



# Proficiency Testing: a network approach

Strengthening veterinary diagnostics

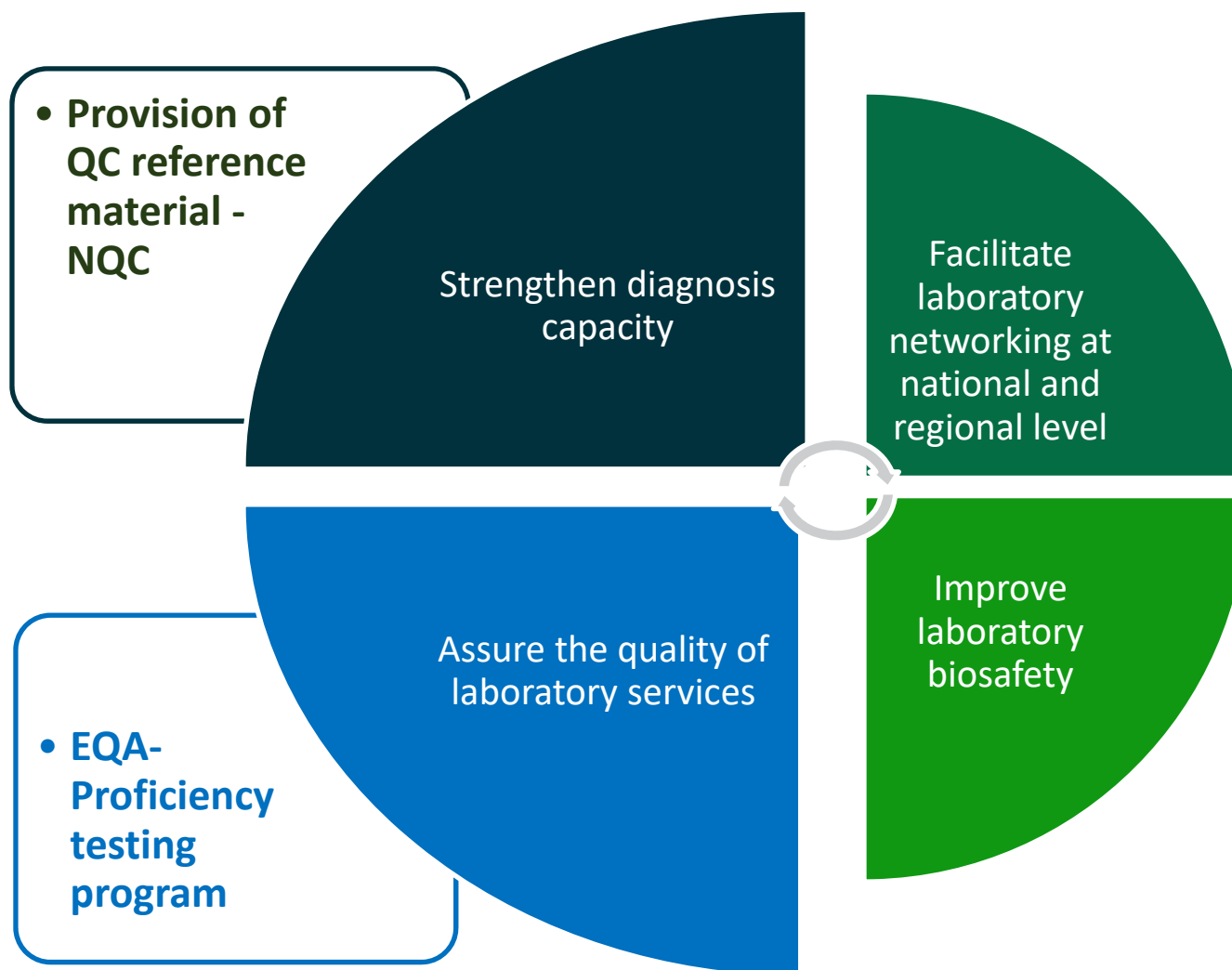
AUSTRALIAN ANIMAL HEALTH LABORATORY (AAHL)

[www.csiro.au](http://www.csiro.au)



**Nick Moody**, AAHL Fish Diseases Laboratory

# Where does PT fit into Veterinary Diagnostics?



# Proficiency Testing (PT)

## Important to participate in Proficiency Testing

**International Standard ISO/IEC 17025 “General requirements for the competence of testing and calibration laboratories” Third Edition 2017-11**

**7.7.2** The laboratory shall monitor its performance by comparison with results of other laboratories, where available and appropriate. This monitoring shall be planned and reviewed and shall include, but not be limited to, either or both of the following:

- a) participation in proficiency testing;
- b) participation in interlaboratory comparisons other than proficiency testing

# AAHL Proficiency Testing (PT)

- Accredited to ISO 17043 and incorporate ISO 13528
- AFDL program services:
  - Laboratories for Emergency Animal Disease Diagnosis and Response - LEADDR
  - South east Asia: Australian-government sponsored project
  - Chile: SERNAPESCA-sponsored PT Program
  - Australia: collaboration with ANQAP to provide PT
  - Evaluation panels for laboratories to implement capability
- Provision of test panels and quality controls to laboratories, who report results and are critically assessed and compared.

