

The Laboratory & TARRANT

By

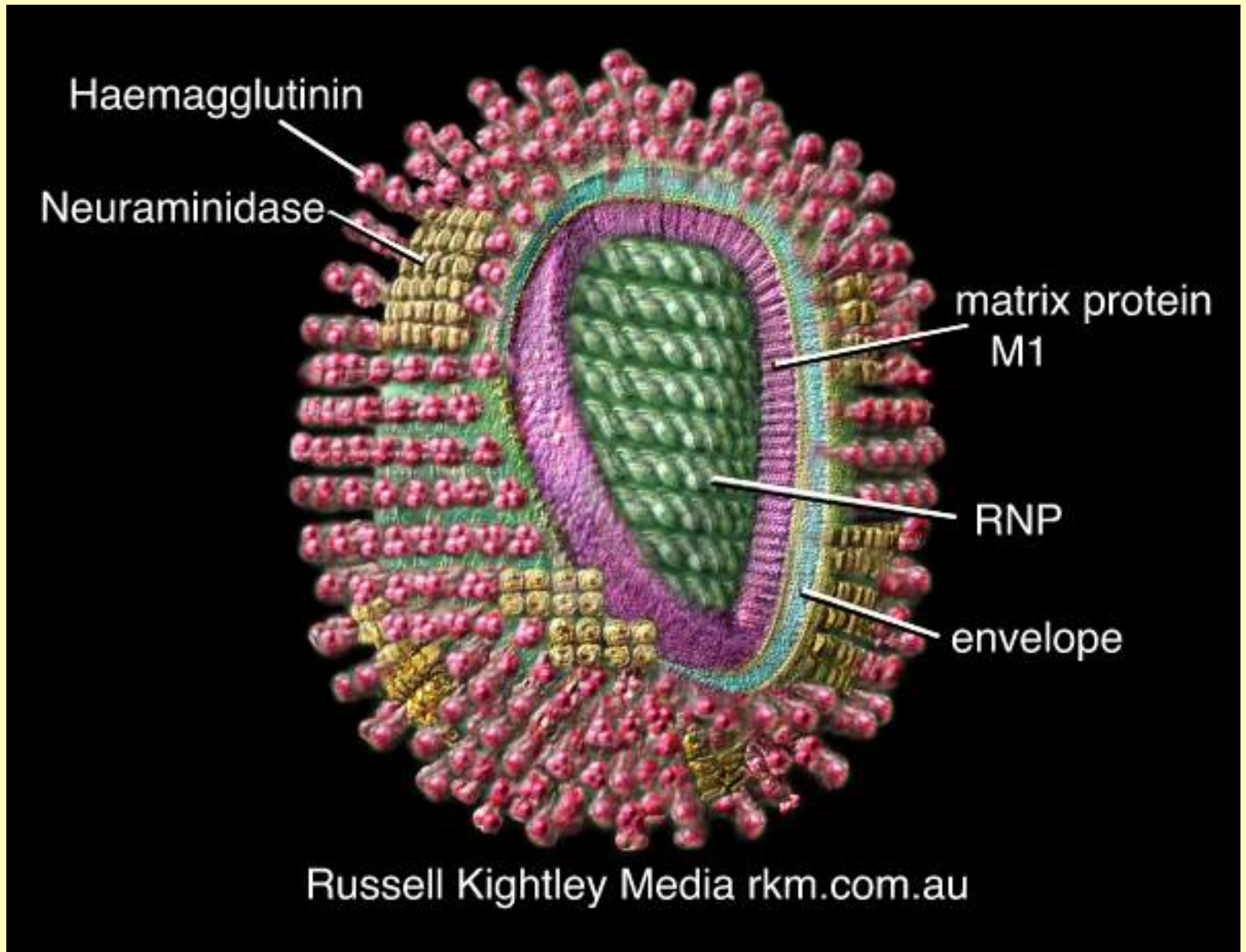
Kevin Fonseca

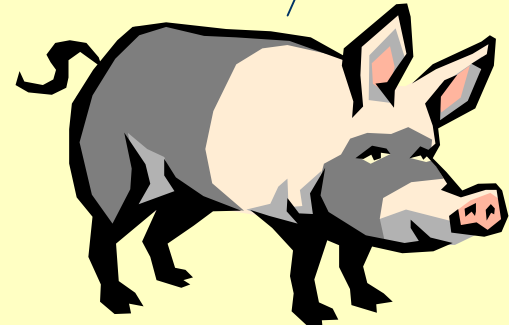
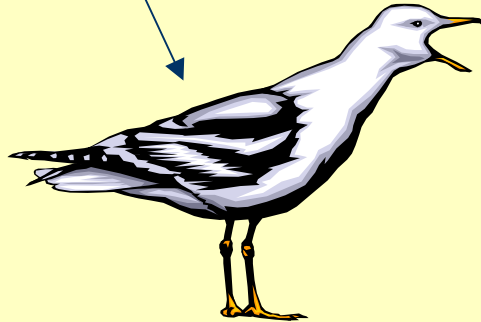
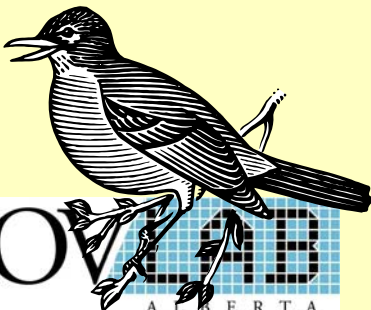
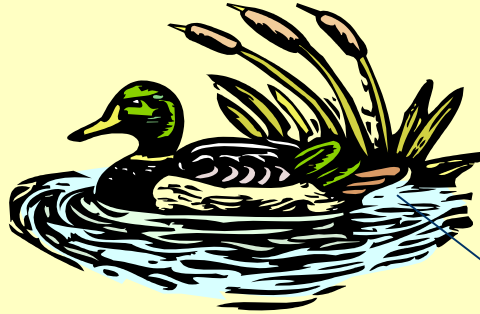
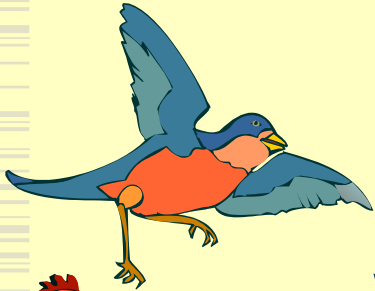
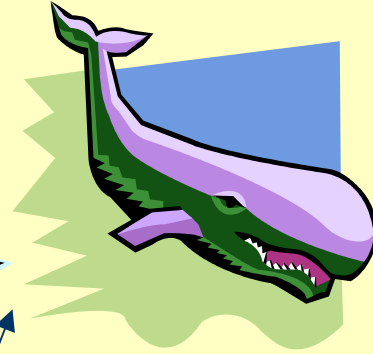
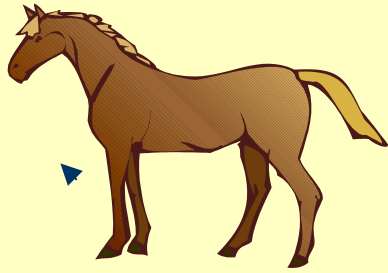
Clinical Virologist

