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## Seroprevalence of Q fever among blood donors and screening for *Coxiella burnetii* DNA in environmental dust in a French conurbation recently confronted to clustered human cases

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# Seroprevalence of Q fever among blood donors and screening for *Coxiella burnetii* DNA in environmental dust in a French conurbation recently confronted to clustered human cases

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International intracellular  
bacteria meeting 2022

August 26<sup>th</sup>

# Context & Objectives

Human clustered Q fever cases

No common source identified despite

- Surveys on infected patients
- Veterinary investigations



This emergence raised issues regarding

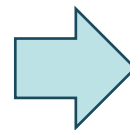
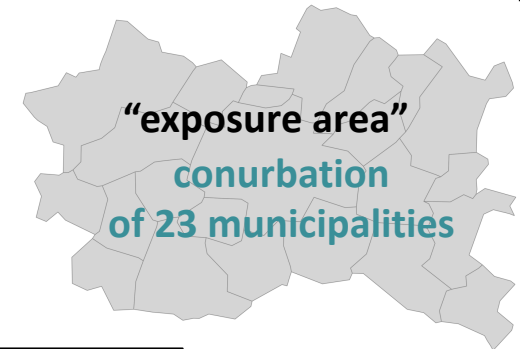
- the risk of exposure for the general population
- the risk of blood donation in this area



April-May 2017

17 suspicions

12 cases confirmed by the National Reference Centre



**EXPAIRCOX**  
research project

Including the current study

**Aim 1**

To assess the exposure of the local human population to *C. burnetii*

**Aim 2**

To assess the seroprevalence of *C. burnetii* infection in local blood donors

# Environmental investigations - METHODS



spring  
2018



Various public places from  
13 municipalities  
within the "exposure area"

Small ruminant farms  
Human population  
Blood donation



OUTDOOR

INDOOR

Swabs

(COPAN SRK Solution™)

Wipes

(SODIBOX™)