# Impacts of PT program across the network



PT assists with ongoing training which is

Participation in PT is

Essential to  
maintain  
diagnostic services

# Why a Networked Approach

- Networks offer a way to weave together and create capacities that get better leverage, knowledge, performance and results.
- Networks leverage and link expertise leading to efficiencies (everything doesn't have to be under one roof)
- Networks optimize use of assets (equipment, buildings etc.) that already exist in a system by connecting them to each other.
- Networks can build remarkable capacities because they mobilize diverse and flexible individuals and organizations.

# Benefits of PT

## Provides Confidence in Results;

- Test methods are being followed
  - detect any difficulties a laboratory may have with analyses
- Test results are accurate and precise
  - demonstrate repeatability and reproducibility
  - and test reliability
- Training is appropriate
  - identify training needs
- Systematic variations are identified
  - Provides information that can assist in future planning for equipment upgrades and staff training
- Consistency between other labs (harmonisation vs. standardisation)
- Credibility and compliance




## PT can also provide laboratories with the necessary information to:

- Maintain and improve analytical quality
- Improve inter-laboratory agreement and raise standards
- Detect equipment faults, identify reagent problems and review staff training
- Initiate and evaluate corrective actions
- Compare performance to different analytical methods – assess harmonisation
- Ongoing monitoring of PT performance using an effective PT scheme will help to reduce laboratory errors, produce accurate test results and most importantly improve diagnostic testing



# LEADDR – Current Diseases of Interest

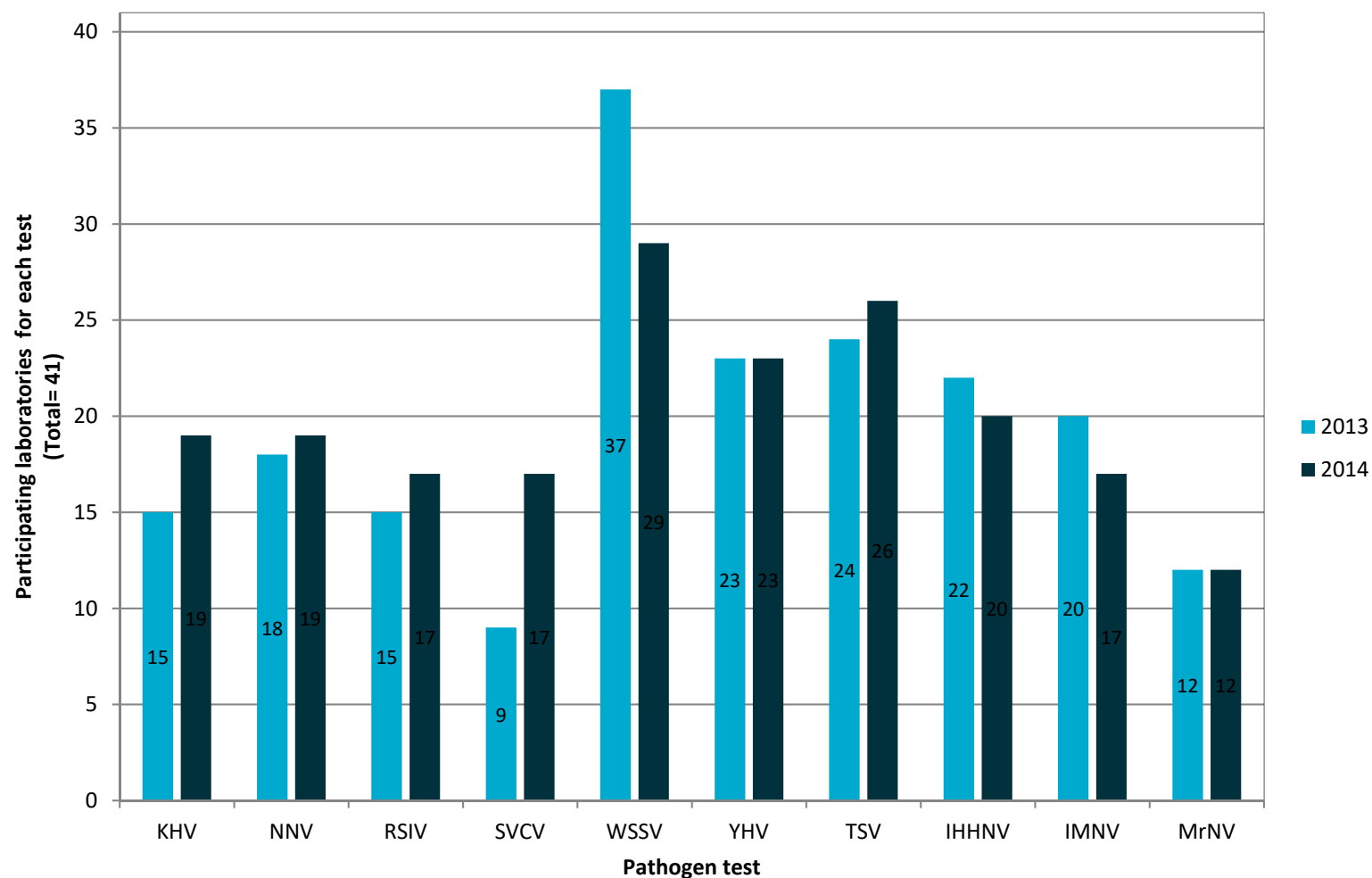
- Avian Influenza - 2009
  - Hendra Virus (HeV) - 2010
  - Blue Tongue Virus (BTV) - 2011
  - Newcastle Disease (NDV) - 2012
  - Foot and Mouth Disease (FMD) – 2013
- 
- White Spot Syndrome Virus (WSSV) - 2012
  - Ostreid Herpes Virus (OsHV-1) - 2012
  - Yellow Head virus (YHV) - 2012
  - Megalocytivirus - 2012
- 
- The provision of PT has resulted in **improved network harmonization of test methods and confidence in the network.**