Provincial Laboratory

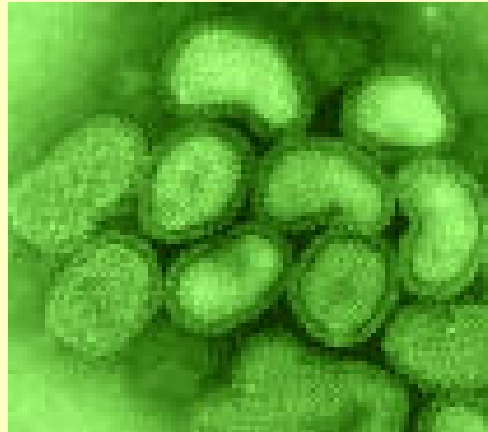
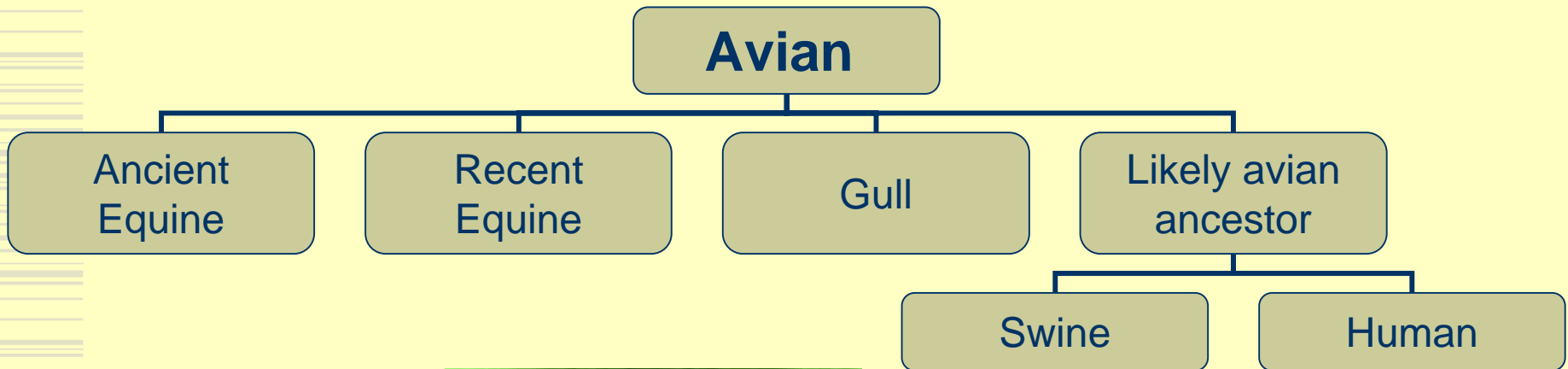
Themes

- ◆ Laboratory Tests for Influenza
- ◆ Laboratory Surveillance



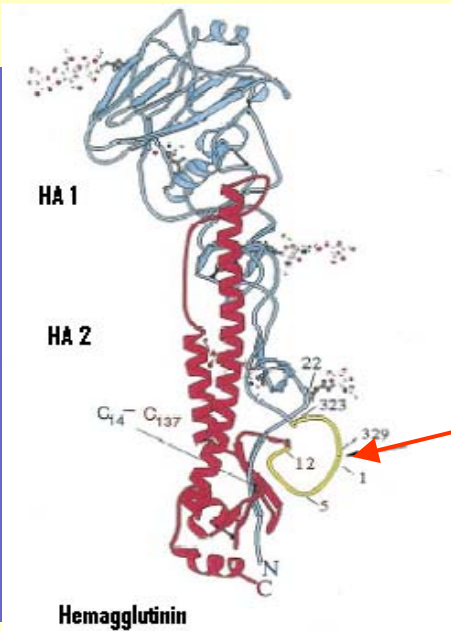
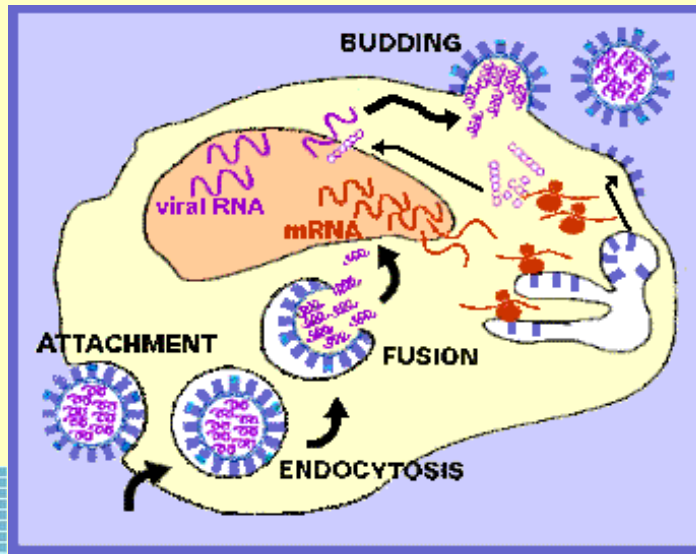


Prototypic lineages of Influenza (based on Nucleoprotein gene)



Key Roles of Haemagglutinin

- ◆ Key role in virus attachment and entry to the host cell
- ◆ Activation of the virus requires HA cleavage into 2 pieces by host protease



Cleavage site

Subtypes of Influenza A

H1 - swine, human

H2 - human

H3 - human

H4 - avian

H5* - avian, (human)

