

# TARRANT & The Role of The Lab

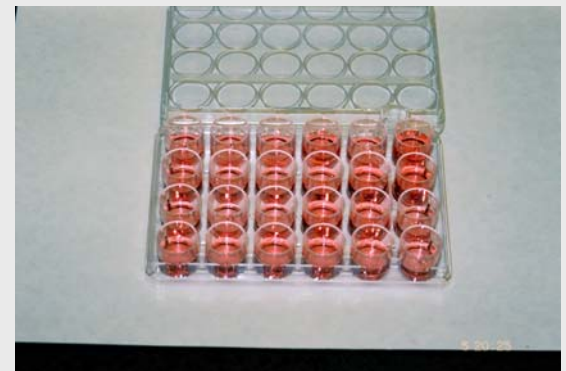
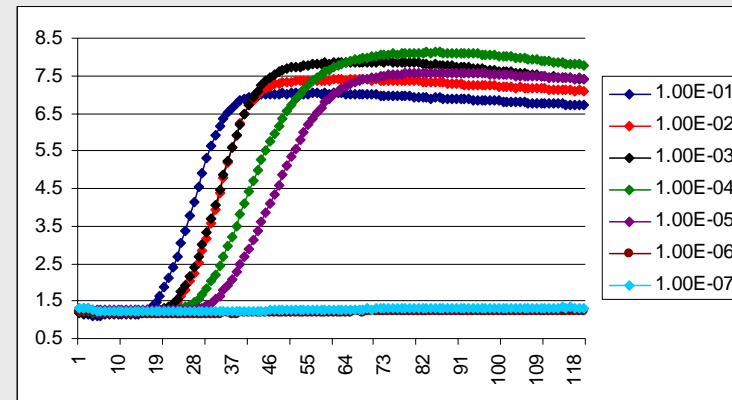
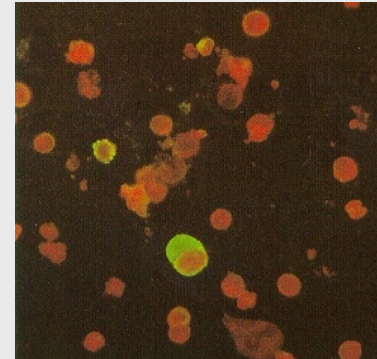
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# Themes

- ◆ New Testing Algorithm
- ◆ Swabs & Transport Medium
- ◆ Update from CPHLN
- ◆ The Pandemic – role of the Sentinels