## A REGIONAL PROFICIENCY TESTING PROGRAM FOR AQUATIC ANIMAL DISEASE DIAGNOSTIC LABORATORIES IN ASIA-PACIFIC

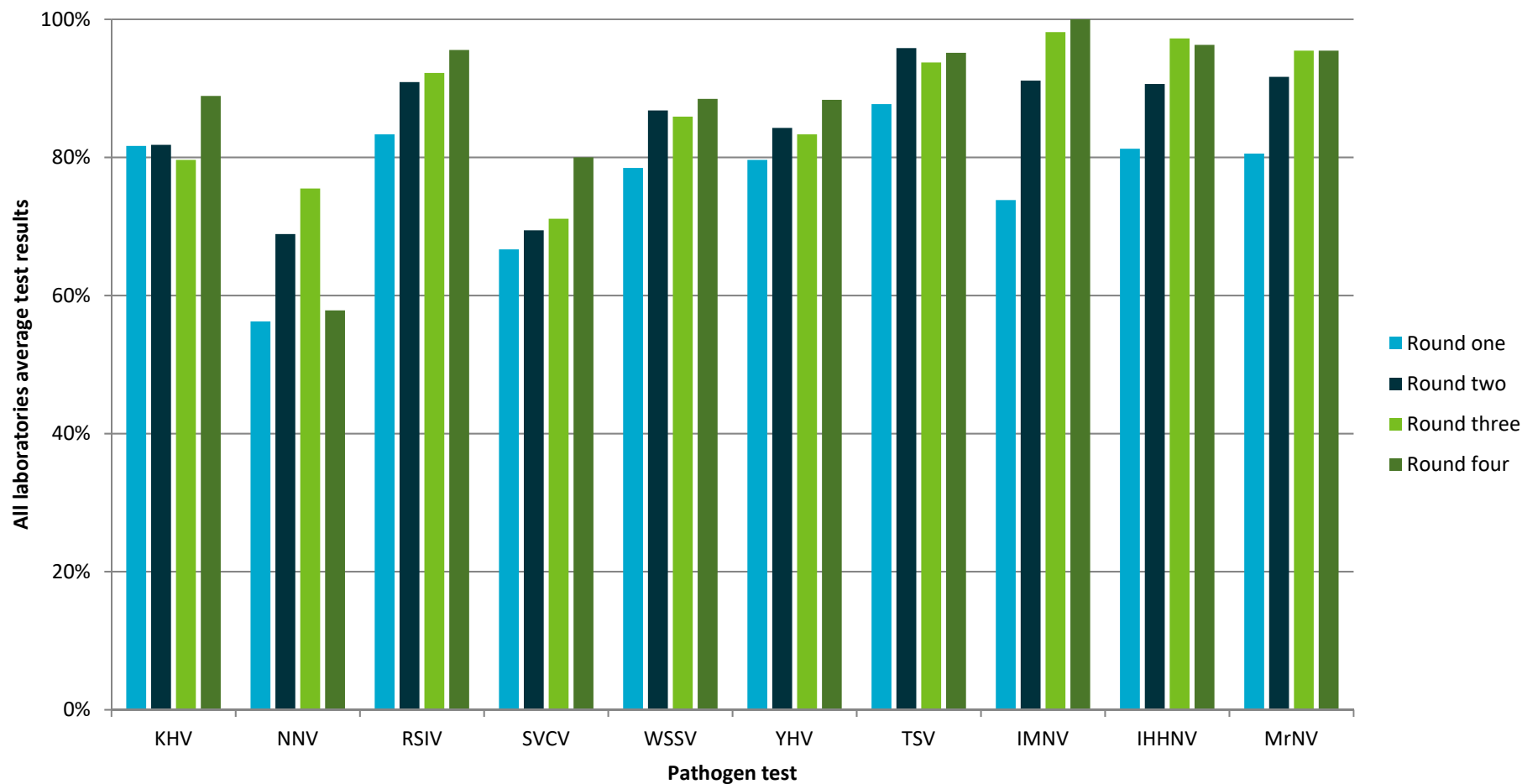
|    | Disease pathogen  | Label | OIE Listed |
|----|---|-------|------------|
| 1  | White spot syndrome virus (WSSV)                                | WSSV  | Yes        |
| 2  | Yellow head virus (YHV)   | YHV   | Yes        |
| 3  | Taura syndrome virus (TSV)                                      | TSV   | Yes        |
| 4  | Infectious myonecrosis virus (IMNV)                             | IMNV  | Yes        |
| 5  | Infectious hypodermal and haematopoietic necrosis virus (IHHNV) | IHHNV | Yes        |
| 6  | <i>Macrobrachium rosenbergii</i> nodavirus (MrNV and XSV)       | MrNV  | Yes        |
| 7  | Nervous necrosis viruses (NNV)                                  | NNV   | No         |
| 8  | Koi herpesvirus (CyHV-3)  | KHV   | Yes        |
| 9  | Megalocytiviruses (RSIV, ISKNV, GIV etc.)                       | RSIV  | Yes        |
| 10 | Spring viraemia of carp virus (SVCV)                            | SVCV  | Yes        |

