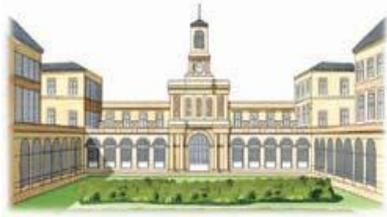




Groupe Hospitalier Universitaire
GH SAINT-LOUIS
LARIBOISIÈRE
FERNAND-WIDAL



LES JOURNEES DE L'INNOVATION 2013



LE PLEX ID

Une révolution en microbiologie

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Séverine MERCIER-DELARUE

GH Saint Louis- Lariboisière-F Widal

POURQUOI LE PLEX-ID ?

- Identification large de microorganismes
 - Bacteries, Virus, Champignons, Protozoaires
- Plus besoin de culture dans certains cas
- Capacité de 300 échantillons par jour
 - Détection rapide : premiers résultats en 6-8 heures
- Permet une détection dans les mélanges complexes
- Test de résistance aux antibiotiques

Répond à la question : qu'y a t il dans mon échantillon ?

DÉTECTION DU NOUVEAU VARIANT H1N1



Rapid-Test Sensitivity for Novel Swine-Origin Influenza A [H1N1] Virus in Humans

To the Editor: The Naval Health Research Center serves as the Navy hub for the Department of Defense's Global Emerging Infections Surveillance and Response System (GESIS), in which a multidisciplinary influenza-like illness among recruit trainees of all military services, military dependents, and crew members of large Navy ships (population, >100). The center works in collaboration with the Border Infectious Disease Surveillance Project of the Centers for Disease Control and Prevention (CDC), which monitors populations located on the border between California and Mexico. The first two human cases of novel swine-origin influenza A (H1N1) virus (S-OIV), both identified through PCR, were forwarded to the center for confirmation and were subsequently forwarded to the CDC for identification by sequencing. In the second case, a sample that was obtained as a border surveillance site was found to contain a copyable influenza A strain on PCR testing at the center. Further characterization by PCR assay and electrospray ionization mass spectrometry indicated a swine-origin virus, and sequence data that were sent to the CDC revealed that the viruses in the two samples were identical. In response, surveillance activities of all programs were enhanced to include increased sampling rates, more clinical sites, decreased turnaround time in the laboratory, and rapid influenza testing with the use of QuickVue Influenza A+B (Quidel).

From April 20 through May 10, 2009, the center processed 3194 specimens with the use of a real-time reverse-transcriptase-PCR (RT-PCR) assay,¹ which revealed 273 confirmed cases of S-OIV (8.6%), 38 cases of H1N1 seasonal influenza (11.6%), and 41 cases of H1N1 influenza (11.9%) (Fig. 1). All suspected cases of S-OIV were confirmed with the use of the CDC's S-OIV assay.² All specimens were collected from patients with influenza-like illness who sent the CDC's guidelines for screening. Rapid-test results for 767 patients during this influenza season were available for comparison and were positive for 20 of 39 patients who had positive results for S-OIV on RT-PCR assay (sensitivity, 51%, 95% confidence interval [CI], 37 to 67), for 12 of 19 patients who had positive results for H1N1 seasonal influenza on RT-PCR (sensitivity, 63%, 95% CI, 39 to 82), and for 6 of 27 of patients who had positive results for H1N1 influenza on RT-PCR (sensitivity, 22%, 95% CI, 8 to 57). The specificity of the test, as compared with that of RT-PCR, was 98% in all cases.

Dykai et al. described the poor sensitivity of the rapid test (mean, 27%, range, 10 to 52) for influenza during the 2007–2008 season.³ During the 2008–2009 season, we also found a low sensitivity of the novel seasonal influenza strains that were characterized as S-OIV, although Dykai et al. did not differentiate among subtypes. The performance of current influenza rapid antigen tests in diagnosing S-OIV is uncertain.⁴ Our findings suggest that rapid test sensitivity may vary according to the influenza A subtype, so the investigation is needed to confirm this finding and evaluate possible explanations.

