

DETECTION OF
CHLAMYDIA TRACHOMATIS
BY MOLECULAR BIOLOGICAL
METHODS IN LATVIA

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State Agency “Infectology Center of Latvia”

INFECTOLOGY CENTER OF LATVIA



Administration

Clinic of Tuberculosis
and lung Diseases

Infections and Liver
diseases clinic with
outpatients departments
(including STI)

Epidemiological
Safety and Public
Health Division

NRL - National Reference Laboratory in the microbiology area



Microbiology

- *Chlamydia trachomatis* is obligate intracellular Gram negative bacteria
- Unique biphasic (dimorphic) developmental cycle within an intracellular cytoplasmic inclusion
- *C. trachomatis* serovars/genovars (based on antigenic diversities of major outer membrane protein [MOMP]/*ompA* gene)

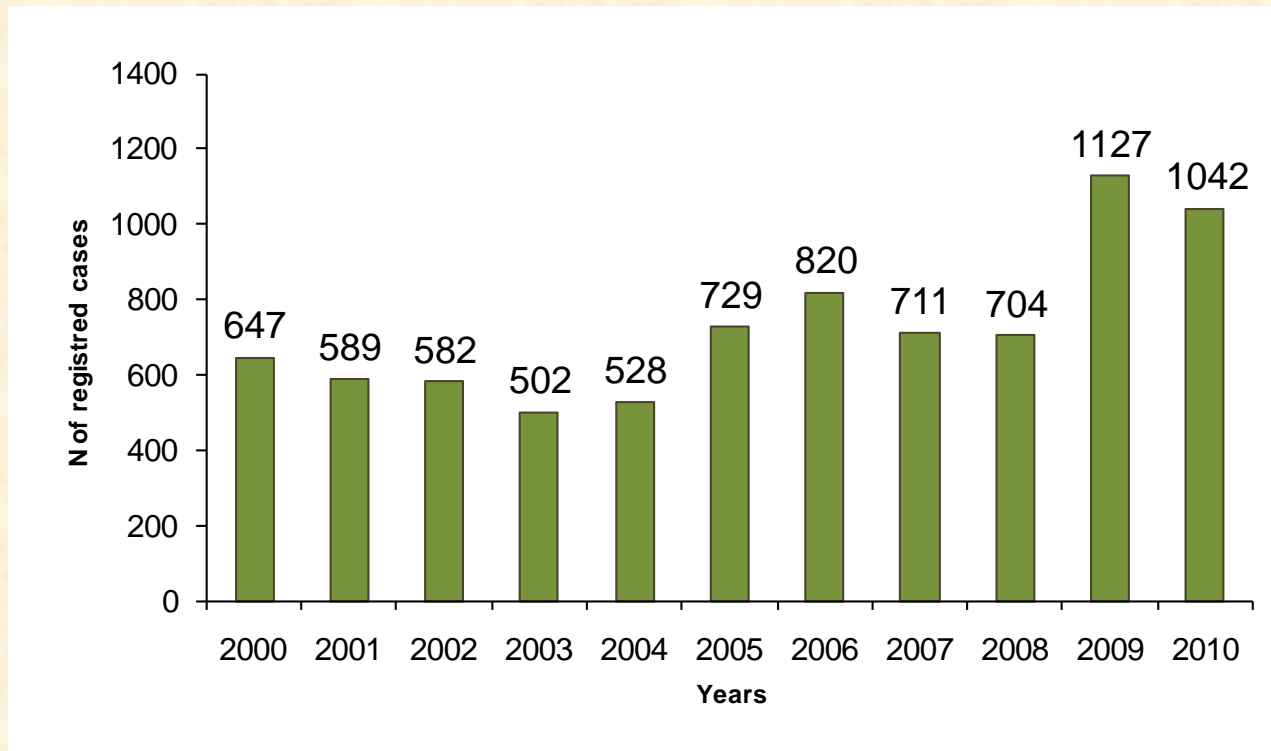
Serovar	Disease	Distribution
A B Ba C	Trachoma	Asia and Africa
D - K	<i>Disease of eye and genitals:</i> conjunctivitis, urethritis, cervicitis <i>Respiratory System:</i> Infant pneumonia	World wide
LGV1 LGV2 LGV3	Lymphogranuloma venerium	World wide