- 41 laboratories in 12 countries (not all laboratories tested for every pathogen)
- Four rounds of testing (program has been extended to 2022)

## A REGIONAL PROFICIENCY TESTING PROGRAM FOR AQUATIC ANIMAL DISEASE DIAGNOSTIC LABORATORIES IN ASIA-PACIFIC



## A REGIONAL PROFICIENCY TESTING PROGRAM FOR AQUATIC ANIMAL DISEASE DIAGNOSTIC LABORATORIES IN ASIA-PACIFIC



# A REGIONAL PROFICIENCY TESTING PROGRAM FOR AQUATIC ANIMAL DISEASE DIAGNOSTIC LABORATORIES IN ASIA-PACIFIC

Table 2: Summary of Round 4 PCR results for KHV.

| Laboratory No.          | Sample A       | Sample B       | Sample C     | Sample D       | Sample E       | Sample F     | Round 4 Results | R4 Score | R3 Score | R2 Score | R1 Score |
|-------------------------|----------------|----------------|--------------|----------------|----------------|--------------|-----------------|----------|----------|----------|----------|
| Expected Interpretation | Moderate Pos   | Moderate Pos   | Neg          | High Pos       | Low Pos        | Neg          |                 |          |          |          |          |
| 30                      | Pos            | Pos            | Neg          | Pos            | Pos            | Neg          | PASS            | 6        | 6        | -        | -        |
| 34                      | Pos            | Pos            | Neg          | Pos            | Pos            | Neg          | PASS            | 6        | 2        | 2        | 3        |
| 36                      | Pos            | Pos            | Neg          | Pos            | Pos            | Neg          | PASS            | 6        | 6        | -        | -        |
| 40                      | Neg            | Neg            | Neg          | Pos            | Neg            | Neg          | V               | 3        | 3        | 6        | -        |
| 41                      | Pos            | Pos            | Neg          | Pos            | Pos            | Neg          | PASS            | 6        | 6        | 5        | 5        |
| 46                      | Pos            | Pos            | Neg          | Pos            | Neg            | Neg          | V               | 5        | 5        | -        | -        |
| 47                      | Pos            | Neg            | Neg          | Pos            | Neg            | Neg          | V               | 4        | 4        | -        | -        |
| 48                      | Pos            | Pos            | Neg          | Pos            | Pos            | Neg          | PASS            | 6        | 3        | 5        | 4        |
| 49                      | Pos            | Pos            | Neg          | Pos            | Pos            | Neg          | PASS            | 6        | 6        | 6        | 6        |
| 51                      | Pos            | Pos            | Neg          | Pos            | Pos            | Neg          | PASS            | 6        | 6        | 4        | 4        |
| 55                      | Pos            | Neg            | Pos          | Pos            | Pos            | Neg          | V               | 4        | 3        | 6        | 6        |
| 57                      | Pos (Ct 29.73) | Pos (Ct 32.76) | Neg (Ct >45) | Pos (Ct 22.50) | Pos (Ct 36.51) | Neg (Ct >45) | PASS            | 6        | 6        | 6        | 6        |
| 59                      | Pos            | Pos            | Neg          | Pos            | Pos            | Neg          | PASS            | 6        | 5        | -        | -        |
| 60                      | Pos            | Pos            | Neg          | Pos            | Neg            | Pos          | V               | 4        | 4        | 4        | 6        |
| 62                      | Pos            | Pos            | Neg          | Pos            | Pos            | Neg          | PASS            | 6        | 6        | -        | -        |
| 63                      | Pos            | Pos            | Pos          | Pos            | Pos            | Neg          | V               | 5        | 6        | 6        | 6        |
| 64                      | Pos            | Pos            | Neg          | Pos            | Pos            | Neg          | PASS            | 6        | 6        | -        | -        |
| 66                      | Pos            | Pos            | Pos          | Pos            | Pos            | Neg          | V               | 5        | 3        | 4        | 3        |
| 69                      | Not reported   | Not reported   | Not reported | Not reported   | Not reported   | Not reported | -               | -        | -        | -        | -        |
| Expected Interpretation | Moderate Pos   | Moderate Pos   | Neg          | High Pos       | Low Pos        | Neg          |                 |          |          |          |          |

Results were not received from laboratory 69.

**PASS** All results for test round correct

**V** Variation in expected result for at least one sample. Review and possible corrective action recommended.

**NR** No results submitted.

# PT Panel Composition

- Proficiency testing involves laboratories performing the same test on the same quality controlled samples and comparing results.
- Key requirement:
  - Samples are homogenous
  - Stable
  - Suitable
- The number of samples chosen for inclusion in PT panel are dependent on;
  - Aim of PT scheme
  - Scope of PT
  - Analysis to be undertaken
  - Availability of samples
  - Test being performed

# Considerations for test samples

- Test samples chosen for inclusion into PT panels are based on;
    - an ability to provide information about a laboratories capability
  - Repeatability – test-retest reliability  
(Intra-assay)
  - Reproducibility – provide consistent results  
(Inter-assay)
  - Sensitivity – analytical vs. diagnostic
  - Specificity – differentials
- intra- and inter- assay variance are important indicators of assay performance and these measurements help to validate the performance of a method

