  
BOVINE TUBERCULOSIS (BT) AND Q FEVER (QF)

FLI, GERMANY, WEB CONFERENCES, 2021 21-23

#### **Missions** of the French RNL for Q fever



##### Reference laboratory at:

- > national level \* (mandated by the French Ministry of Agriculture)
- > international level since 2013 (OIE)

##### Contributions to research projects / reference activities / expertises for:

- Methods for diagnosis and epidemiology
- Measures for sanitary management (protection of animal and public health)
- Investigations linked to clustered human cases (health crisis, risks of exposure)
- Epidemiology (understanding the infection, contribution to monitoring)

*\*List of RNL in France at ANSES : <https://www.anses.fr/en/content/reference-mandates>*

Diagnostic methods for Q fever in ruminants: contribution to the validation of performances and to their harmonization

## Sanitary situation of Q fever in ruminants in France



### Data at herd level

#### First large survey in ten departments

(2012-2015 / 10 labs)

Gache *et al*, Epidemiol. Infect. 2017

Species	Total (episodes)	% Pos	Min-Max (department)
Cattle	3 324	2,7	0 – 5.1
Sheep	776	6,2	0 – 17.9
Goats	114	15,8	0 – 36.4

Q fever abortive episodes

No mandatory monitoring in

France

(E category within new

Animal Health Law in Europe

=> to prepare)

Species	Total (herds)	% Pos	Min-Max (department)
Cattle	731	36	6.4 – 75.5
Sheep	522	56	11.4 – 84.4
Goats	349	61	25.0 – 82.6

OSCAR

(27 departments)

C. burnetii infection serological survey

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## Reference missions on available tests for current Q fever diagnosis



**In France, the tests routinely used in veterinary laboratories are**

(10 mandated laboratories, 27 OSCAR volunteer departments, 50-80 participating labs in ILPTs)

### Serological methods :

Several indirect ELISA commercial kits

### PCR methods (DNA extraction + PCR run) :

Commercial kits and homemade methods

**Aim = to ensure the quality of the results / the reliability of the methods**

- **Standardization + validation** => Defined and maintained performances of a fixed SOP
- **Harmonization** => Comparable results from several methods performed by a network of labs

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# 1 — Contributions of the QF-RNL to the real-time PCR tests

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## Validations carried out in collaboration with PCR kits manufacturers

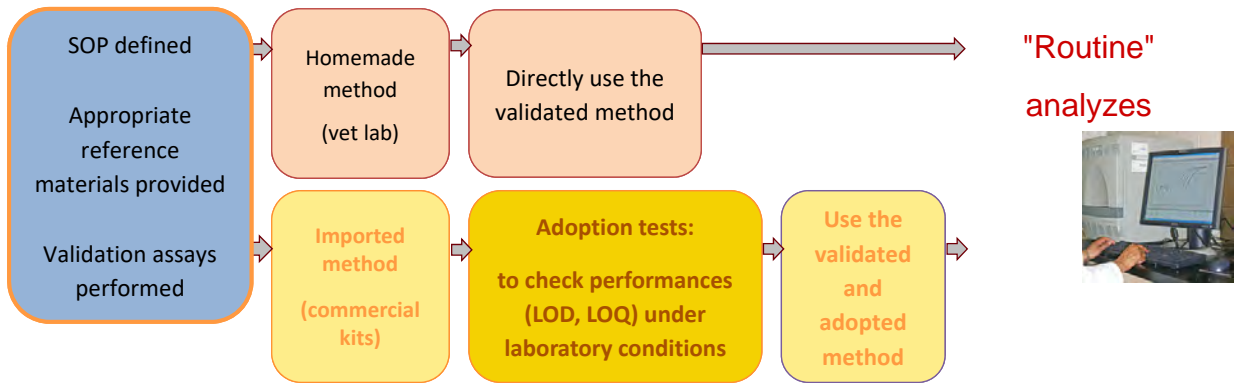
- Priority on methods required for the **diagnosis of abortion series**
- Validation in accordance with:
  - the French **AFNOR U47-600 standard** (first published in 2011)
  - the **QF-NRL requirements and conformity criteria**

- ❑ **Biological matrices targeted:** vaginal or endocervical mucus and placental cotyledons
- ❑ **Two thresholds:**  $10^4$  bact / mL (individual) and  $10^3$  bact / mL (pool of 3 animals)
- ❑ **Quantification**
  - ❑ including a maximum of  $10^6$  bact / mL and the thresholds ( $LOQ < 10^3$  bact / mL)
  - ❑ a 5-point range
  - ❑ accuracy maximal limits of  $\pm 0.70 \log_{10}$  bact / mL on the entire quantification domain