H6 - avian

H7* - equine,avian, (human)

H8 - avian

H9 - avian, (human)

H10 – H15 - avian

N1 - human

N2 - human

N3 - avian

N4 - avian

N5 - avian

N6 - avian

N7 - equine

N8 - equine

N9 - avian

WHO Collaborating Centers for Influenza Worldwide

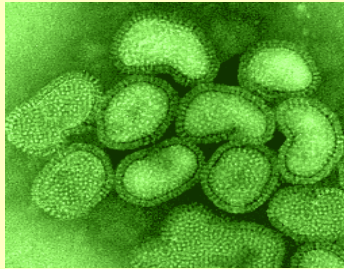


- WHO Collaborating Center - Atlanta, London, Melbourne, and Tokyo
- Countries containing at least 1 WHO influenza laboratory

Source: Centers for Disease Control and Prevention (© CDC)

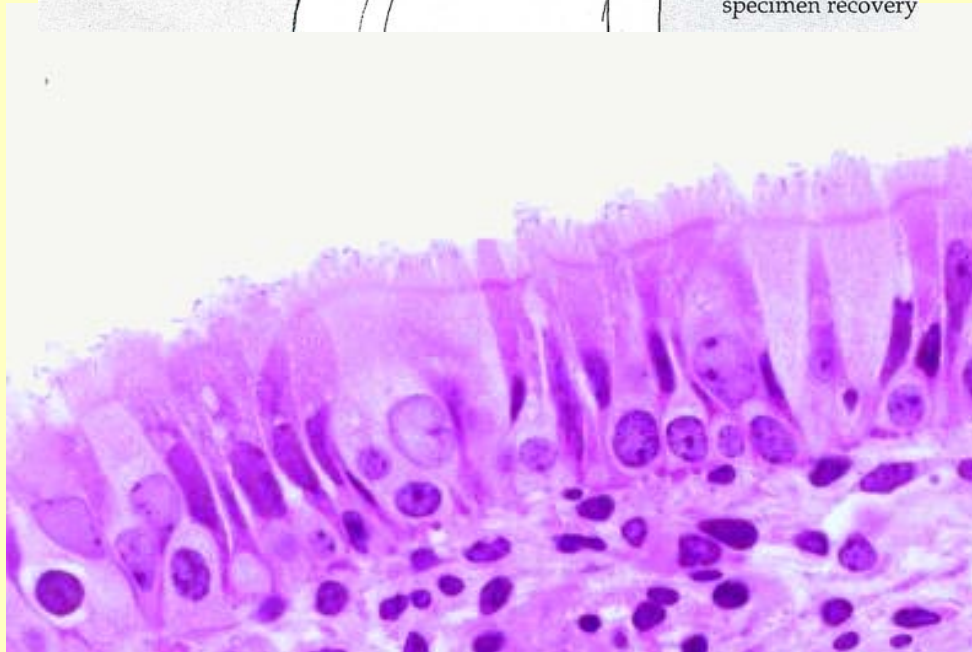
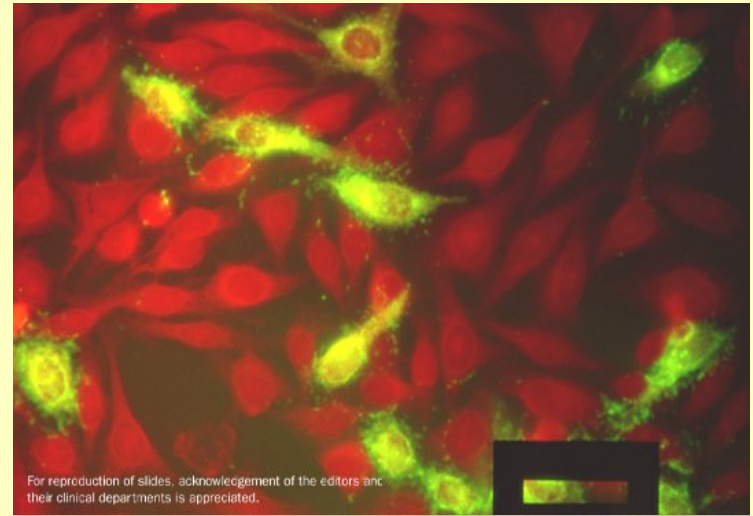
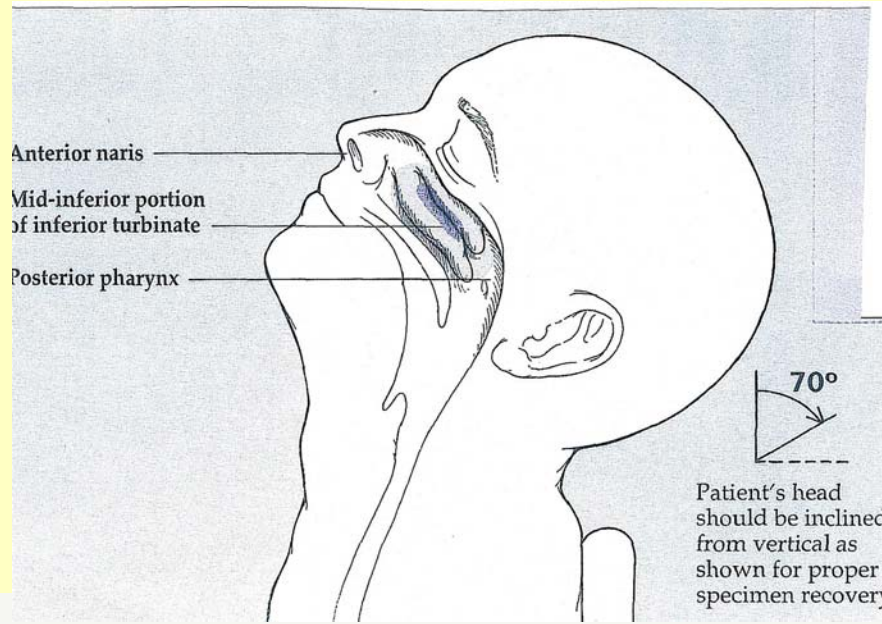
Close

Classification of Isolates



A/Fujian/411/02-like [H3N2]

Type **Geographical Origin** **Isolate Number** **Year of Isolation** **HA component** **NA component**