Epidemiology of Chlamydia 1

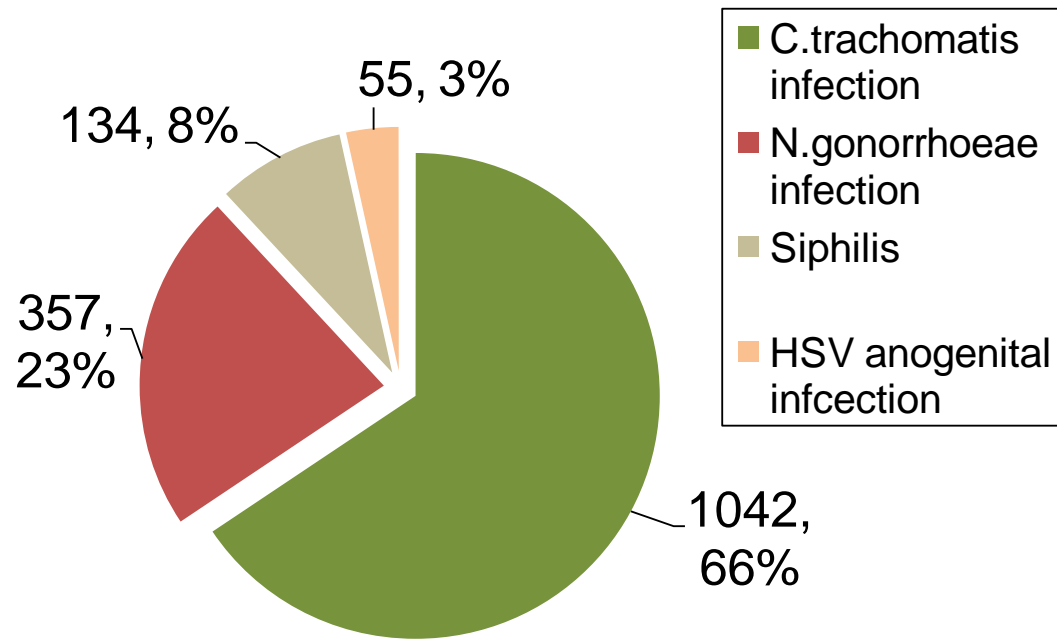
Reporting of *Chlamydia trachomatis* infections in Latvia started in 1992

The total number of reported cases of *C.trachomatis* infections in Latvia, 2000-2010



Epidemiology of Chlamydia 2

Chlamydia is the most frequently reported sexually transmitted infection in Latvia



Distribution of registred STD in Latvia, 2010



Diagnostic methods for detection of *C. trachomatis* used in Latvia

Since early 1990s:

- **ELISA (EIA)** tests for antibodies detection
- **ELISA (EIA)** tests for antigen detection
 - MOMP-Major Outer Membrane Protein
 - LPS -lipopolysaccharide
- DFA (Direct fluorescent antibody) tests (MOMP)