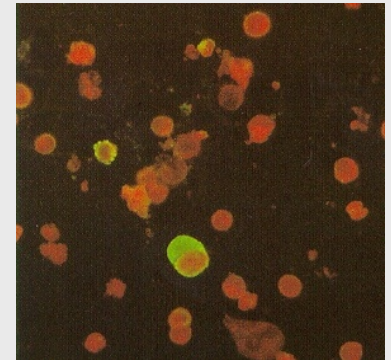
# Lab Diagnosis

- Antigen Test (DFA)
- Molecular Assays
  - PCR
  - NASBA
- Viral Culture

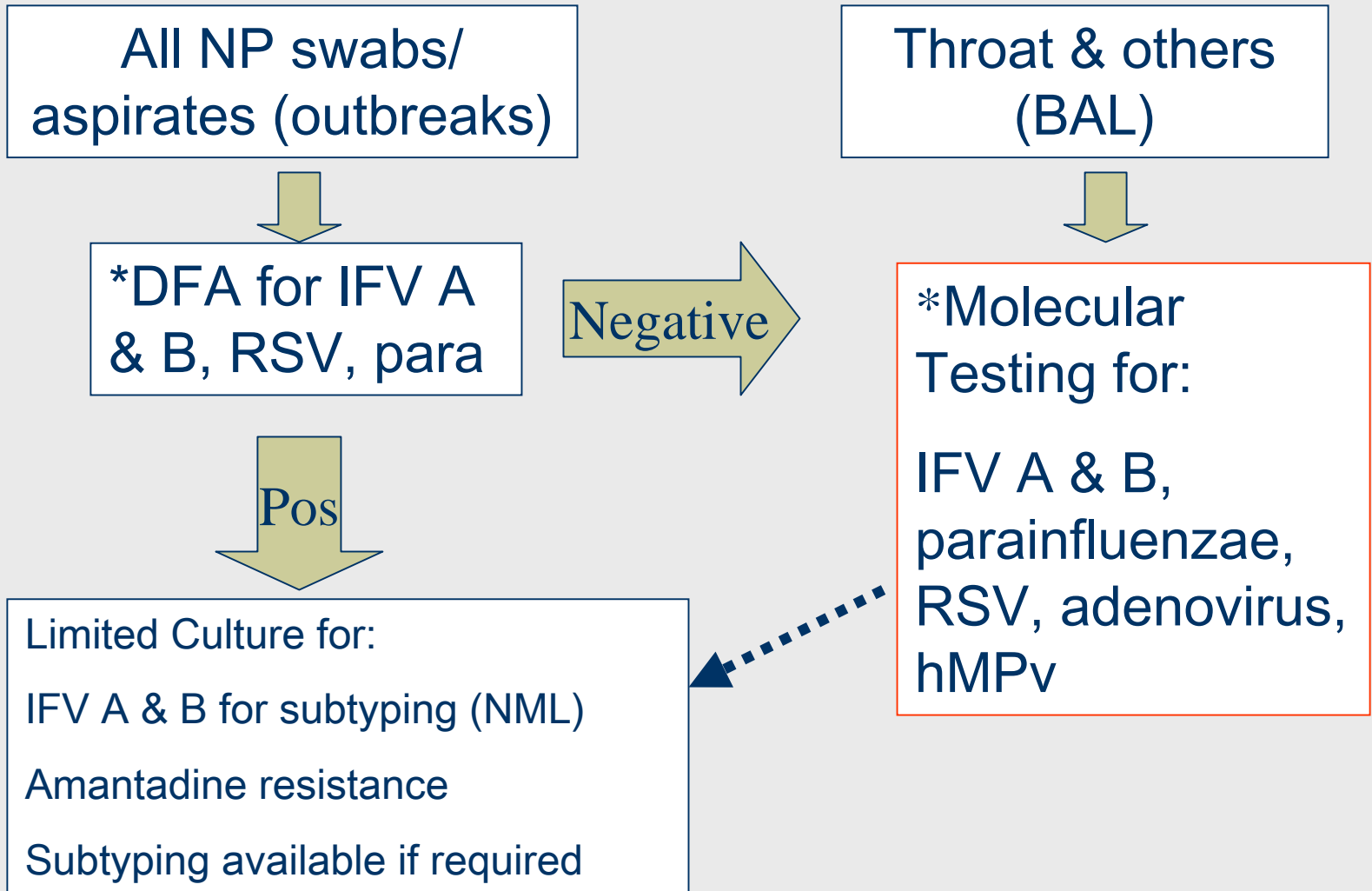


# Usefulness of DFA vs Molecular for Screening Respiratory Agents

Virus	Sensitivity
Influenza A	(6/13) 46%
Influenza B	Not Sure (80%)
Parainfluenza gp	Not sure
RSV	Good
Adenovirus	ND
Human metapneumovirus	No Reagents



# ProvLab Algorithm of Testing



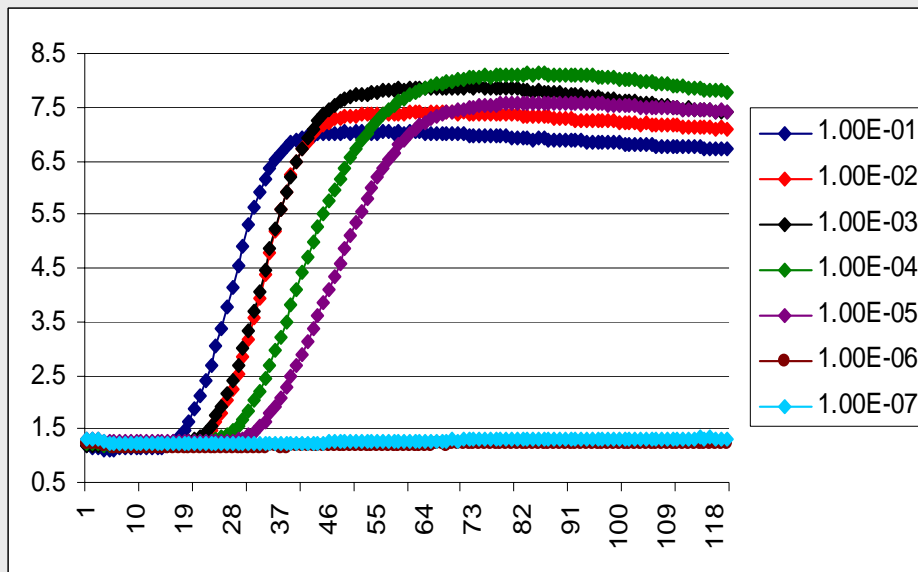
**\*Copies of positive Influenza A & B patients are sent to MOH/designate for that Health Region**