**All help to determine test reliability**

# Test Sample Preparation

- Test Sample preparation includes;
  - Acquisition and Collection
    - samples can be sourced externally and/or produced internally
    - samples must inactivated (i.e. non-infectious)
  - Preparation and handling





# Test Sample Preparation

|    | Pathogen | Source Tissue            | Material used for PT   |
|----|----------|--------------------------|--|
| 1  | WSSV     | Ethanol-fixed prawns     | Finely ground tissue homogenate (food processor → fine steel sieves) maintained in 70% ethanol. Sample provided in 70% ethanol, centrifuged and the pellet extracted and tested. |
| 2  | YHV      | Ethanol-fixed prawns     |  |
| 3  | TSV      | Ethanol-fixed prawns     |  |
| 4  | IMNV     | Ethanol-fixed prawns     |  |
| 5  | IHHNV    | Ethanol-fixed prawns     |  |
| 6  | MrNV     | Ethanol-fixed prawns     |  |
| 7  | NNV      | Cell culture supernatant | Fixation of the cell culture supernatant in 70% ethanol. Sample provided in 70% ethanol, centrifuged and the pellet extracted and tested.  |
| 8  | KHV      | Cell culture supernatant |  |
| 9  | RSIV     | Cell culture supernatant |  |
| 10 | SVCV     | Cell culture supernatant |  |

- Need to make sure the material is non-infectious (exotic pathogens)
  - heat degrades (destroy) target nucleic acid
  - need to comply with national and international regulations
  - changing to gamma-irradiation (best option)

# Test Sample Preparation

A test panel of 5-10 samples is commonly chosen with the following in mind:

- A panel must contain a minimum of 5 samples
  - One sample will produce an unequivocal strong positive (++) result
  - One sample will produce an unequivocal weak positive (+) result
  - One sample will produce an unequivocal negative (-) result
  - One sample from a related agent (different serotype or genotype)
  - The remaining test samples to be selected from any combination of the above categories with consideration given to the inclusion of pairs of related samples (**split** or **uniform**) to be included for statistical analysis.
- 
- Use of paired samples gives an estimate of within panel variability

# Test Sample Assessment

- As PT involves a group of laboratories performing the same analyses on the same samples and comparing results, a key requirement is that the samples are **homogenous** and **stable**.
- Achieved through;

**Homogeneity** testing

AND

**Stability** testing

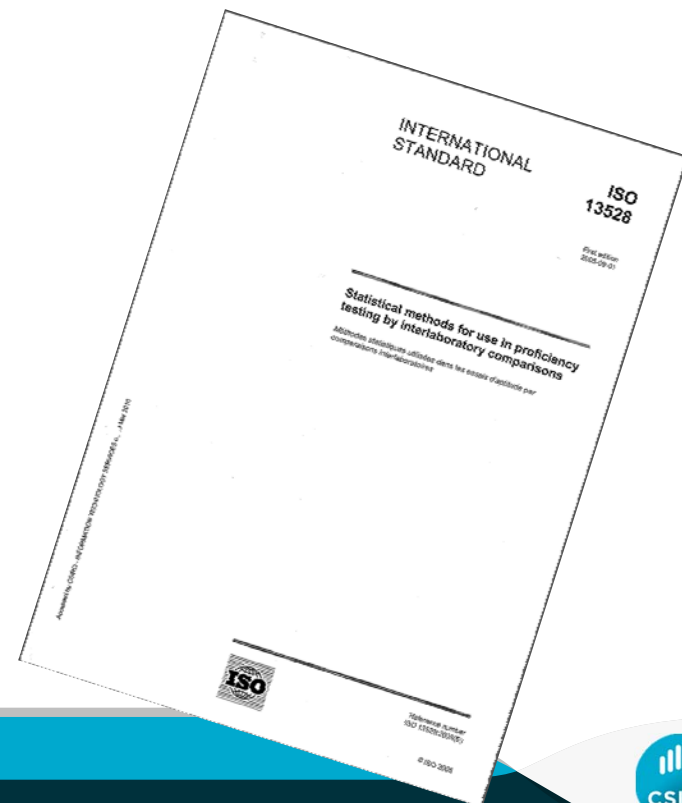


Samples are sent  
for **homogeneity**  
testing (once of)