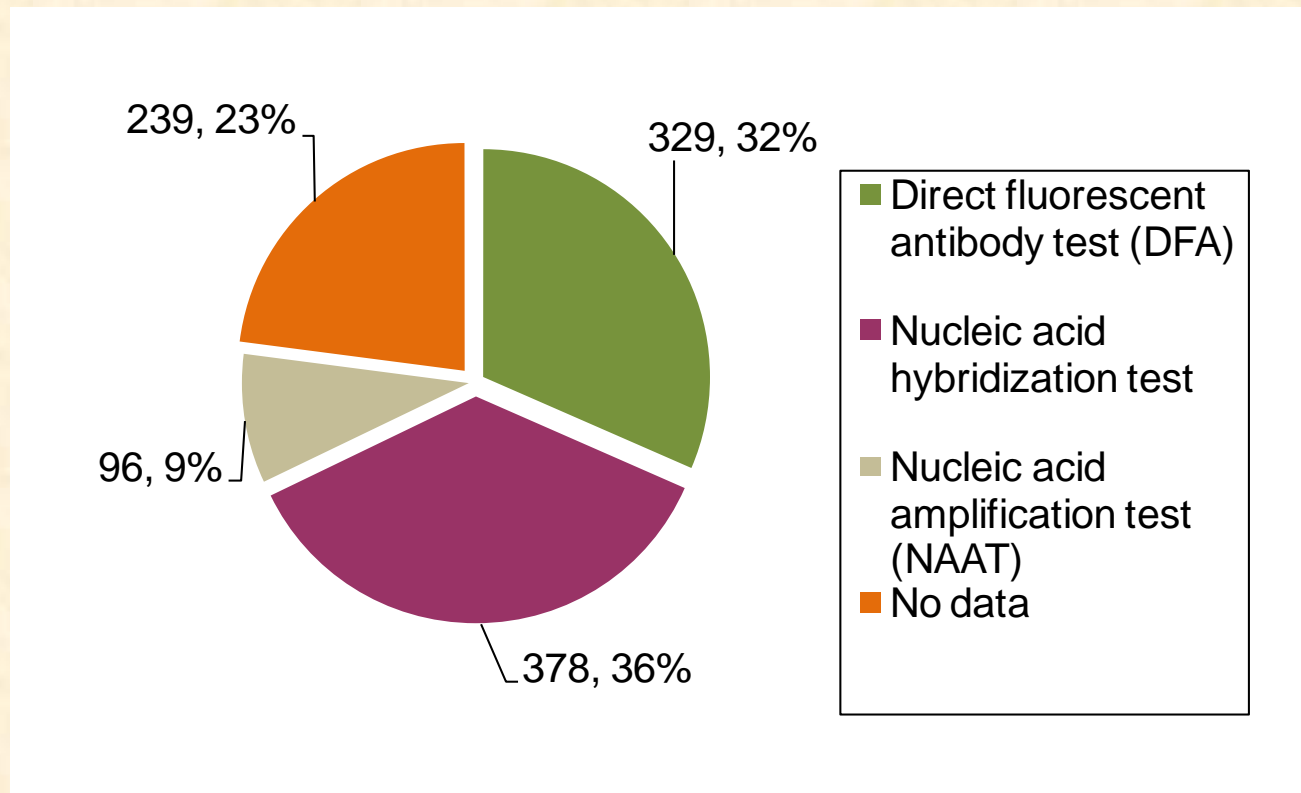
Since 1996s -molecular biological methods were used:

- Nucleic acid hybridization test or DNA-probe test (Gen-Probe, PACE2)
- NAAT (nucleic acid amplification techniq) –Cobas Amplicor CT, Roche

Culture in viable cell lines was not performed



Diagnostic methods for detection of *C.trachomatis* used in Latvia in 2010 (for 1042 registred cases)



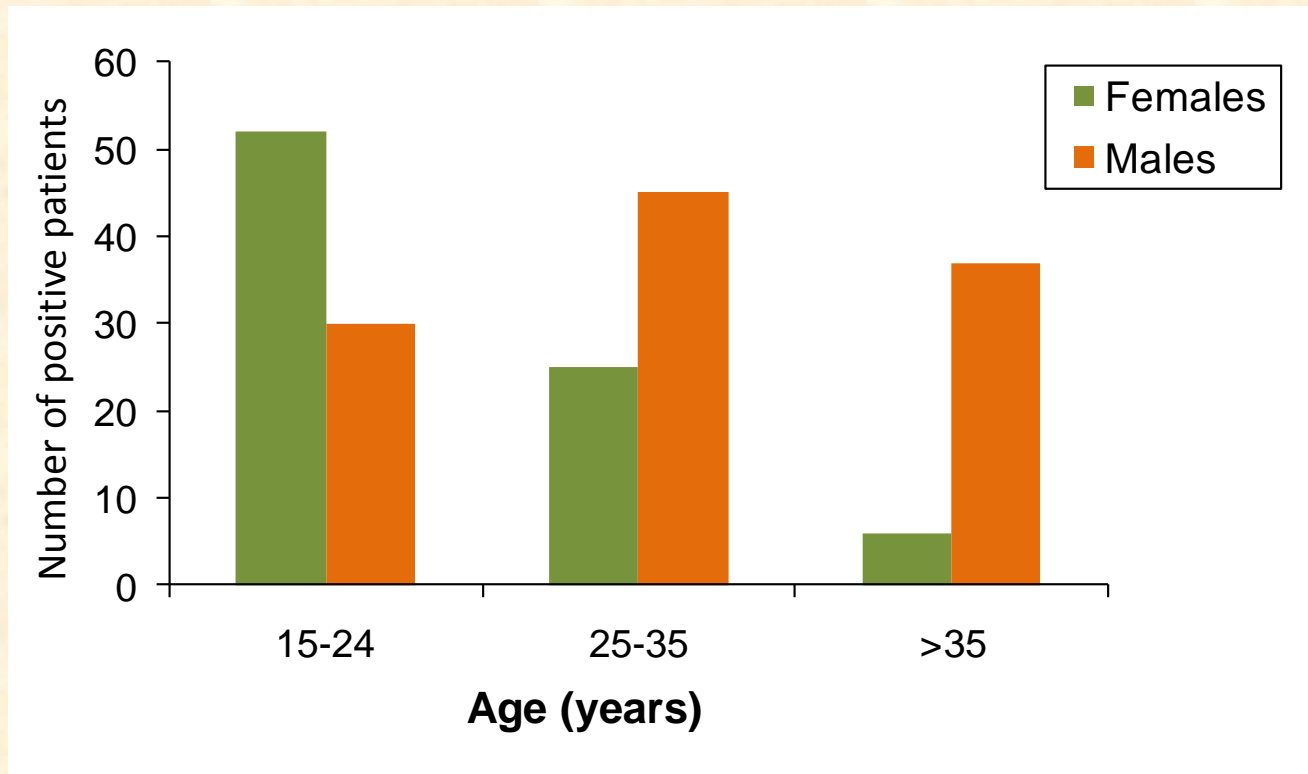
Methods for confirmation of *Chlamydia* infection used in ICL, 2010