**Conformity criteria** for assay validation / each Performance characteristic

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## Adoption by labs for the implementation of a new or a modified method

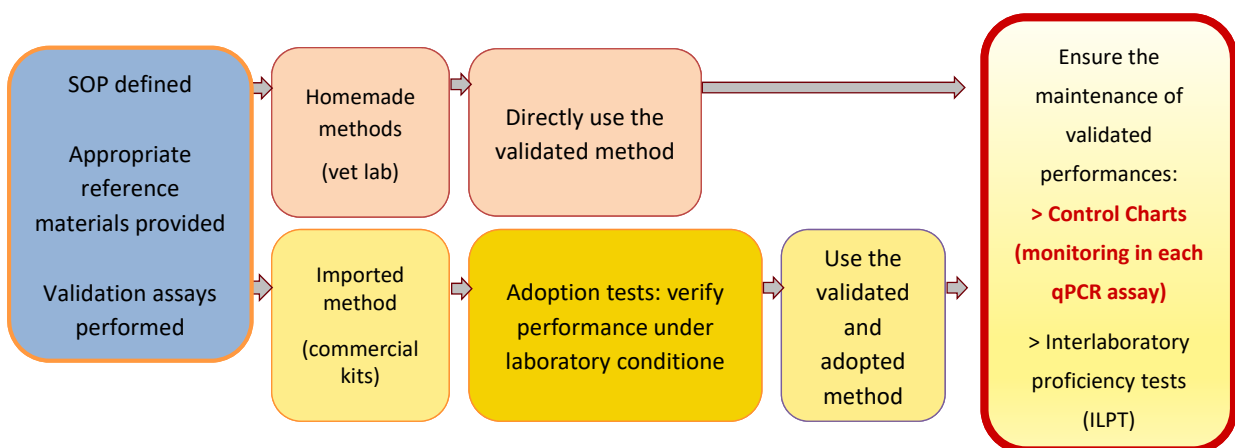


Rousset *et al*, Euroreference 2012

<https://pro.anses.fr/euroreference/Documents/ER08-Meth-FievreQAvortEN.pdf>

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## Continuous verification of routine analyzes (internal control chart)

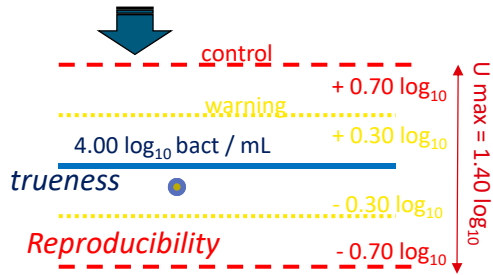


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## Control chart (CC) data from a laboratory network

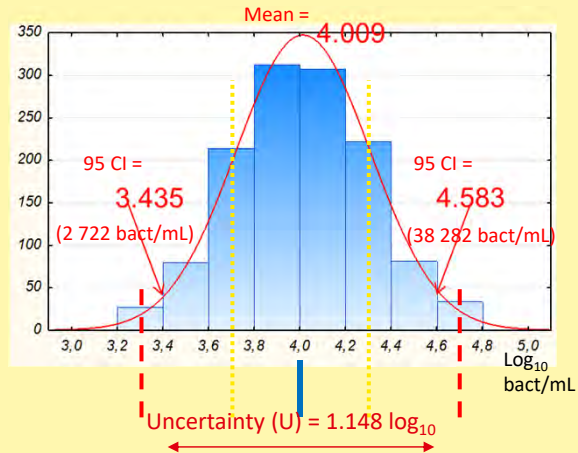


Bacterial CC tracer (prepared from the QF-RNL Reference Material) included in each tested series



Verification of the value obtained in comparison with the expected value and the maximum authorized limits at  $0.70 \log_{10}$

## Distribution of 1,274 tracer data obtained by 10 networked laboratories over 3 years



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## Inter-laboratory proficiency tests (ILPT) for Q fever PCR in 2018