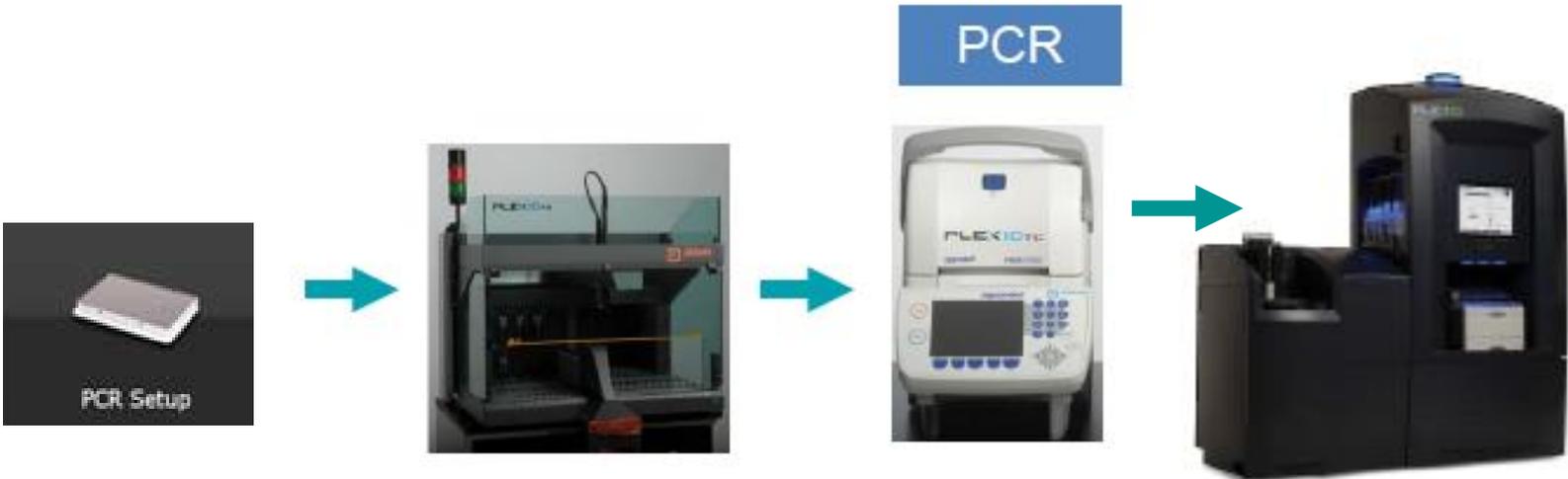
The identification of S-OIV in Southern California highlights the use of multiple, complementary surveillance systems in detecting and validating unusual disease activity. Specifically, the early detection of two epidemiologically un-

Le test PLEX-ID Flu a été capable le premier de détecter le nouveau variant H1N1

...Further characterization by PCR assay and electrospray ionization mass spectrometry indicated a swine-origin virus, and sequence data that were sent to the CDC revealed that the viruses in the two samples were identical...

– D Faix, et al. *New England Journal of Medicine* 2009;. 10. 1056

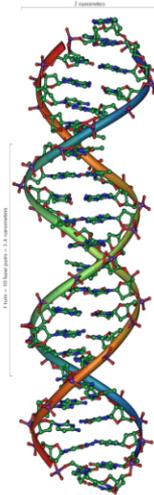
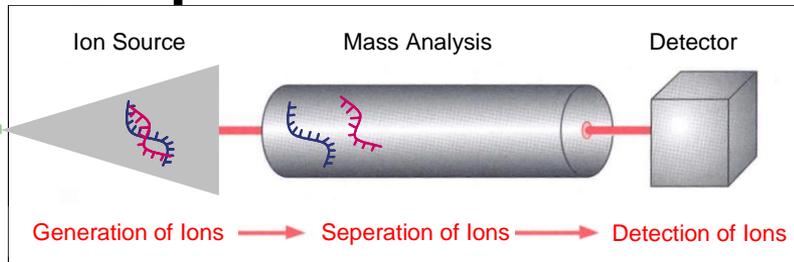
SYSTEME PLEX ID : PRELEVEMENT - PCR - SPECTROMETRIE DES AMPLICONS



KIT recherche: viral IC, viral respiratory, BAC, Fungal

Analyse en spectrométrie de masse.

Mass Spectrometer



A = 313.0576 amu

G = 329.0526 amu

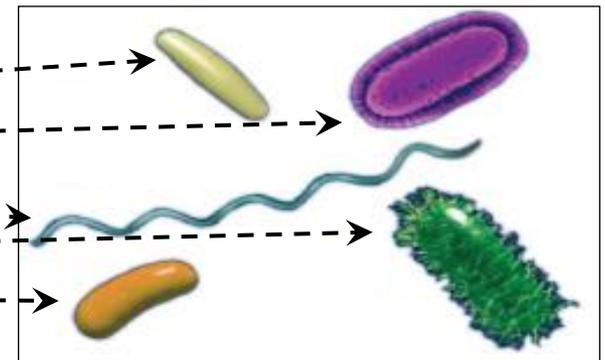
C = 289.0464 amu

T = 304.0461 amu

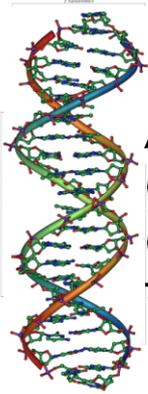
Signal Processing Masses to Base Compositions