Methods	Patient (n)			Positive for <i>C.trachomatis</i>		
	male	female	total	male	female	total
DFA (MicroTrak Trinity Biotech)	2065	1764	3829	112/2065 5.4%	83/1764 4.7%	195/3829 5.1%
Hibridization assay (Gene Probe, PACE2)	15	111	126	1/15 6.0%	7/111 6.3%	8/126 6.3%

Both methods were successful in EQA programme Labquality



DFA positive for *C.trachomatis* male and female by age groups



Groups with highest rate of positive results were:

- women 15 – 24 years old;
- men 25 – 35 years old.



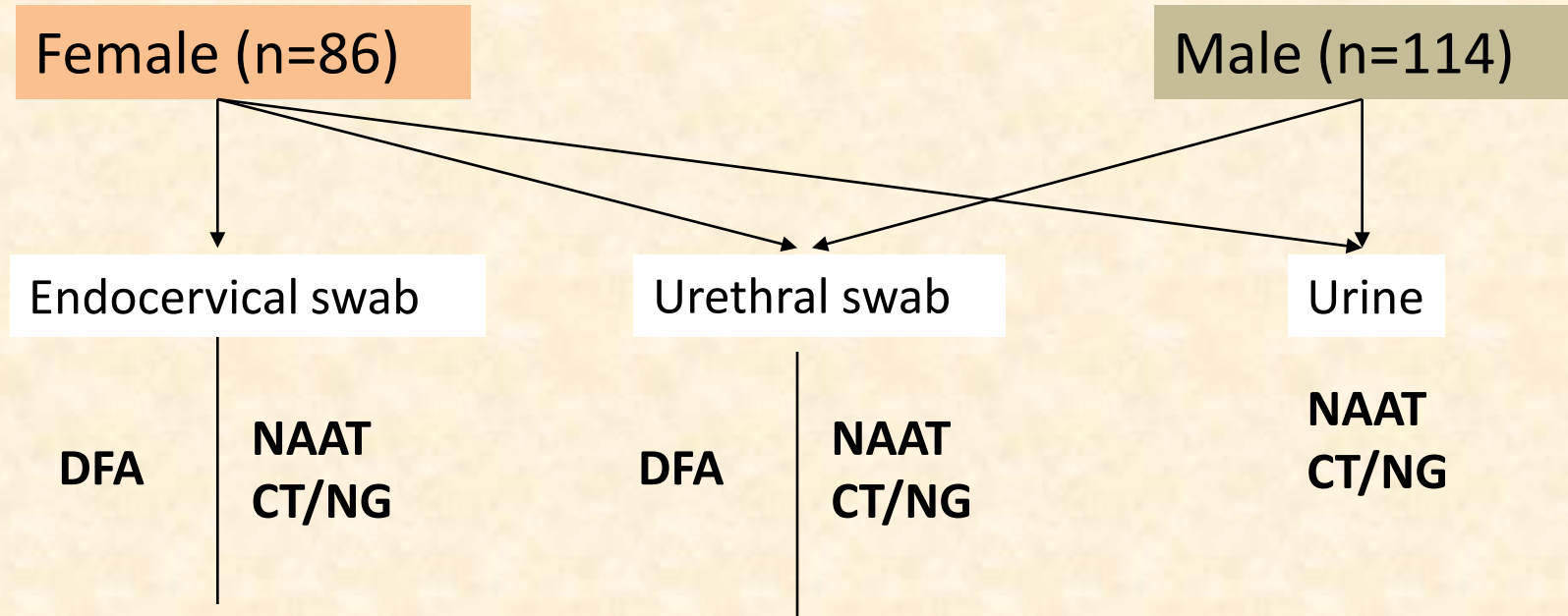
Consideration for choose of NAAT method for detection of C.trachomatis in ICL