# Advantages of Molecular Testing

- ◆ Highly Sensitive
  - Detects many more “DFA negative” samples
  - Virus may be difficult to culture
  - Verify “False Positive DFA”
  - May be positive for longer
- ◆ Virus does not need to be viable
- ◆ May detect patient’s with lower viral load
- ◆ May be used with alternate sample types
- ◆ Identify other non or slow culturable viruses
- ◆ Research – use to determine oseltamivir resistance

# Molecular Assays

- ◆ **Subtyping** – sequencing
- ◆ **Antiviral resistance** - amantadine



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

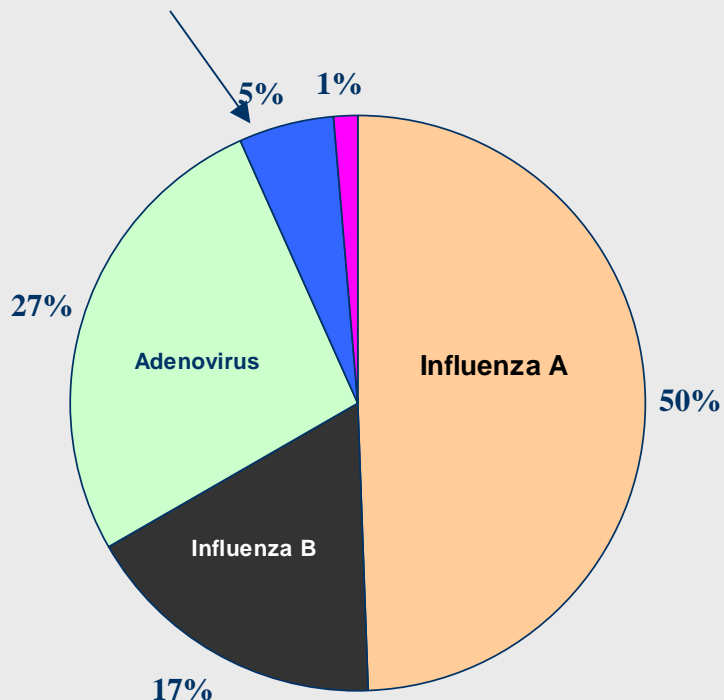
SARS coronavirus  
Enteroviruses  
Rhinoviruses  
Coronavirus 229E/OC43  
Coronavirus NL63  
(Human bocavirus)