#	Mass	Base Count	Quantity
1	35875.03	A25G35C30T26	4260
2	35297.70	A29G33C27T25	1948
3	35619.87	A26G36C29T24	1555
4	36196.21	A23G37C31T26	1306
5	35297.70	A29G33C27T26	1949
6	33734.22	A19G21C17T27	1000

Base Compositions Map to Microbes



DE LA MASSE À LA COMPOSITION EN BASES



A = 313.0576 amu
G = 329.0526 amu
C = 289.0464 amu
T = 304.0461 amu



Poids: 36,2 g

	8.5 g
	7.5 g
	7.8 g
	5.74 g

8.5 g		
15 g		<u>Lump sum A</u>
23.1 g		€2.00
31.2 g		
36.2 g		
57.4 g		
<hr/>		
30.5 g		<u>Lump sum B</u>
38.7 g		€1.80
51.7 g		
<hr/>		
24.7 g		<u>Lump sum C</u>
32.8 g		€1.60

1 x 1 Euro
5 x 20 Cent

PLATE FORME POST PCR DE BIOLOGIE MOLECULAIRE SAINT LOUIS INSTALLATION DU PLEX ID AU PRINTEMPS 2012



Bactériologie -Virologie-Parasitologie- Biochimie- Anatomopathologie

LC450

PLEX ID ESI TOF

SEQUENCEUR 16 CAPILLAIRE

SEQUENCEUR PROFOND NGS ROCHE 454



PLEX-ID BAC-SPECTRUM

B(road Bacteria) , C(andida), A(ntimicrobial Resistance)

18 paires de primers

- 1: controle d'extraction (pumpkin DNA)
- 4: ensemble des groupes de bactéries (via 16S et 23S rRNA)
- 5: groupes spécifiques, différenciation des espèces proches
- 4: identification des espèces Candida (via 25S rRNA)
- 4: resistance aux antibiotiques
- 2 puits sont multiplexés



Temps par cycle de PCR: 2 heures

Temps total < 8 h

Pumpkin DNA Extraction Control	A	346	4437
	B	348	879
16S rDNA Broad Bacterial	C	361	3767 4675
	D	349	3768
23S rDNA	E	3350	3030
Firmicutes Staphylococcus Enterobacteriaceae	F	2249 358	3031
	G	3346	3766
Gamma/Beta/Gammaproteobacteria	H	3921	3865

Candida identification & speciation

Bacteroidetes

- Bacteroides fragilis
- Bacteroides thetaiotaomicron
- Capnocytophaga canimorsus
- Chryseobacterium meningosepticum
- Prevotella sp.
- Porphyromonas sp.

Spirochetes

- Borrelia burgdorferi
- Borrelia hermsii
- Borrelia turicatae
- Leptospira interrogans
- Treponema pallidum

Actinobacteria

- Corynebacterium serosis
- Corynebacterium amycolatum
- Corynebacterium bovis
- Corynebacterium jeikeium
- Corynebacterium sp.
- Cor.pseudodiphtheriticum
- Cor. diphtheriae
- Mycobacterium genavense
- Mycobacterium leprae
- Mycobacterium spp.
- Mycobacterium simiae
- Mycobacterium szulgai
- Mycobacterium scrofulaceum
- Mycobacterium ulcerans
- Mycobacterium xenopi
- Nocardia asteroides
- Nocardia nova
- Rhodococcus equi
- Propionibacterium acnes
- Rothia dentocariosa
- Tropheryma whipplei
- Actinomyces israelii
- Actinomyces naeslundii
- Clavibacter michiganensis

Fusobacteria

- Fusobacterium necrophorum
- Streptobacillus moniliformis

Mollicutes

- Mycoplasma mycoides
- Erysipelothrix rhusiopathiae
- Mycoplasma pneumonia

Bacilli

- Streptococcus agalactiae
- Streptococcus bovis
- Streptococcus equi
- Streptococcus milleri
- Streptococcus pneumoniae
- Streptococcus pyogenes
- Streptococcus viridans

Primers 350, 351, 353

- Bacillus anthracis
- Bacillus cereus
- Bacillus thuringiensis

Primer 355

- Listeria monocytogenes
- Staphylococcus intermedius
- Staphylococcus saprophyticus
- Enterotoxins
- Staphylococcus coagulase-negative
- Staphylococcus epidermidis
- Staphylococcus haemolyticus