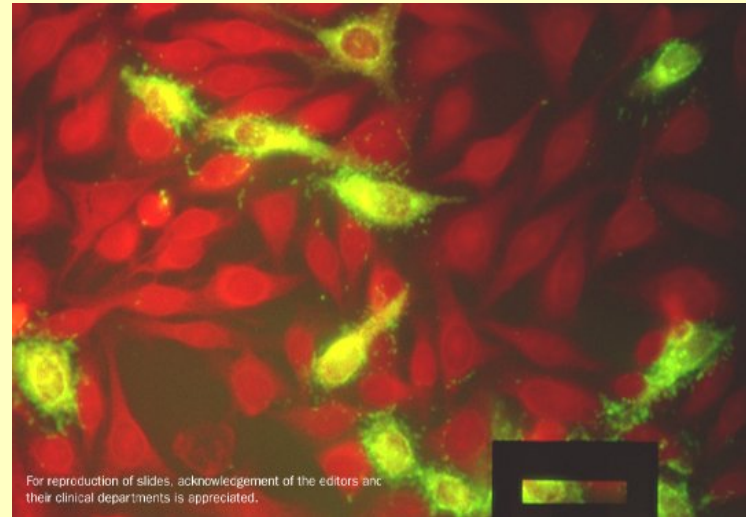


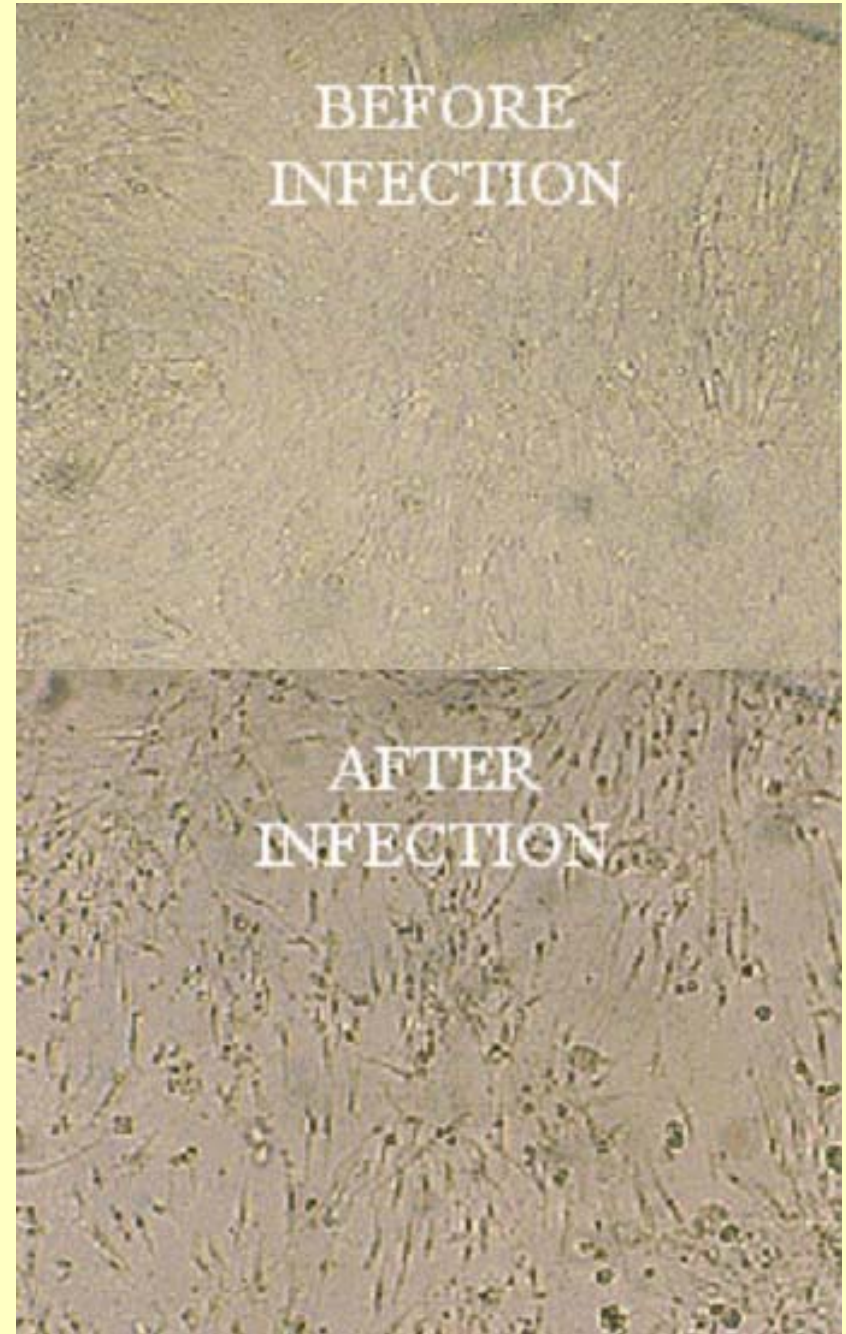
Indications for Nasopharyngeal Swabs

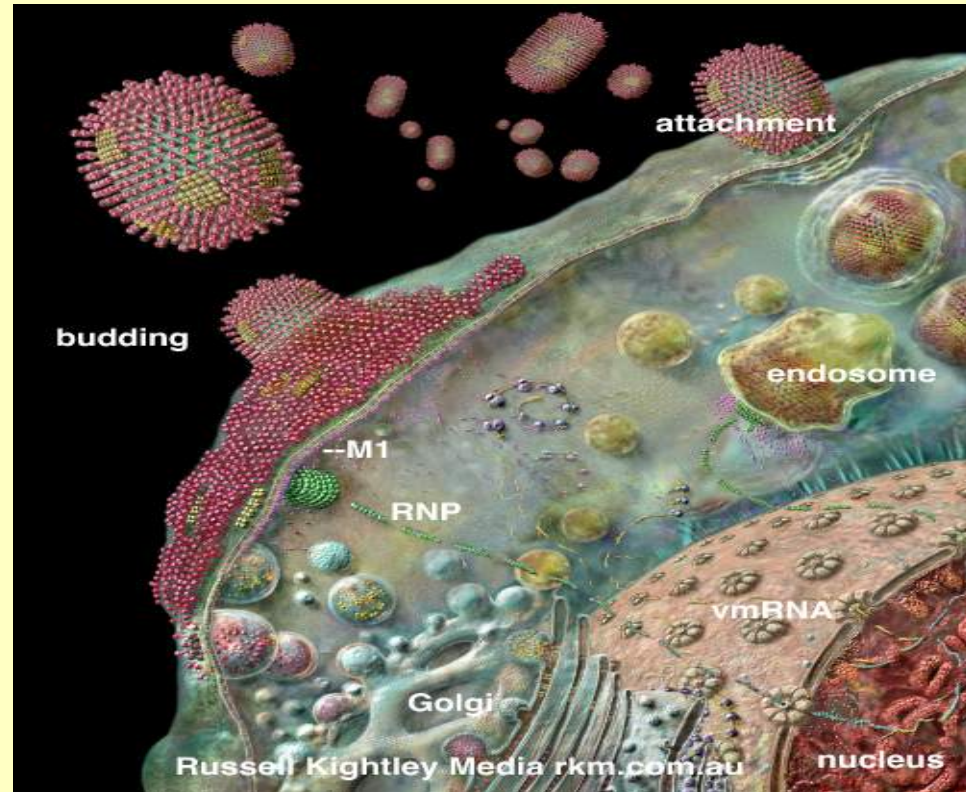
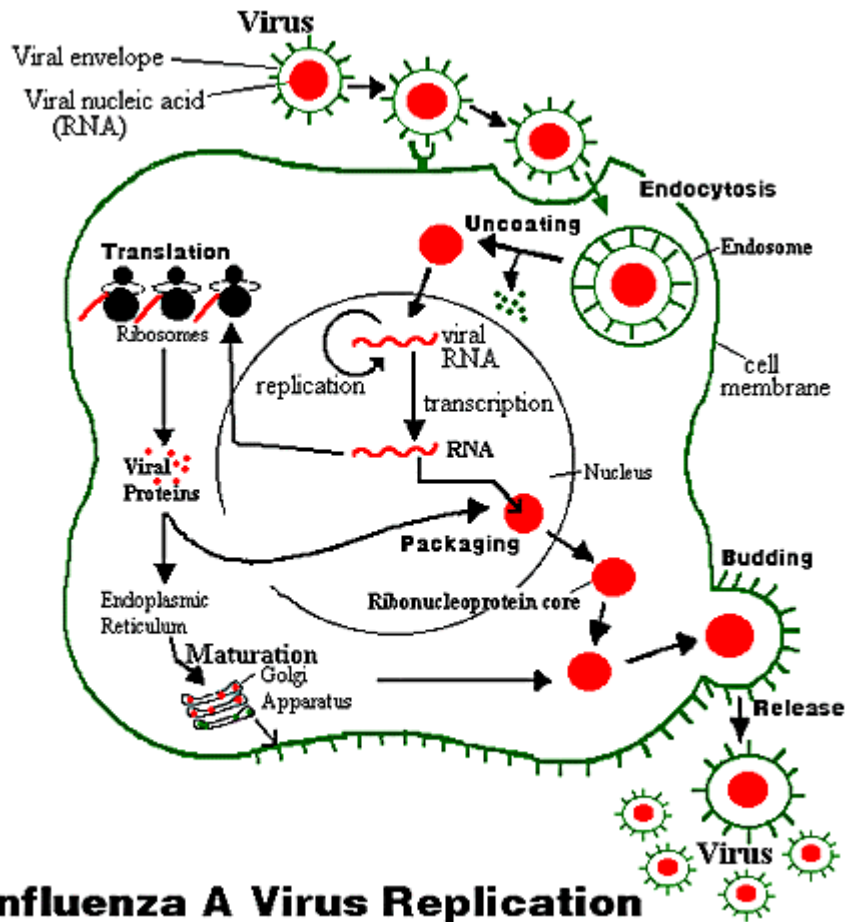
- ◆ Diagnosis of RSV Infection, especially young children
- ◆ Detection of respiratory agents by DFA
- ◆ Outbreak Investigations