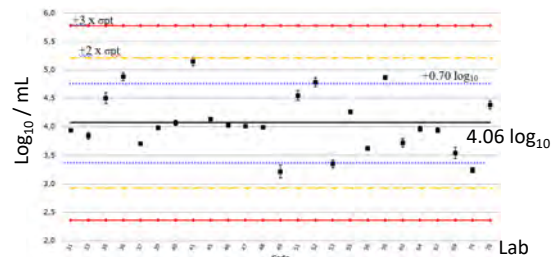


### Data obtained by 25 participating laboratories

- ↳ Precision and trueness obtained by each lab
  - ↳ Global mean at  $4.06 \log_{10}$
  - ↳ Global standard deviation at  $0.56 \log_{10}$
  - ⇒ **Measurement uncertainty  $U = 2 \times 0.56 = 1.12 \log_{10}$**
- in this **ILPT network labs**, for results close to the “the threshold currently considered to attribute abortions to Q fever” at  $4 \log_{10}$  bact / mL (individual)

### S4 sample

Results of the measurements in repeatability conditions (three repetitions per test)



### Consensus reference quantitative values

Sample ID	Value (in $\log_{10}$ bacteria/ml)	Measurement range
S3	3.33	2.85 – 3.81 ( $\sigma = 0.48$ )
S4	4.06	3.50 – 4.61 ( $\sigma = 0.56$ )
S5	5.24	4.66 – 5.82 ( $\sigma = 0.58$ )

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## Relative (or semi-quantitative) PCR for abortive diagnosis : rPCR



In the rPCR mode, the tracer is calibrated to set at the interpretation threshold



The maximal limits on the control chart are:

+/- 0.70 log<sub>10</sub> for the tracer using  
qPCR

+/- 2.33 Ct for the tracer at interpretation  
threshold using rPCR

↳ more affordable cost than qPCR

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## 2 — Contributions of the QF-RNL to the serological ELISA tests

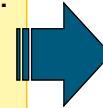
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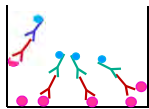
## Available serological methods

**No reference method (no collection of samples, no validation of methods):**

- ✓ ELISA and IFI generally shown to be more sensitive than CF
- ✓ IFI less robust than ELISA (operator dependent IFI reading)
- ✓ CF is no longer prescribed by the OIE for international trade



**3 semi-quantitative ELISA kits**



Indirect ELISA kit	IDEXX	PrioCHECK	ID Screen
<b>Antigen</b> ( <i>C. burnetii</i> strain)	Nine Mile (reference)	Ovine Cb (French isolate)	Bovine Cb (French isolate)
<b>Conjuguate (HRP) binding</b>	To ruminant IgG	To multi-species IgG (protein G)	
<b>Thresholds set by manufacturers</b> (anti-Cb antibody rates in %OD, Optical Density)	Negatif < 30 OD% 30 ≤ Doubful < 40 Positive ≥ 40	Negatif ≤ 40 OD% 40 < Positive + ≤ 100 100 < + + ≤ 200 200 < + + + ≤ 300 Positive + + + + > 300	Negatif ≤ 40 OD% 40 < Doubful ≤ 50 50 < Positive ≤ 80 Strongly positive > 80

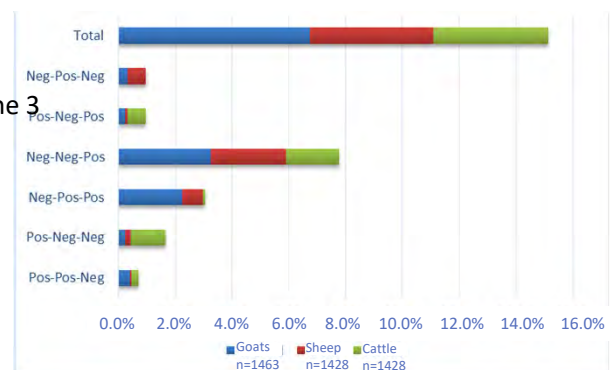
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## Discordant results between available ELISA tests

### Example

4319 sera analyzed under the same conditions with the 3 kits

- ⇒ 15% of discordant results !
- (other than Neg-Neg-Neg and Pos-Pos-Pos)



### Performances for harmonization ?

- ↪ Difference in specificity ? *Serological Ag involved ?*
- ↪ Difference in sensitivity ? *Threshold not set correctly ?*
- ↪ Bad reproducibility (precision) and trueness ? *Variability between kit batches ?*

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## Calibration of kit batches



**Reference Material-calibrating (RNL)**

**Preparation:**  
2 levels around the threshold of each tested kit

Idexx->1:1 & 1:2  
PrioCHECK->1:2 & 1:4  
ID Screen->1:4 & 1:8  
**RM Certificate**

## Experimental plan

### Tested batch :

- ✓ 3 independant assays (1 to 3 operators),
- ✓ 20 repetitions minimum (for each level)