1. After STD department inclusion in ICL structure in 2010 method more suitable for large volume testing was required
2. According to published data, NAAT are the most sensitive (90-95%) tests for genital Chlamydia, DFA have sensitivity 65-75% and depends on the skills of laboratory specialist
3. The prevalence of Swedish mutant (C.trachomatis with 377 bp deletion in cryptic plasmid) in Latvia is unknown. That is why we try two tests: Aptima Combo 2 Assay (Gene-Probe) with target rRNA and Cobas Amplicor CT (Roche) with target cryptic plasmid
4. Costs of tests



Study design

Patients: 200 symptomatic STD outpatients department attenders were included



1. DFA test (MicroTrak Trinity, Biotech)
2. NAAT tests:
 - Gen-Probe, Aptima Combo 2, isothermal amplification (TC-TMA)
 - Roche, Cobas Amplicor CT/NG, PCR



Comparison of DFA and NAAT tests for *C.trachomatis* testing

Patients	Sample	DFA				Gen-Probe Aptima Combo2			Cobas Amplicor		
		Nr tested	Positive nr	Positive %	+/-	Nr tested	Positive nr	Positive %	Nr tested	Positive nr	Positive %
Male N=114	Urethral swab	114	12	10.5	-	114	14	12.3	-		
	Urine	-	-	-	-	114	15	13.1	45	6	13.3
Female N=86	Endocervical swab	79	4	5.1	1	79	7	8.9	-		
	Urethral swab	85	3	3.5	2	85	8	9.4	-		
	urine	-	-	-	-	85	8	9.4	34	3	8.8



Comparison of NAAT tests with DFA: discordant results

Gender	GEN-PROBE Aptima Combo2			Cobas Amplicor CT	DFA	
	Urethral swab	Endocervical swab	Urine	Urine	Urethral swab	Endocervical swab
Female	negative	positive	positive	NA	not detected	not detected
	positive	positive	positive	positive	not detected	not detected
	positive	positive	positive	positive	not detected	not detected
	positive	positive	positive	positive	uncertain	uncertain
	positive	positive	NA	NA	uncertain	detected
Male	negative	-	positive	positive	not detected	
	negative	-	positive	-	not detected	-
	positive	-	positive	positive	not detected	



Chlamydia infection diagnosed by DFA and NAAT tests

	DFA	Gene-Probe Aptima Combo2*	Cobas Amplicor CT/NG*
Male	10.5% (12/114)	13.2% (15/114)	13.3%(6/45)
Female	4.7% (4 /86) 7.0 % (6/86)	9.3% (8/86)	8.8% (3/34)
Total	8% (16/200) 9% (18/200)	11.5% (23/200)	11.4% (9/79)

*Only in one male patient *N.gonorrhoeae* was detected



Conclusions

- 474/1042 (45.5%) cases of *Chlamydia* infection registered in Latvia in 2010 were confirmed by molecular biological methods, including 9.4% by NAAT.
- Most commonly used tests were DFA (329/1042, 32 %) and DNA probe assays (378/1042, 36 %).
- Comparison of DFA and NAAT tests, performed in ICL, demonstrated higher sensitivity of NAAT: rate of positive results by DFA was 8%, by NAAT - 11.4%. In our study on limited number of specimen Aptima Combo (rRNA) and Cobas Amplicor (DNA) demonstrated same rate of positivity
- In all patients with positive by NAAT swab specimens, urine samples were positive too.
- Higher sensitivity of NAAT tests, simultaneous detection of *C. trachomatis* and *N. gonorrhoeae*, possibility to use for testing non invasive clinical samples, make it suitable for improvement of *C.trachomatis* diagnosis for large volume testing.





Thank you for your attention!