- ◆ In Acute Care settings, BMT, ICU patients
- ◆ Severe Respiratory Infections (SRI)

Laboratory Tests for Diagnosing Influenza

- ◆ Rapid antigen/DFA testing
- ◆ Rapid Culture
- ◆ Standard Culture
- ◆ Serology
- ◆ Molecular assays

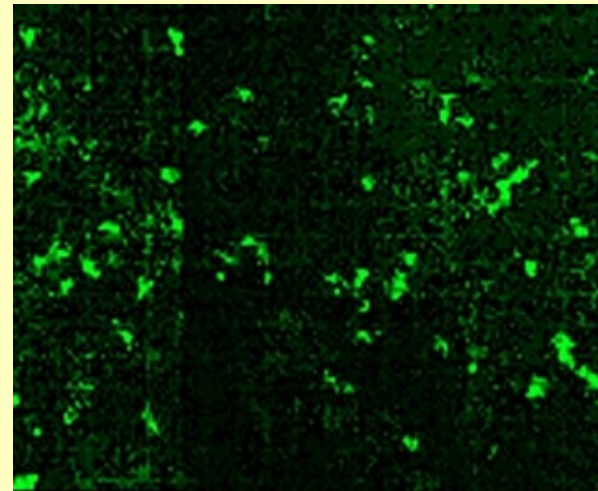
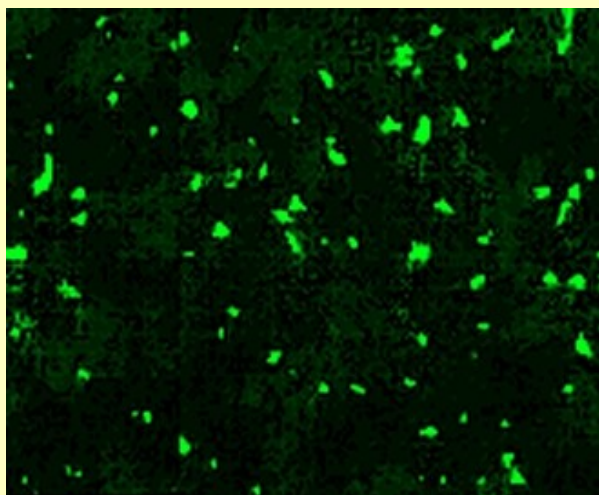