# Comparison of viruses detected from last season to this season

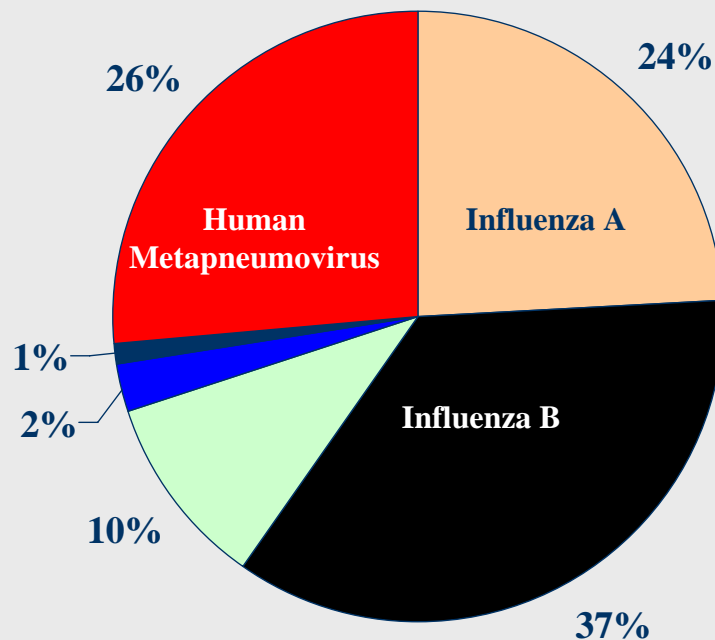
	Aug 2004 to 2005	Sep 2005 to Mar 2006
Total samples	424	295
Total Pos	75 (17.7%)	87 (29.5%)

# Distribution of viruses for each season

Para gp



2004 to 2005



2005 to 2006

# Message

- ◆ Many more viruses out there !!
- ◆ Distribution could change with each Respiratory season
- ◆ Mixed infections with 2 or more viruses occur
- ◆ Molecular offers improved sensitivity

# Subtyping of Influenza

- ◆ First “flu” of the season
- ◆ First case from each Health Region
- ◆ Outbreaks
- ◆ Unusual clinical features – clinical history important !!
- ◆ Travellers – clinical history !!
- ◆ “Vaccine failures” – immunization history !!
- ◆ Age distribution

**Update:**

**New Viral Transport Medium &  
Swabs**

# Swabs & Transport Medium

- Transition to use of Flock Swabs for nasopharyngeal samples



# Why Change ?

OLD	NEW (UTM)
Had to be stored in the fridge/freezer	Can be stored at room temp
Expiry 1 yr	Expiry 1 yr
Conical bottom	Flat bottom
Sample must be stored in fridge to maintain virus viability	?? Maybe can be sent at ambient temp !!

# Update from CPHLN

- ◆ CPHLN – Canadian Public Health Laboratory Network
- ◆ Goals:
  - Establish an inventory of influenza testing in Canada
  - Determine laboratory capacity
  - Review testing algorithms
  - Look at lab based surveillance to identify changes in the virus – emergence of new subtypes
  - Help each other during a crisis
  - Identify nodes of Reference Labs to assist the National lab
  - Self sufficiency of reagents in a Pandemic

# Role of TARRANT

- ◆ Surveillance for antiviral resistance in the community
- ◆ ? Value of Rapid influenza testing as a R/O
- ◆ ? Determine oseltamivir resistance

	Phase	Characterized By	Laboratory Role
<b>INTER-PANDEMIC</b>	Phase 1	No new subtypes	Normal Surveillance
	Phase 2	No new subtype in humans but novel subtype in animals	Enhanced Surveillance
<b>PANDEMIC ALERT</b>	Phase 3	Human infections with novel subtype – but no person-to-person spread	Enhanced Surveillance
	Phase 4	Small clusters with limited person-to-person spread	Enhanced Surveillance
	Phase 5	Larger cluster(s) but still limited person-to-person spread	As above
<b>PANDEMIC PERIOD</b>	Phase 6	Increased and sustained transmission in population (including waves)	Primarily diagnostic testing

# Pandemic Influenza virus

- ◆ Is a novel subtype – no previous or low levels of immunity
- ◆ Same or higher levels of person-to-person transmission
- ◆ May be unusual clinical presentation
- ◆ Higher levels of mortality/morbidity
- ◆ Mortality may be associated with unusual age groups
- ◆ Will come as one or more waves (4 to 10 weeks duration – summer & winter)

# Role of TARRANT

- ◆ Detection of first pandemic influenza community cases
- ◆ Monitor for changes in the pandemic subtype
- ◆ Monitor for change to “seasonal subtype”
- ◆ Monitor for antiviral resistance
- ◆ ? Help with assessing effectiveness of pandemic vaccine

# Goals

- ◆ Strengthen surveillance/partnership
- ◆ Improve on data sampling from some regions
- ◆ Hear how changes in lab testing affect your practice

# Acknowledgements

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