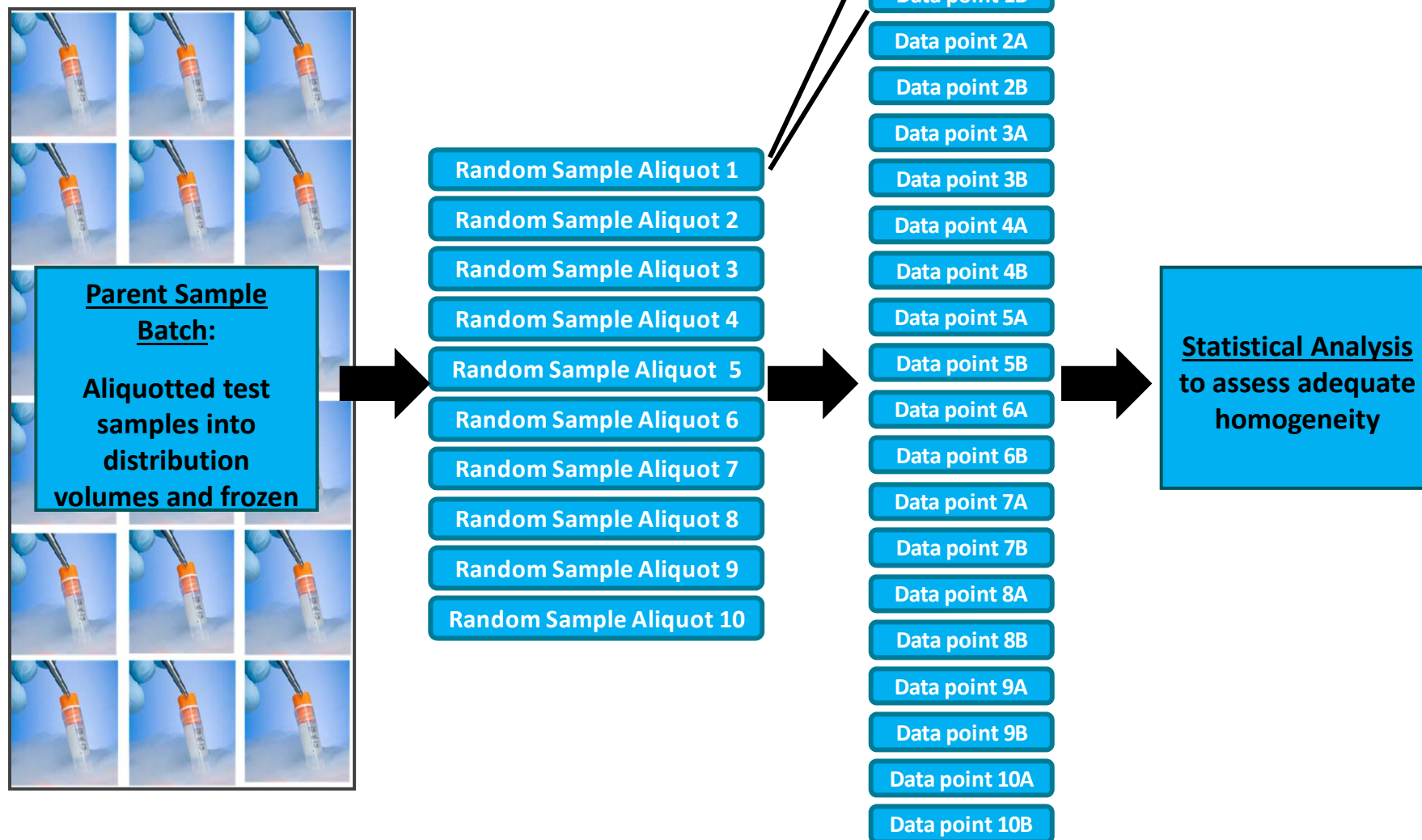
Samples are sent  
for **stability**  
testing (on-going)

# Homogeneity Testing

- Homogeneity testing of the test samples should occur as soon as possible after packaging in their final state.
- This is done according to ISO 13528 *Statistical methods for use in proficiency testing by interlaboratory comparisons*.
- The procedures used for homogeneity testing must be documented.
- The procedures used to establish homogeneity of the test samples must be demonstrated and documented before a test sample is approved for dispatch to participating laboratories.

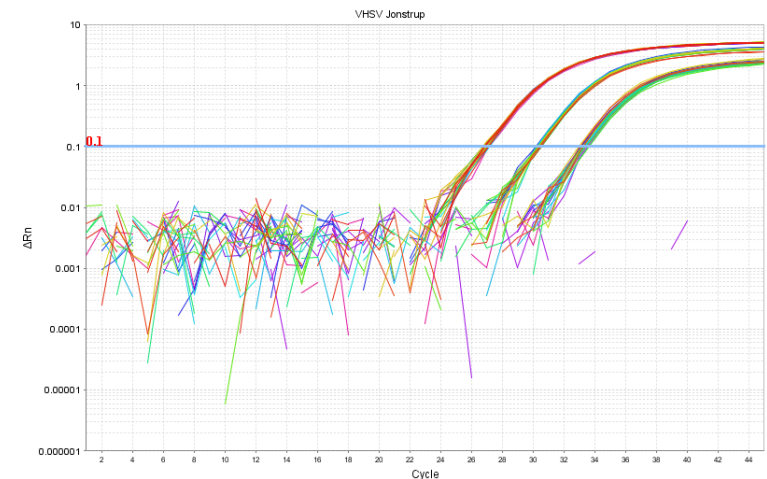


# Homogeneity Testing



# Homogeneity Testing

- Prior to distribution of the PT panel
- Calculated according to ISO 13528
- 10 samples chosen at random for each different positive sample
- Real-time PCR =  $\text{CoV} \leq 5\%$



# Homogeneity Testing

| <b>PATHOGEN</b> | <b>SAMPLE</b> | <b>CoV</b> |
|-----------------|---------------|------------|
| IHNV            | Strong        | 0.21       |
| IHNV            | Moderate      | 0.42       |
| IHNV            | Weak          | 0.00       |
| VHSV            | Strong        | 0.31       |
| VHSV            | Moderate      | 0.16       |
| VHSV            | Weak          | 0.35       |
| KHV             | Strong        | 0.65       |
| KHV             | Moderate      | 0.61       |
| KHV             | Weak          | 0.46       |
| SVCV            | Strong        | 0.42       |
| SVCV            | Moderate      | 0.00       |
| SVCV            | Weak          | 0.43       |
| EHNV            | Strong        | 0.30       |
| EHNV            | Moderate      | 0.23       |
| EHNV            | Weak          | 0.25       |
| SAV             | Strong        | 0.31       |
| SAV             | Moderate      | 0.27       |
| SAV             | Weak          | 0.00       |
| OsHV-1          | Strong        | 0.48       |
| OsHV-1          | Moderate      | 0.40       |
| OsHV-1          | Weak          | 0.26       |