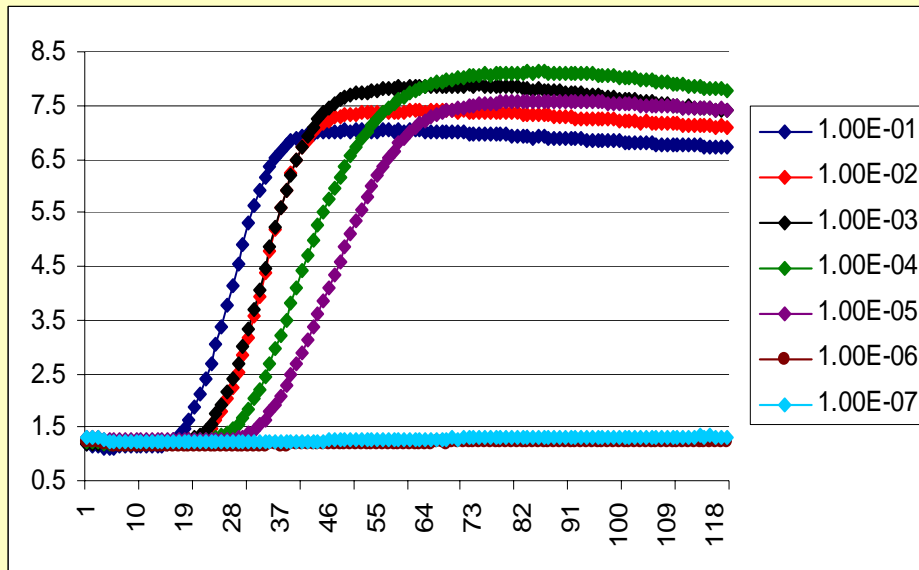


Each well contains Mink Lung & NCI cells



Molecular Assays

- ◆ **Detection** - PCR or NASBA
- ◆ **Subtyping** – sequencing
- ◆ **Antiviral resistance** - amantadine



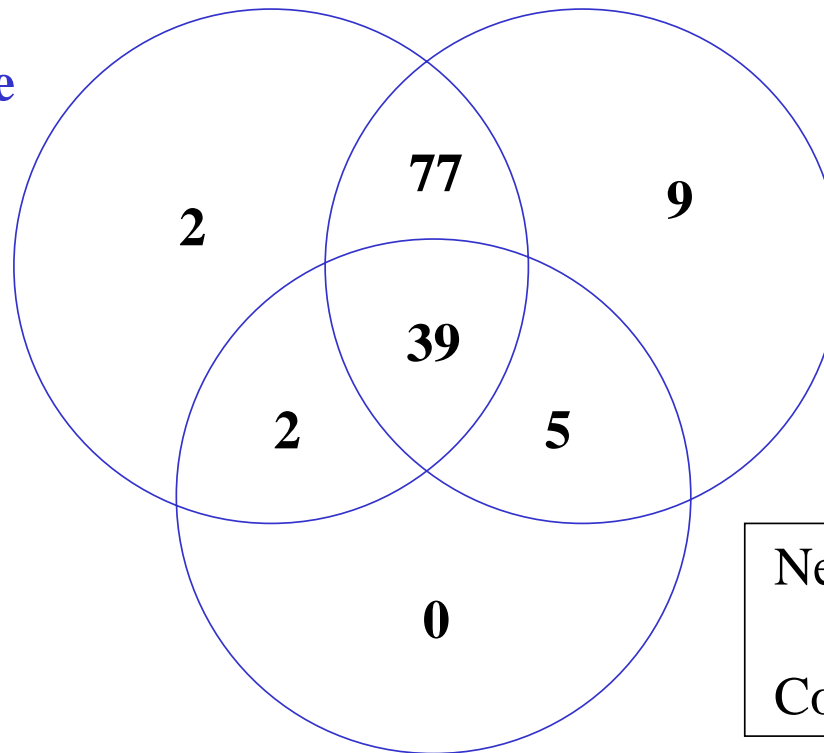
Influenza A
Influenza B
RSV (A+B)
Parainfluenza 1
Parainfluenza 2
Parainfluenza 3
Parainfluenza 4a+4b
SARS coronavirus
Metapneumovirus
Respiratory adenoviruses
Enteroviruses