### Calculation of variability parameters (RNL file) :

- mean (trueness)
- repeatability
- inter-series SD
- reproducibility (limits)
- coefficient of variation

Batch of External Reference Serum (French MRE) : SCE1/2011-12

Lot du MRE (français) utilisé

**Kit batch certificate**

MRE dilution Niveaux du MRE calibrant FQ	Titre Titre	Low limit of 2 Standard Deviation Limite basse de 2 écart-types	High limit of 2 Standard Deviation Limite haute de 2 écart-types	Repeatability Répétabilité (%CV)	Reproducibility CV (% de fidélité internationales (F))
1/2	54	43	65	8.3	10.3
1/4	24	18	30	8.4	13.0

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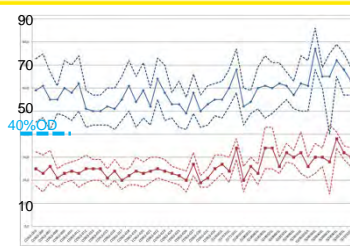
## Calibration of kit batches



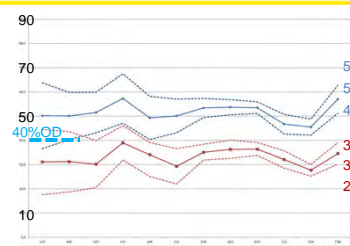
### Monitoring of between-batch standardization : data reported on batch certificates (since 2012)



**ELISA 1 (27 batches\*)**  
Threshold at 30%OD  
RM at 1:1 & 1:2  
U = 14.0 & 9.1  
CV% = 11.4 & 10.4



**ELISA 2 (45 batches)**  
Threshold at 40%OD  
RM at 1:2 & 1:4  
U = 9.0 & 5.2  
CV% = 7.6 & 6.2



**ELISA 3 (12 batches)**  
Threshold at 40%OD  
RM at 1:4 & 1:8  
U = 6.7 & 6.3  
CV% = 7.2 & 10.8

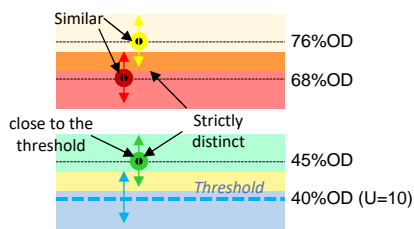
Define the maximal limits and the expected values

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## Importance of **measurement calibration** for **semi-quantitative ELISA**

### ↪ Acceptance criteria of precision (limits) and trueness (expected value) at the positivity threshold

- ↪ data to help with batch acceptance by the laboratory user
- ↪ a single control chart monitored for successive batches



### ↪ A standardization over time for each ELISA kit =

Threshold and uncertainty at threshold are controlled

- ↪ Similar and strictly distinct results / **Comparisons or evolutions (statistical differences)**
- ↪ the "Doubtful" in the diagnosis / **"Positive or negative close to the threshold"**

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## Conclusions



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## Take home messages



- ❑ The **tools** (reference materials, standardization, validations, adoptions, bilateral tests, control charts, inter-laboratory tests) contribute to the **reliability of methods**

- ↳ within each laboratory's environment
- ↳ within a network of laboratories

Thus, to determine whether the results could be gathered at national level and used for **infection control, epidemiological investigation or monitoring** (e.g. for new AHL)

- ❑ As NRL, we encourage the presentation of **results with their level of uncertainty**, inherent in any measurement method. This is also a performance characteristic.
- ❑ The exchanges\* with diagnostic laboratories and kit producers provide means for **proactive improvement**



\*Rousset et al, Euroreference 2017: [https://euroreference.anses.fr/sites/default/files/17\\_12\\_ED\\_ER\\_03-1\\_ROUSSET.PDF](https://euroreference.anses.fr/sites/default/files/17_12_ED_ER_03-1_ROUSSET.PDF)

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## Work in progress



### PCR (real time) :

**Progress has been rapid**

#### Reference Material

- validation (bacteria and gDNA)
- clinical threshold (*in test*)

#### Validation (AFNOR standard)

- methods based on kits (list)
- other matrices (*in progress*)

#### Vigilance on performances

- adoptions
- control charts (qPCRq et rPCR)
- ILPT (since 2017)

### ELISA (indirect) :

**A delay in standardization**

#### Reference Material

- for batch calibration (around set thresholds)
- at detectability (threshold harmonization)

#### Validation (scientific publications)

- comparative evaluation in progress** ←
- towards reference tools ?