Primer 352

Chlamydia

- Chlamydia trachomatis
- Chlamydomphila psittaci
- Chlamydomphila pneumoniae
- Parachlamydia acanthamoebae

Proteobacteria

Primer 367

- Eikenella corrodens
- Neisseria gonorrhoeae
- Neisseria meningitidis
- Achromobacter xylosoxidans
- Bordetella pertussis
- Burkholderia cepacia
- Burkholderia mallei
- Burkholderia pseudomallei
- Ralstonia mannitolilytica
- Ralstonia picketti
- Ralstonia solanacearum

Primer 363

- Pseudomonas aeruginosa
- Pseudomonas alcaligenes
- Pseudomonas fluorescens
- Pseudomonas putida
- Pseudomonas stutzeri
- Pseudomonas syringae pv. glycinea

- Vibrio cholerae
- Vibrio parahaemolyticus
- Vibrio vulnificus

Primer 366

- Pseudomonas aeruginosa
- Pseudomonas alcaligenes
- Pseudomonas fluorescens
- Pseudomonas putida
- Pseudomonas stutzeri

- Vibrio cholerae
- Vibrio parahaemolyticus
- Vibrio vulnificus

Gamma

- Tatlockia micdadei
- Legionella longbeachae
- Legionella pneumophila
- Coxiella burnetii

Alpha

- Rickettsia prowazekii
- Rickettsia rickettsii
- Rickettsia typhi
- Anaplasma phagocytophilum
- Cowdria ruminantium
- Ehrlichia chaffeensis
- Ehrlichia equi
- Orientia tsutsugamushi
- Rickettsia conorii
- Rickettsia felis

Primer 362

- Francisella tularensis

Primer 354

- Stenotrophomonas maltophilia
- Xanthomonas malvacearum
- Xanthomonas oryzae pv. oryzae
- Xanthomonas oryzae pv. oryzicola
- Xylella fastidiosa
- Alteromonas tetraodonis
- Tetrodotoxin
- Actinobacillus actinomycetemcomitans
- Haemophilus aphrophilus
- Haemophilus aegyptius
- Haemophilus ducreyi
- Haemophilus influenzae
- Haemophilus parahaemolyticus
- Haemophilus parainfluenzae
- Haemophilus paraphrophilus
- Pasteurella multocida

Firmicutes

- Eubacterium sp.
- Anaerococcus prevotii
- Clostridium botulinum
- Botulinum Toxin
- Clostridium difficile
- Clostridium perfringens
- Epsilon Toxin
- Clostridium septicum
- Clostridium tetani
- Peptococcus niger
- Peptostreptococcus anaerobius
- Veillonella dispar