Rhinoviruses
Coronavirus 229E/OC43
Coronavirus NL63

Comparison of assays for detection of influenza A

RRC
positive

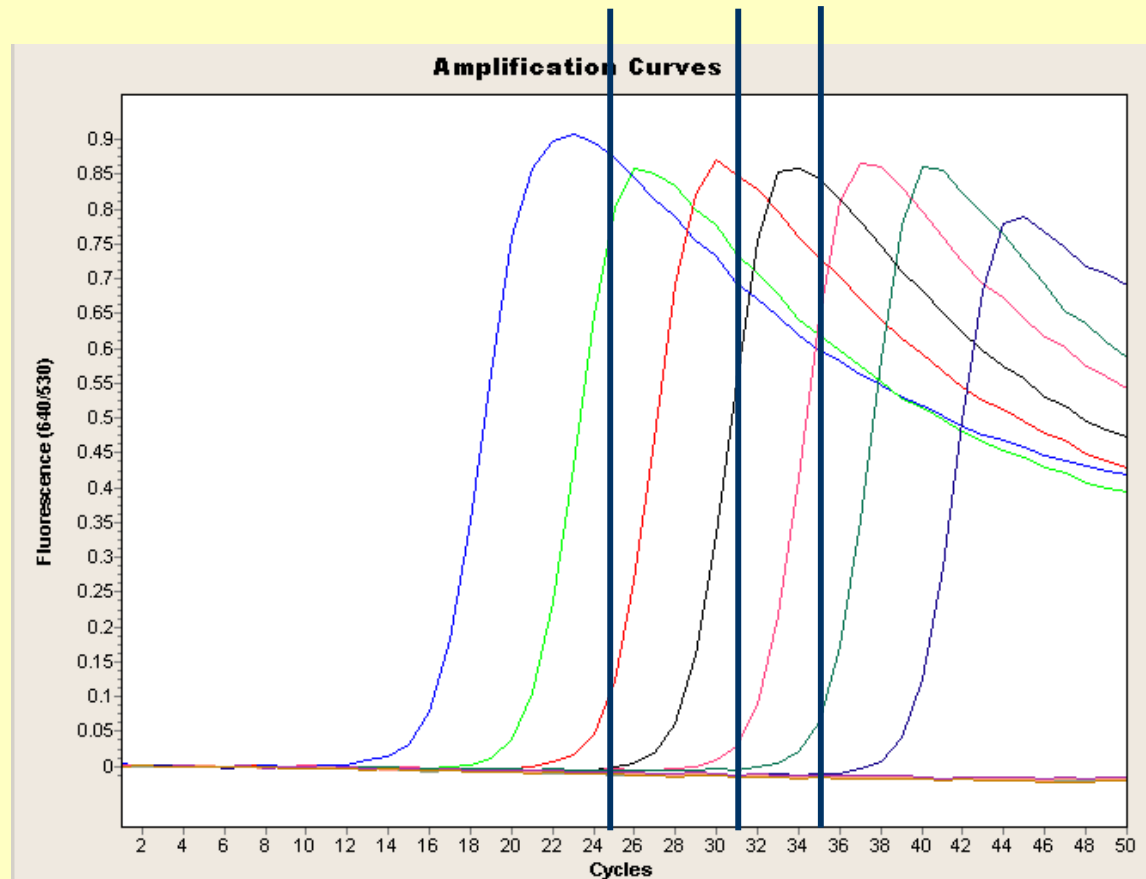
NASBA
positive



Negative by all = 26
Total n = 160
Concordance = 41%

Conventional culture
positive

B. pertussis screen assay dilutions

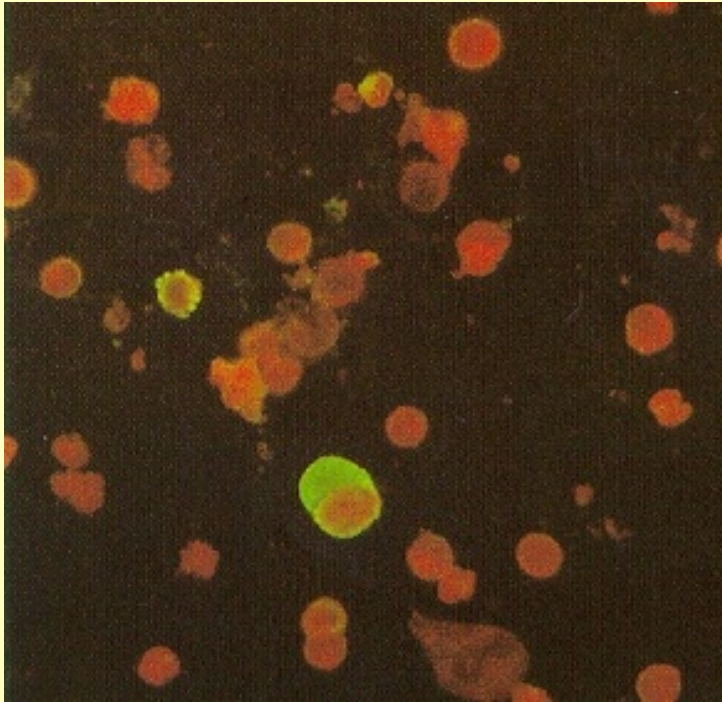


PCR assay from: Reischl *et al.* 2001. *J. Clin. Micro.* 39: 1963.

Patient at Emergency Department

- ◆ Male 47 yrs and companion
- ◆ Recent travel abroad on holiday to Thailand with a tour company
- ◆ Fever, cough, sore throat, myalgia for about two days since his return
- ◆ Not vaccinated to influenza

Lab results



- ◆ DFA – Positive for Influenza A (2 hrs later)
- ◆ Sample sent to Level 3 in Edmonton for culture
 - What do we do now ??
 - Patient is not too unwell
- ◆ PCR confirmed presence of influenza A (5 hrs later)
- ◆ Subtyped as H3 (next day)