#### Vigilance on performances

- bilateral tests (using qualified ILPT panels)
- batches std (*control chart to improve*)
- ILPT (since >30 years, ELISA since 2001)

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# Thanks for your attention



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## Available Q fever diagnostic methods and objectives of application



Table 1. Test methods available for the diagnosis of Q fever and their purpose

Method	Purpose					
	Population freedom from infection	Individual animal freedom from infection prior to movement	Contribute to eradication policies	Confirmation of clinical cases	Prevalence of infection – surveillance	Immune status in individual animals or populations post-vaccination
<b>Agent identification</b>						
PCR	+++	n/a	+++	+++	++	+ <sup>1</sup>
Culture	+	n/a	+	-	+	-
Staining	+	n/a	+	+	+	-
Genotyping	n/a	n/a	n/a	n/a	++	n/a
<b>Detection of immune response</b>						
ELISA	+++	n/a	+++	++	+++	+++
IFA	++	n/a	++	++	++	++
CFT	-	n/a	-	++	+	+

Key: +++ = recommended method; ++ = suitable method; + = may be used in some situations, but cost, reliability, or other factors severely limits its application; - = not appropriate for this purpose; n/a = not applicable.

From the Chapter "Q fever" of the OIE manual <https://www.oie.int/en/standard-setting/terrestrial-manual/access-online/> (Manual of Diagnostic Tests and Vaccines for Terrestrial Animals)

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Diagnosis is realized at group level.

(expert reports: French ACERSA 2007, EU EFSA 2010)

⇒ No test prescribed for individual diagnosis

In France, official purposes are :

- ⇒ Differential diagnosis of abortions (OSCAR)
- ⇒ Investigations linked to human clusters (State Note)
- ⇒ Transversal epidemiological survey

For other purposes, we have to:

-define methods to be used, sampling and results interpretations (scheme for free status, movement and introduction, trade)

-develop other tests (early test, DIVA / vaccine).

## Summary of main diagnostic schemes in France



Purpose	Samples	Targeted animals (Unit sample = herd or kidding group)	Used tests	Basis for interpretation	References
Abortive diagnosis	2 vaginal swabs, 6 sera from cattle	max of females having aborted (for < 8 days -> PCR)	qPCR or rPCR	Clinical threshold (10 <sup>4</sup> or 10 <sup>3</sup> bact/swab if individual or pool of 3)	ACERSA (2007) NS DGAL (2010-8262) EFSA (2010) OSCAR (2017->)
	2 vaginal swabs, 10 sera from sheep or goats		ELISA	If one PCR-results is positive, check a 50% seroprevalence	
Investigation of shedding herds (clustered human cases)	20 sera (stratified by 3 ages classes)	max of females having kidding or aborted for < 1 month (10 primiparous and 5 females 2 to 4 years old, 5 over 4 years old)	ELISA	Analyze sera first Semi- and quantitative data	NS DGAL (2011-8124) <i>in revision</i>
	15 vaginal swabs	max of females having kidding or aborted for < 1 month (10 primiparous and 5 multiparous if possible)	qPCR	If one ELISA-result is positive (threshold at 10e4) per herd or if one dust result is positive Threshold at 10e4 bact/swab	
	± Environmental samples *	a dust sample on a cloth per building and per group of female having kidding during the exposure period	qPCR	Analyze dust first Quantitative data	

\*No threshold in terms of transmission risk has yet been established (the use of dust as a risk indicator is at the research stage).

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## Sanitary situation of Q fever in ruminants in France, *rapid overview*



No monitoring in France (*cat E within new AHL: in preparation*)

First large survey in ten departments (2012-2015 / 10 labs)

Species	Total (episodes)	% Pos	Min-Max (department)
Cattle	3 324	2,7	0 – 5.1
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Q fever abortive episodes  
↳ OSCAR

*C. burnetii* infection serological survey

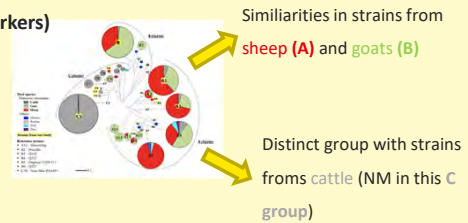
Gache *et al*, Epidemiol. Infect. 2017

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### Database of > 300 *C. burnetii* genotypes

(samples from abortions / 2006-2015 / 9 labs)

#### 3 main MLVA genogroups (17 markers)



Joulié *et al*, Infect Genet Evol. 2017