Dust samples



+ External  
Positive Control

DNA extraction



PCR analyses

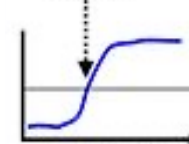
*Coxiella burnetii*

IS1111 sequence

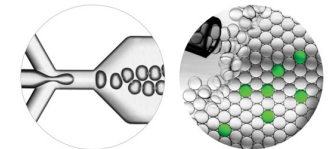


Quantitative  
real-time

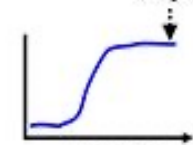
analysis



Droplet  
digital



analysis



Less sensitive to  
PCR inhibitors

# Environmental investigations - RESULTS

## 160 dust samples from public places

Detection of *C. burnetii* DNA

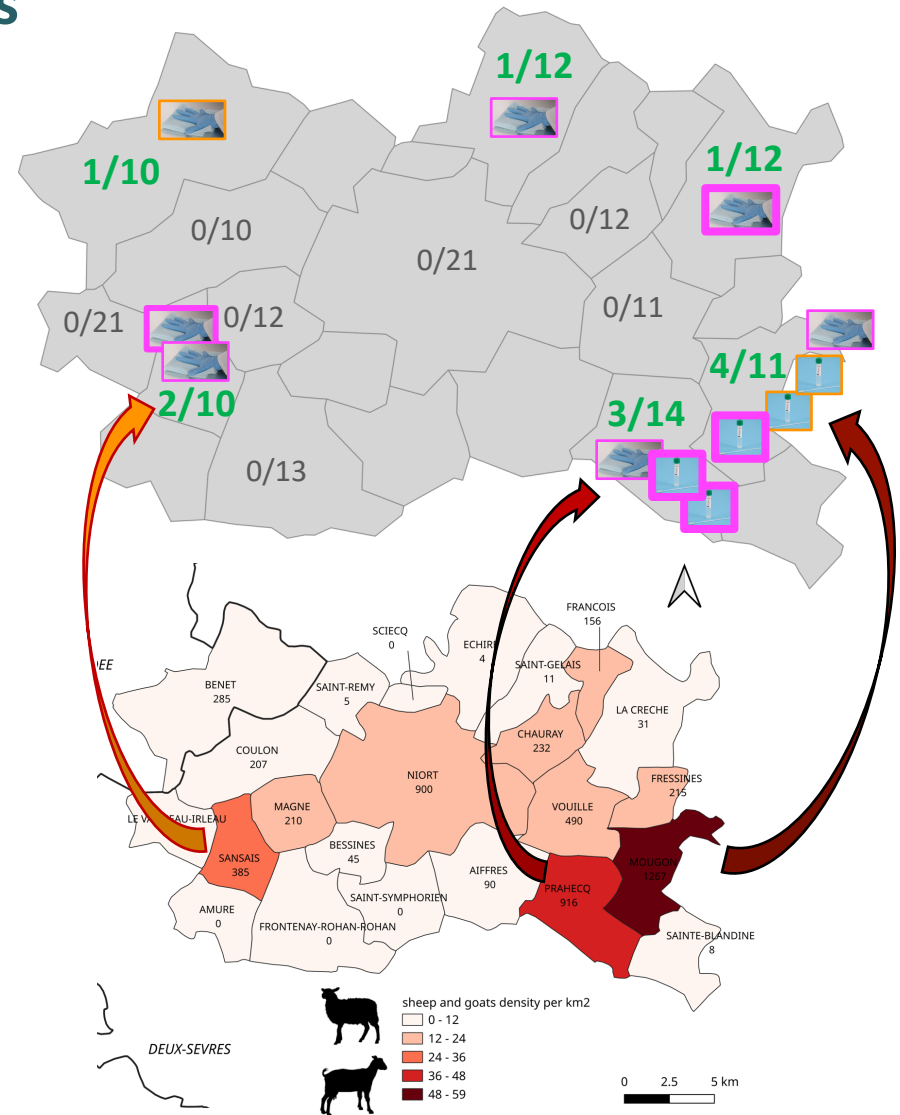
✓ in 12 samples  
by droplet digital PCR only

	Outdoor	Indoor	Total
Wipes	2/63	6/19	8/82
Swabs	1/21	3/57	4/78
<b>Total</b>	<b>3/84</b>	<b>9/76</b>	<b>12/160</b>

✓ collected from 6 municipalities

- 3 with 1 positive sample
- 3 with several positive samples

= those with the  
**highest small ruminants densities**



# Environmental contamination - DISCUSSION

Detection of bacterial DNA in dust from several public places  
one year after the outbreak

Low levels...



Specific ?



Likely...

Correlation with  
small ruminants  
densities

Consistent  
with previous results  
in the US

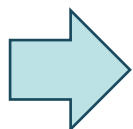
Kersh *et al.* AEM 2010  
Presence of *Coxiella burnetii*  
DNA in the Environment of  
the United States,  
2006 to 2008

Associated  
risk of infection  
for the general  
population



???

- In 2018 ??
- In 2017 ???



**Serosurvey on blood donors sampled in 2017**

to gain knowledge on the prevalence of infection

# Serosurvey on blood donors - METHODS

## Retrospective study

### Blood donors



✓ **Not opposed** to the use of their samples for biomedical research

✓ Donating blood within the "exposure area"