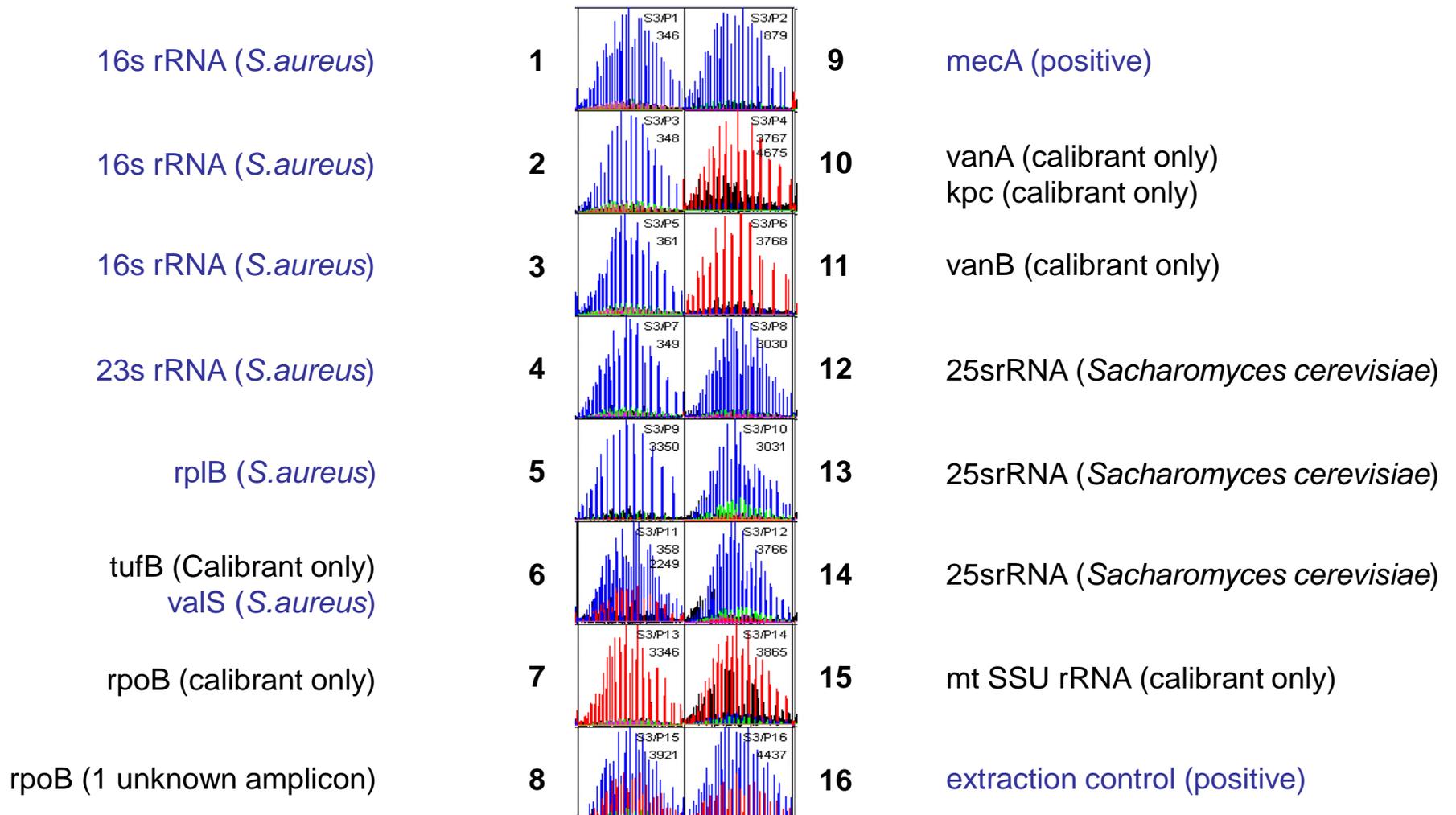
Clostridia

- Enterococcus faecalis
- Enterococcus faecium
- Enterococcus flavescens
- Staphylococcus aureus
- Enterotoxins
- Staphylococcus coagulase-negative
- Staphylococcus epidermidis
- Staphylococcus haemolyticus

- Citrobacter freundii
- Edwardsiella tarda
- Enterobacter aerogenes
- Enterobacter cloacae
- Klebsiella oxytoca
- Moraxella catarrhalis
- Morganella morganii
- Plesiomonas shigelloides
- Proteus mirabilis
- Proteus vulgaris
- Providencia sp.
- Providencia stuartii
- Salmonella choleraesuis
- Citrobacter freundii
- Edwardsiella tarda
- Escherichia coli
- Shiga Toxin
- Klebsiella pneumoniae
- Salmonella enteritidis
- Salmonella paratyphi
- Salmonella typhi
- Salmonella typhimurium
- Serratia marcescens
- Shigella dysenteriae
- Shigella flexneri
- Shigella sonnei
- Yersinia enterocolitica
- Yersinia pseudotuberculosis
- Yersinia pestis

Primers 358, 359

EXEMPLE PROFIL DE DETECTION *S. AUREUS*



VIRAL IC v2.0 : virologie de l'immuno déprimé

Adenovirus

Human Adenovirus*
(2-54, A-F)

Enterovirus*

Human Coxsackievirus
Human Echovirus
Human Enterovirus
Human Rhinovirus

Herpesvirus

Cytomegalovirus (CMV, HHV-5*)
Epstein-Barr-Virus (EBV, HHV-4*)
Herpes-Simplex-Virus-1 (HSV-1, HHV-1*)
Herpes-Simplex-Virus-2 (HSV-2, HHV-2*)
Kaposi-Sarcoma-Associated-Herpesvirus (KSHV, **HHV-8***)
Varicella-Zoster-Virus (VZV, HHV-3*)
HHV-6
HHV-7