# Stability Testing

- To demonstrate that test samples will not significantly change
- And to distinguish between unexpected results and whether they are
  - due to participant variation OR
  - inherent instability of the test samples
- The stability of a sample batch is determined by the criteria set by the PT provider
- Prepared test samples need to be assessed for
  1. 'fit-for-purpose' analysis needs to be undertaken to confirm that the sample type will perform satisfactorily for use
  2. Ongoing establishment of test sample performance pre- and post- PT distribution

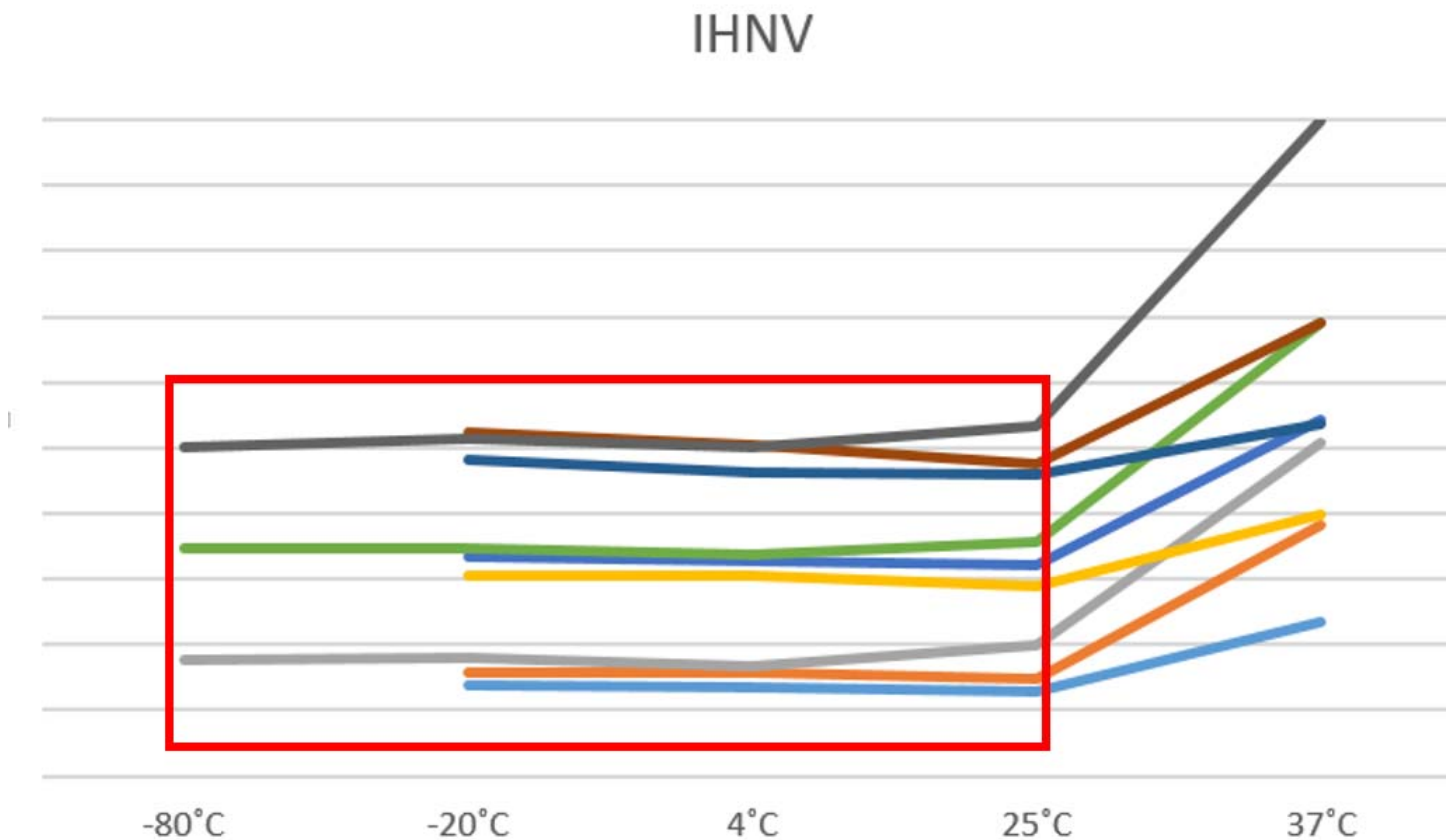


# Stability Testing

- Performed for all pathogens in PT1 and PT2
- At -20°C, 4°C, 25°C and 37°C
- Set time period

# Stability Testing

- Results after 2, 5 and 10 weeks at each temperature



# Related Sample Pairs

- Uniform sample pairs



- identical blind duplicates (where the results are expected to be the same)

- Split sample pairs



- slightly different blind duplicates (where the results should be slightly different e.g. dilution of the same sample isolate)