- ◆ Rapid culture (24 hrs)
- ◆ Result from NML 7 days later – A/Fujian

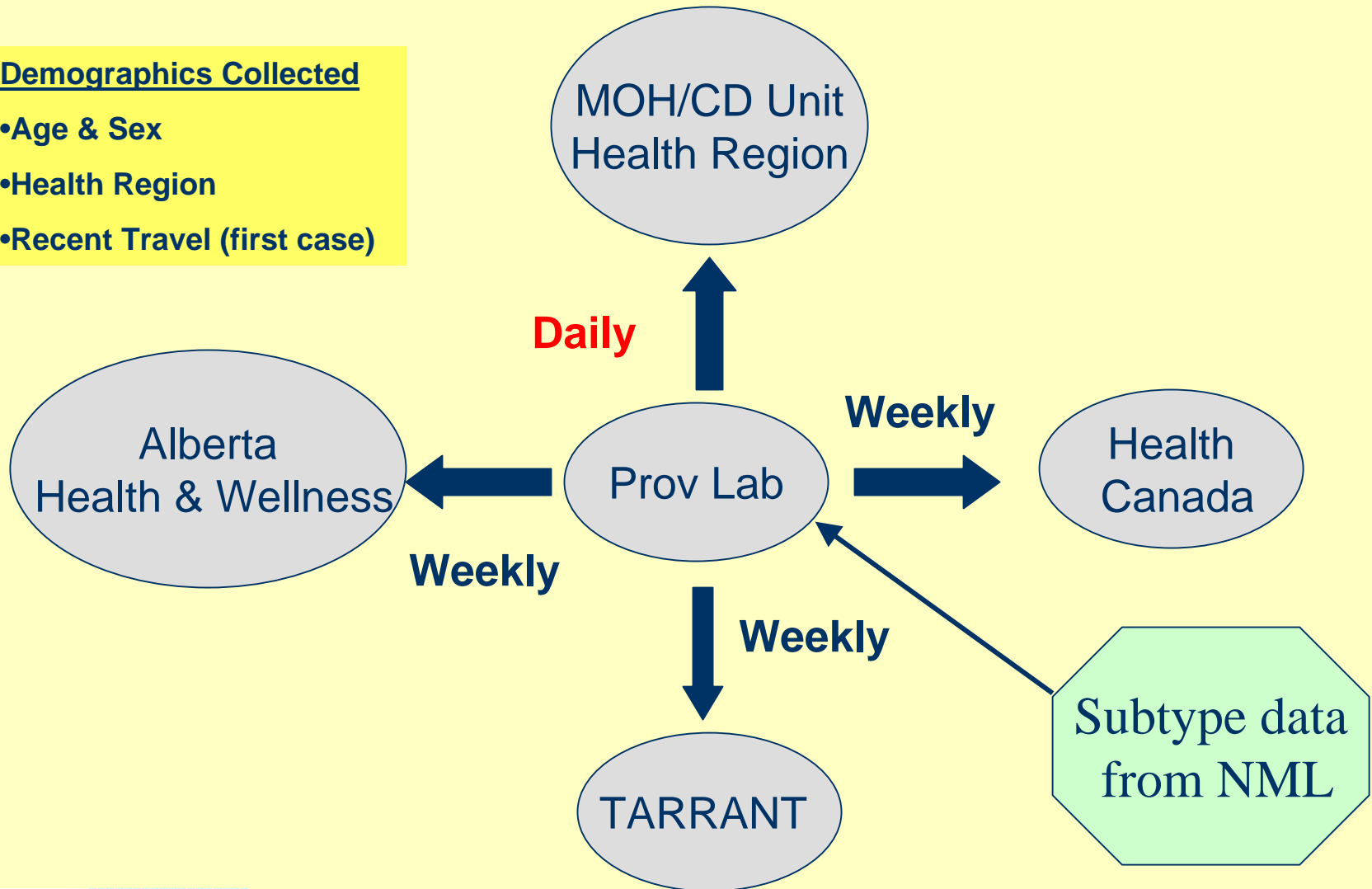
Sources of Respiratory Samples

- Rural & Acute Care (PLC, ACH, FMC, RVH) Sites
- Emergency Departments (Severe Respiratory Investigations – SRI)
- Outbreak Investigations
- TARRANT
- Community Physicians
- **Reporting: Copies of influenza A & B positives Lab reports are sent to MOH:**
 - **Patient name, address, gender, age**
- **Aggregate data to AHW and other agencies**

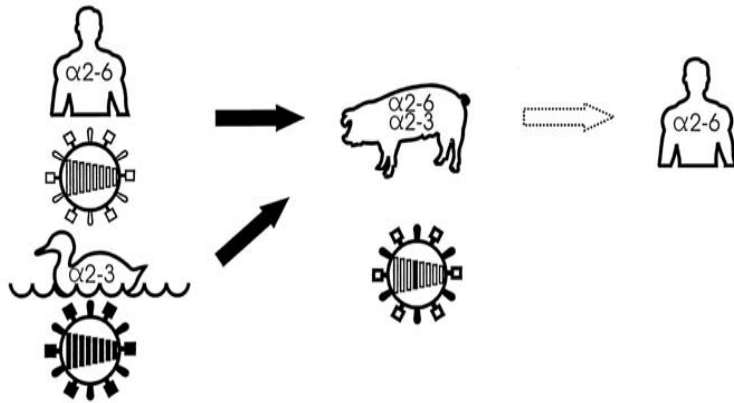
Surveillance Data – What & Where

Demographics Collected

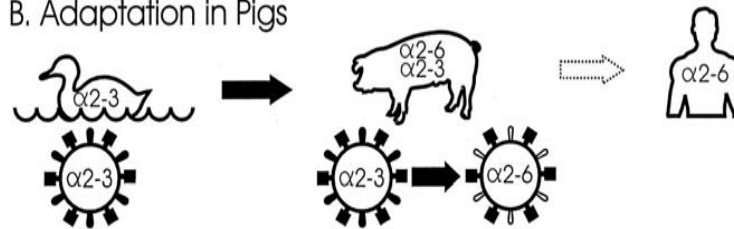
- Age & Sex
- Health Region
- Recent Travel (first case)



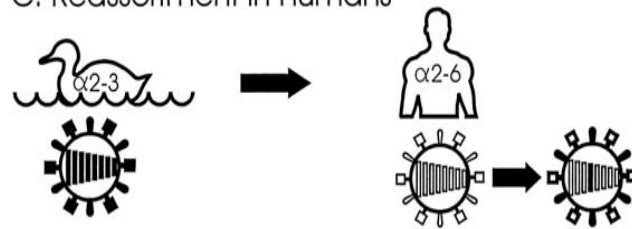
A. Reassortment in Pigs



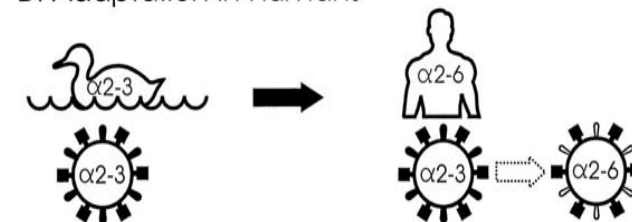
B. Adaptation in Pigs



C. Reassortment in Humans



D. Adaptation in Humans



Possible
Mechanisms
for the
Emergence
of Potential
Pandemic
strains

Pandemics of Influenza A

Year		Subtype	Deaths x10 ⁶	Origin
1889		H2N2	6	Europe
1898		H3N2	0.5	Europe
1918	Spanish flu	H1N1	20-40	Europe
1957	Asian flu	H2N2	4	Asia
1968	Hong Kong flu	H3N2	2	Asia
1977	Russian flu	H1N1	?	Asia /lab

JS Oxford: Rev Med Virol:2000:10;119-33

Partnership Strengths Between TARRANT & Laboratory

- ◆ Incidence of influenza and respiratory pathogens
- ◆ Value of subtype analysis influenza
- ◆ Detection of possible new subtypes in returning Canadians or visitors
- ◆ Out-of-season outbreaks or sporadic events
- ◆ May be a SARS-like case !!

✓ **Keep Recording & Swabbing !!!**

Acknowledgements

- ◆ Dr. Jim Dickinson, Pin Cai & the TARRANT network
- ◆ Dr. Julie Fox – Director MOD Department
- ◆ Dr. Yan Li – NML
- ◆ Pat Morin @ AHW
- ◆ Staff of the Prov Lab Virology Departments (Calgary & Edmonton)

Definition of a Virus

- ◆ **“Trouble wrapped up in protein”**

Sir Peter Medawar