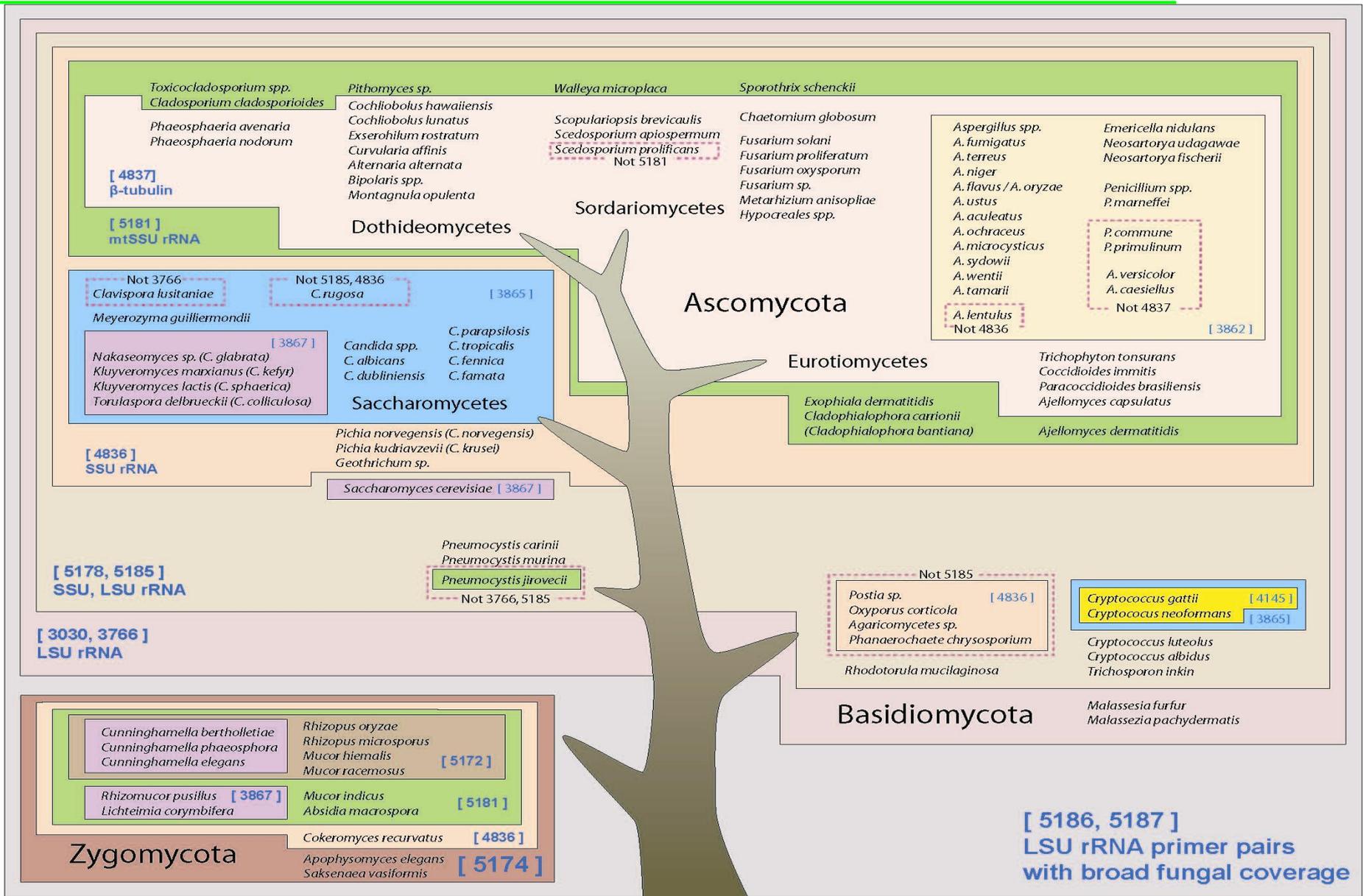
Polyomavirus

BK-Virus*
JC-Virus*

Parvovirus

Human Erythrovirus V9
Human Erythrovirus VX
Human Parvovirus B19*

BROAD FUNGAL KIT



ETUDE VIROLOGIE SAINT LOUIS JUIN 2012

Objectives :

- Comparer sur des prélèvements de 79 patients greffés (moelle osseuse ou rein) les résultats routine versus Plex ID
 - Résultats biologiques
 - Temps de rendu des résultats

Méthodes

2 jours de mise en parallèle des échantillons

- Limités à 48 /jour sur PLEX-ID en juin , > 100 / j en novembre
- mesure d'exécution par auditeurs externes

TEST VIRAL IC

INFECTIONS VIRALES DÉTECTÉES DURANT L'ÉTUDE

Sur 79 demandes :

Corrélation parfaite avec les techniques de routine plus :

1 infection par Adénovirus +

1 infection par JC +

1 infection par Parvovirus

non demandées et retrouvés par PLEX ID

« WORKFLOW »