✓ **Personal data**

- Age, sex, residence place
- Donation place and date

### Step 1: cross-sectional

1 sample per donor – n=2,500



**Occasional donors**

unique sample



**Regular donors**

the latest sample



donated between



If titre  $\geq 50$

### *C. burnetii*-specific antibodies

IFI test



1 Initial screening: all Ig classes

If titre  $\geq 50$

2 Phase 1 & 2  
IgG  
IgM  
IgA

Positive if titre  $\geq 100$

If seropositive

### Step 2: infection history

several samples per donor



**Regular donors**

1 to 19 samples



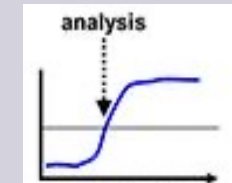
donated between



If  $\geq 1$  sample seropositive

### *C. burnetii*-specific DNA

Real-time PCR



# Serosurvey on blood donors - RESULTS

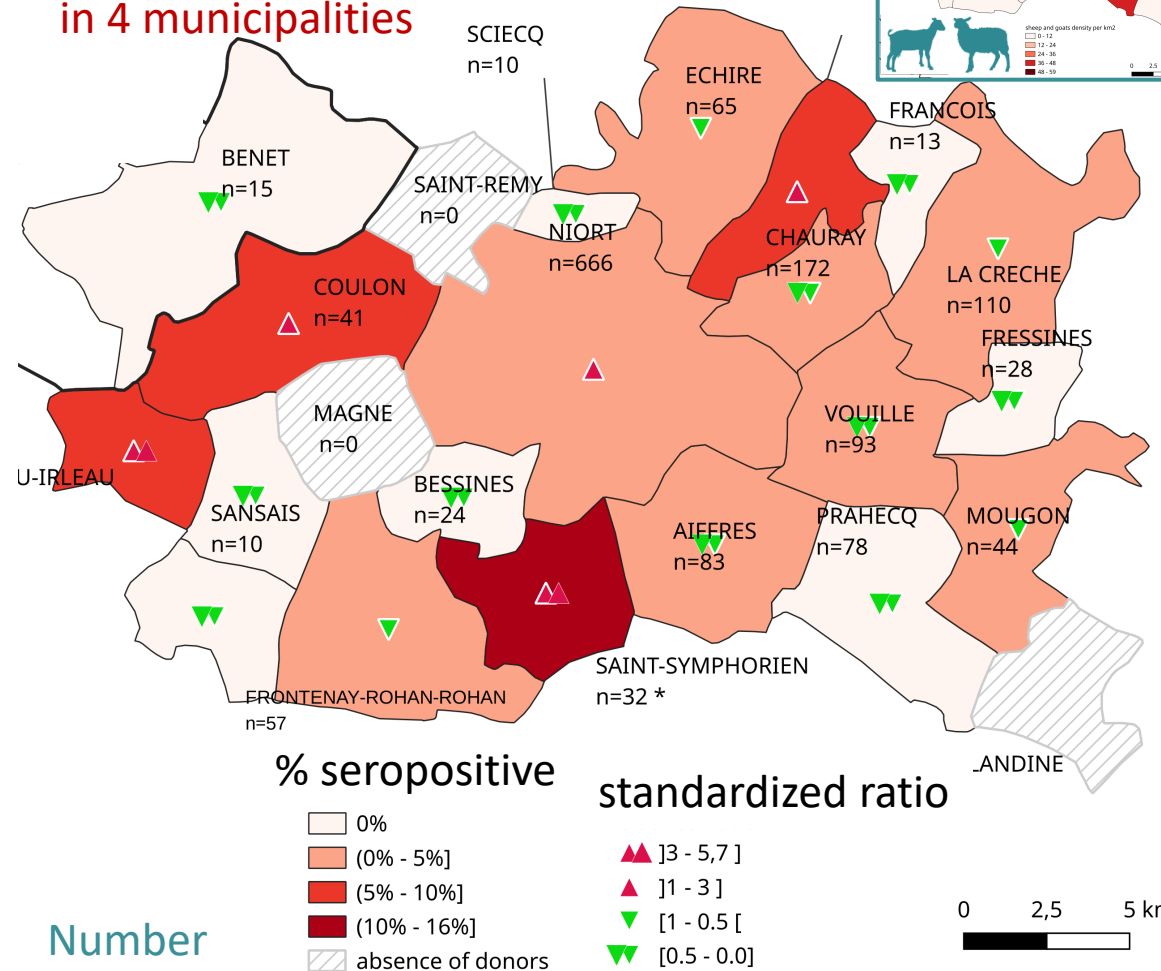
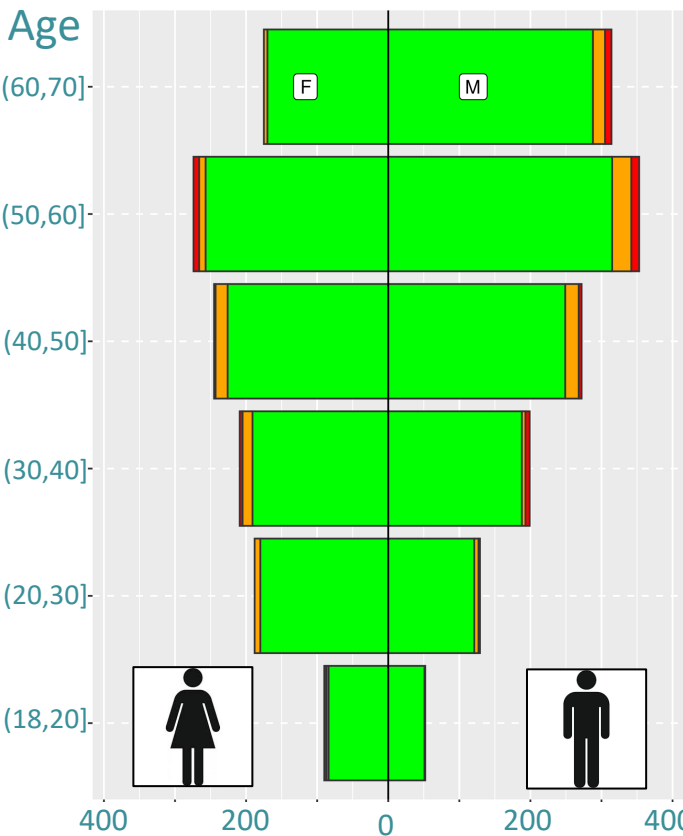
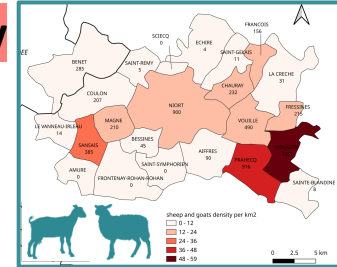
Cross-sectional	n	%
<b>Seronegative</b>	<b>2,320</b>	<b>92.80</b>
<b>Titre =50</b>	<b>131</b>	<b>5.24</b>
<b>Titre ≥100</b>	<b>49</b>	<b>1.96</b>
<b>Total</b>	<b>2,500</b>	<b>100</b>

**Seroprevalence ~2%**

**Variations with residence location ...up to 5% to 16% in 4 municipalities**

**No significant association with**

- **ruminant density**
- **sex and age**






# Serosurvey on blood donors - RESULTS

## Step 1: cross-sectional

**Titre  $\geq 50$  180**

 Occasional donors 51

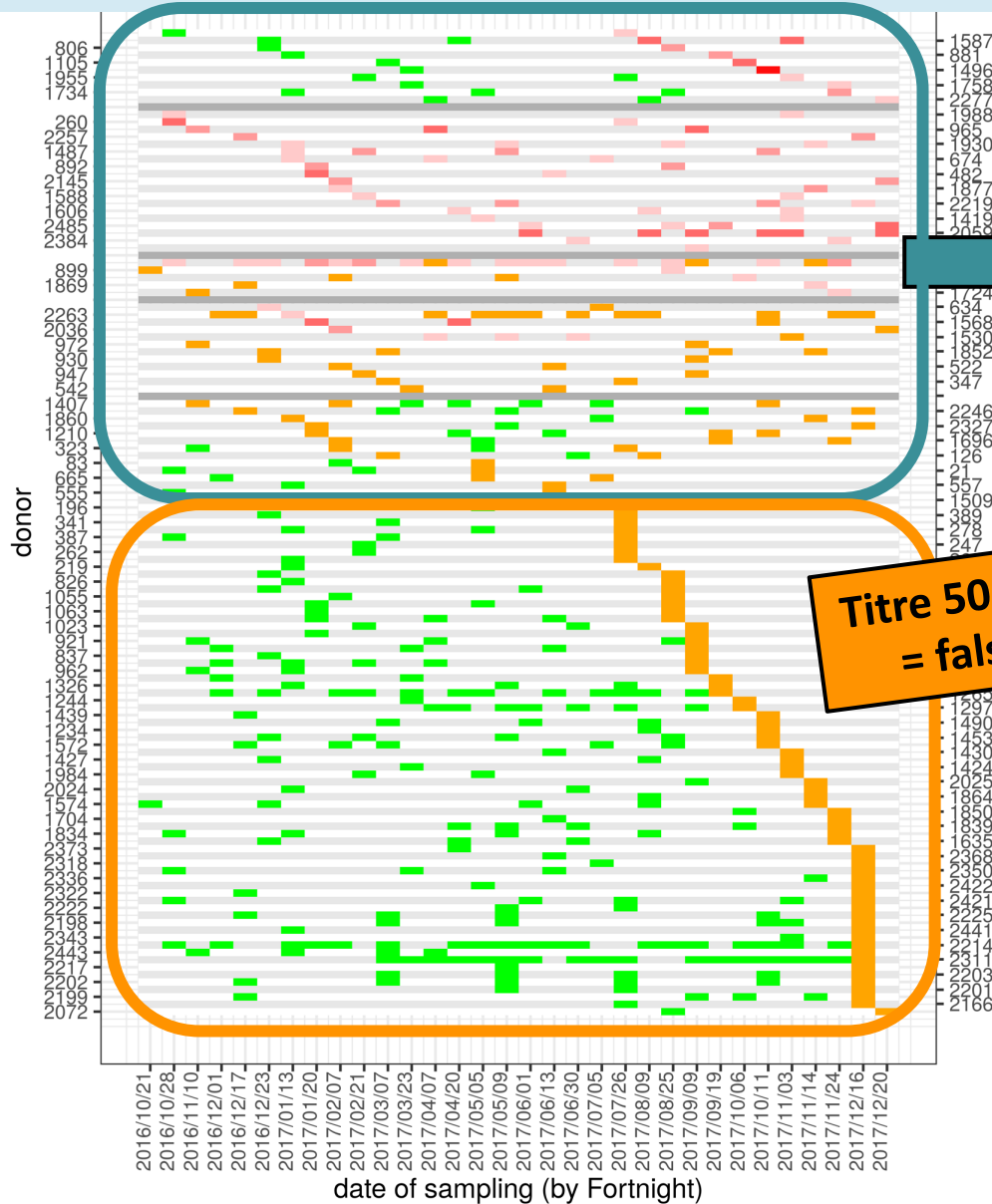
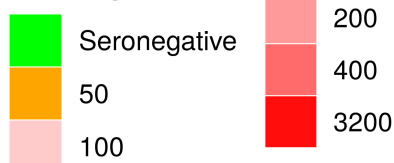
 Regular donors 129

## Step 2: infection history

129 donors

459 samples

### Serological titre



**ZOOM**  
n=60 donors

**Titre 50 at screening = false positive**

n=69 donors

# Serosurvey on blood donors - RESULTS

➤ 60 donors → 4 serological profiles



➤ Real-time PCR tests

→ all negative

# Serosurvey on blood donors - DISCUSSION

## Cross-sectional survey on 2,500 donors

**Seroprevalence ~2%**  
5 to 16% in 4 municipalities

### Other recent studies on blood donors

Gidding *et al.* 2014  
Australia **1.6-4.9%**  
n=2,740

Slot *et al.* 2012  
Netherlands **12%** n=543

Noden *et al.* 2014  
Namibia **26%** n=319

Beaudeau *et al.* 2020  
France **13%** n=347

 **Poorly specific method**

## Infection history for 60 donors

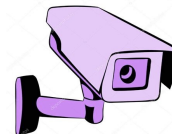
**ORIGINALITY  
OF THIS  
PROTOCOL**

- ✓ 35 to 49 = past exposure
- ✓ 11 (10?) = recent infection

### No DNA detection



Further supports that  
**transmission by  
blood donation is UNLIKELY**  
...all the more so since donations from  
symptomatic patients are prohibited



**BUT...** necessity of  
**watchfulness for *C. burnetii***  
**acute and persistent infections**  
**and Q fever chronic fatigue**  
in this area

## > Acknowledgements



**Blood donors**  
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