79 prélèvements en parallèle PLEX ID versus routine

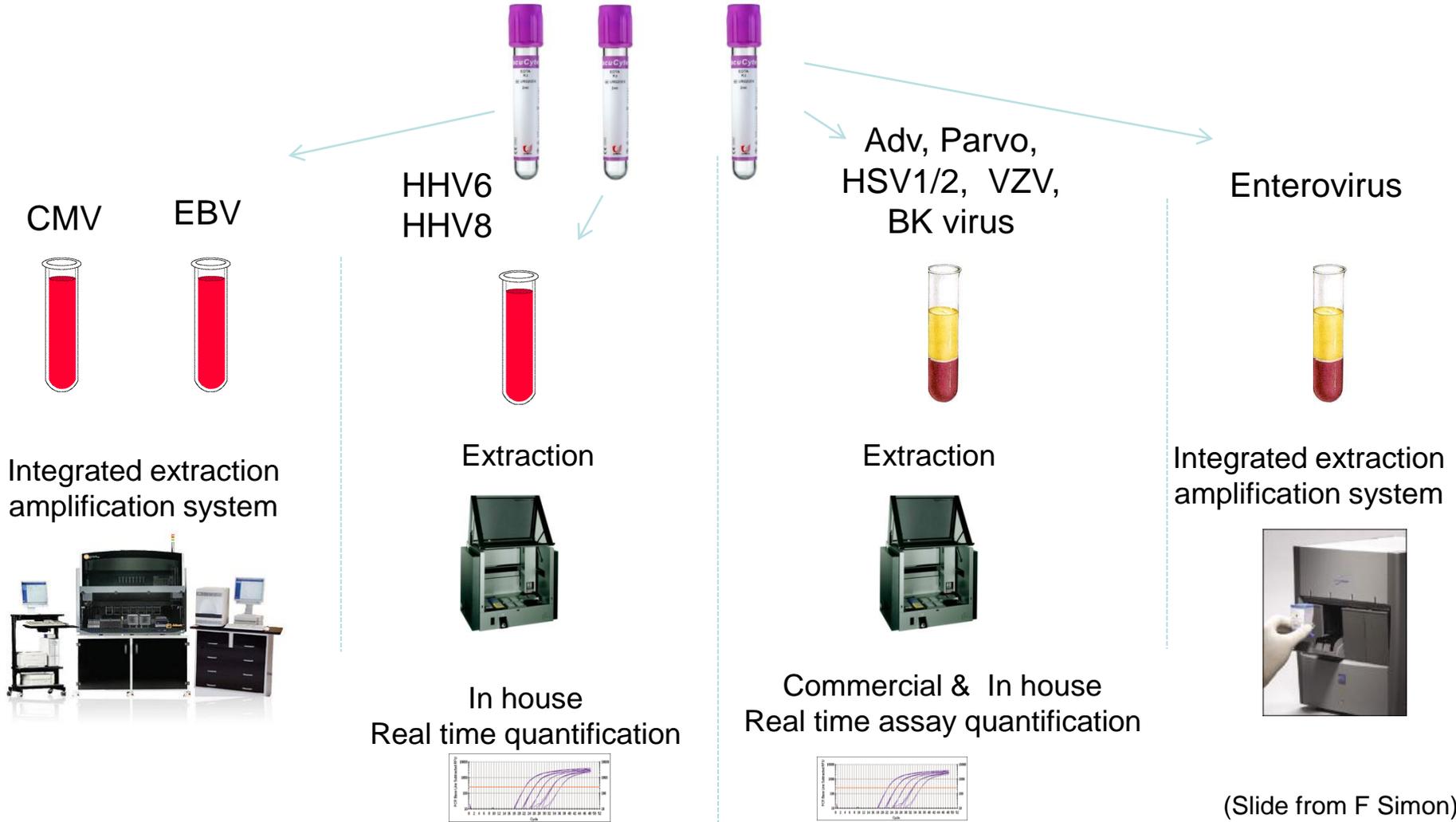
46 lundi Juillet 9th

30 mardi Juillet 10th

3 mercredi Juillet 11th

Source : van de Geijn Partner report

PROCEDURES DES ANALYSES EN ROUTINE (ST LOUIS)



Working with the PLEX-ID as a user: turnaround time

Reagents preparation,
lysis and homogenization
of the sample



40-50 min

Automated DNA
extraction and
purification



45 min

Automated PCR set-
up (96 well plates)



10 min/plate

PCR amplification



2 hours 15 minutes

Mass spectrometry, data analysis
and identification



NFDU
Workstation

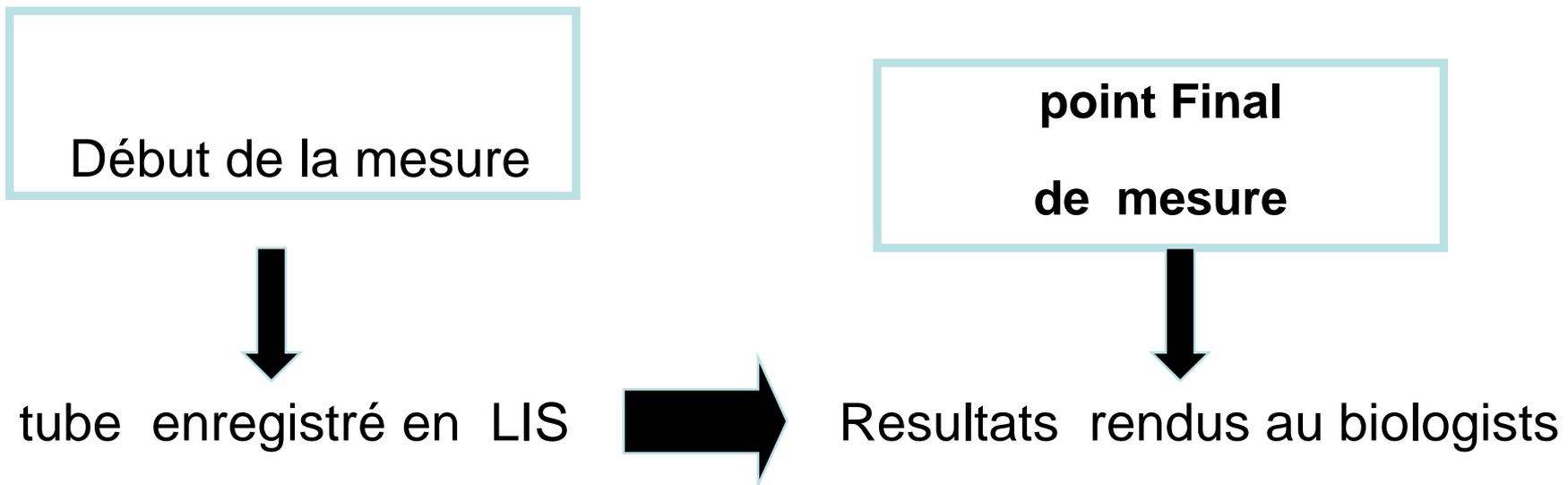
40'-1 hour/plate

Total time
~6-8 h



Set-up

Comparer le temps de rendu entre Routine & PLEX ID



Source : van de Geijn Partner report

ROUTINE PCR VS PCR – ESI - TOF – MS WORKFLOW POINT FINAL

**PLEX ID = 28,16 Heures pour un
ingénieur**

VS

**ROUTINE = 48,37 Heures pour 3
techniciens**

PLEX ID EN BACTÉRIOLOGIE



- Juin 2012 Dossier Me Cam
 - Images nodulaires pulmonaires IMR état fébrile
 - Absence de cultures positives des LBA
 - Biopsie pulmonaire trans thoraxique
 - Plex ID identifie *Actinomyces Naeslundii*

PLEX ID EN MYCOLOGIE

- Juin 2012 LBA de Mme Je..
- Identifie directement sur le LBA : *Ajellomyces capsulatum* ('Histoplasma capsulatum)
- Le Plex ID permet de faire le diagnostic **19 jours avant** l'isolement en culture de rares colonies d'Histoplasmes
- Par ailleurs excellentes corrélations pour *P Jirovici*, *A fumigatus* sur des LBA congelés

PLEX ID - Case report

- Juin 2012 M. Vau , patient transplanté hépatique
 - une éruption cutanée fébrile + ulcérations muqueuses après un bain en piscine en Turquie
 - **biopsie cutanée et fongémie positives à *Fusarium***
- Mai 2013 M r X : suspicion K testiculaire
 - **Syphilis**
- Septembre Mme Y Salpingite isolement bactérien négatif
 - **C Trachomatis**

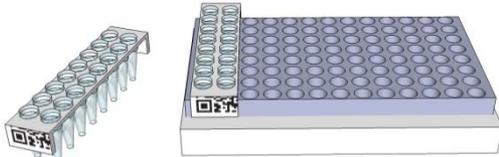
PERSPECTIVES : NEXT PLEX 2014

Room 1

nBB



nSP



Assay Strip & Carrier

Private LAN



nTC



nDS



nAC



nMS

MULTIPLÉ EN MICROBIOLOGIE A NEW DEAL FOR 2015

-Vers une nouvelle approche microbiologique :

- **Nouvelle organisation du suivi virologique des immunodéprimés**
- **« pan-microbiologie »**
Viro- Bactériologie – Mycologie directe sur tous les types de prélèvements
- **nouveaux kits avec approche « pan » microbienne : ie**
 - **infection broncho pulmonaire**
 - **SNC**

- Intérêt majeurs pour la surveillance épidémiologique, particulièrement des résistances aux antibiotiques et antiviraux