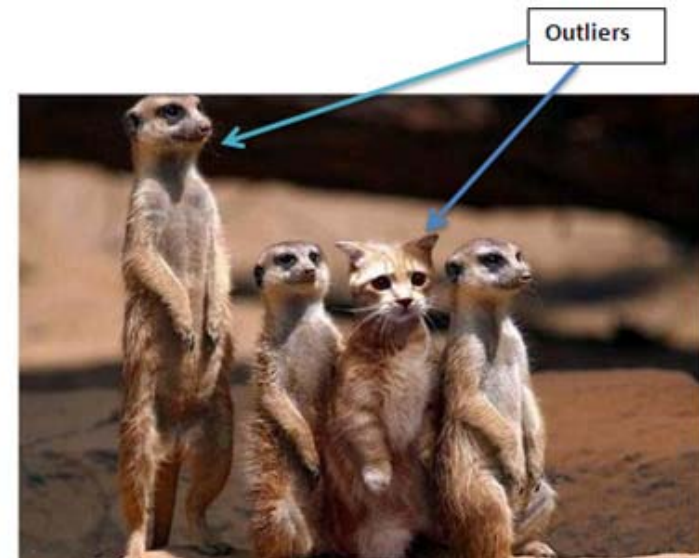
- The statistical analysis of paired samples is the same for both types of pairs (uniform or split), but the interpretation is slightly different.

# Data Preparation

- Prior to commencing the statistical analysis, the data should be checked to ensure:
  - that the data collected is accurate and appropriate for analysis
  - no gross errors and/or potential problems with the data.
- In some cases the data may need to be transformed e.g.
  - microbiological raw count data is transformed to log 10 results.
  - HI test analysis is usually carried out with the Log titre i.e. dilution  $1/32 = 8$

# Statistical Analysis

- It is possible to use any statistical analysis as long as it is relevant to the test being assessed.
- Examples include:
  - % agreement between positive and negative results; consensus values
  - Summary statistics
  - Z-score analysis (robust)
  - Youden plots
  - Bar graphs



# Assessment Key

The overall rating for each laboratory will reflect the most significant findings made, but less significant findings will also be noted.

| Qualitative Assessment      | Comment   |
|-----------------------------|---|
| Acceptable                  | Agreement with assigned results. No statistical differences were noted for the sample pair assessed. No specific follow-up is recommended.        |
| Acceptable with observation | Qualitative results are acceptable. Minor statistical differences are noted but not considered significant. No specific follow-up is recommended. |
| Acceptable with condition   | Qualitative results are acceptable. Statistical discrepancies are noted that warrant review.  |
| Unacceptable                | Results do not agree with assigned values. Review of procedures is highly recommended.  |
| Observation                 | Observations noted about test results for additional assays performed beyond the scope of the PT panel.   |

# Pathogens for PT

- Round 1: VHSV and IHNV (SAV and PMCV under consideration)
- Round 2: KHV, SVCV and Megalocytivirus
- Participants?
- Requirements for positive control plasmids TBC

# Thank you

Nick Moody  
Team Leader – Aquatic Disease Diagnosis  
AAHL Fish Diseases Laboratory

t +61 3 5227 5749  
e [nick.moody@csiro.au](mailto:nick.moody@csiro.au)  
w [www.csiro.au](http://www.csiro.au)

CSIRO ANIMAL, HEALTH AND FOOD SCIENCES  
[www.csiro.au](http://www.csiro.au)





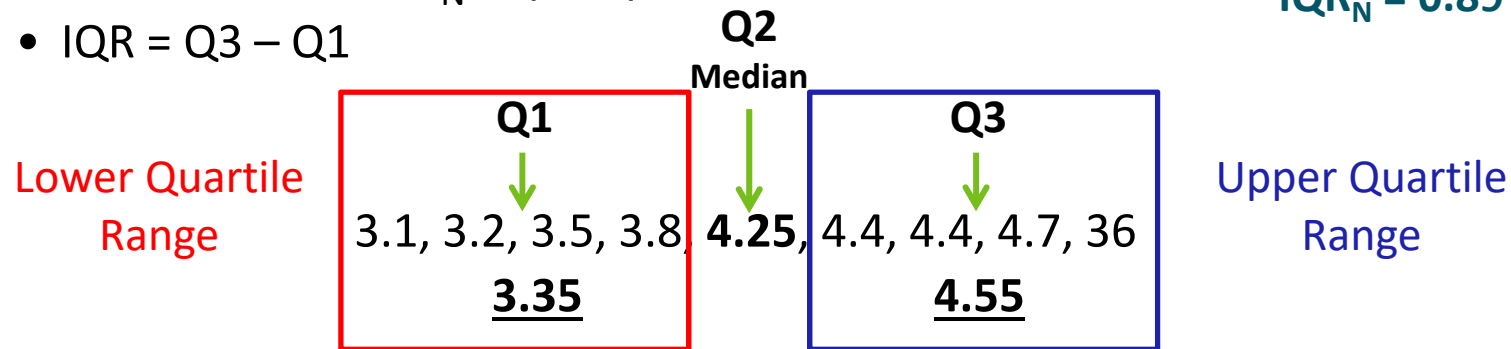
# Summary Statistics

- Normalised Inter Quartile Range ( $IQR_N$ ) is a measure of the variability of the results.

$$IQR_N = (IQR) \times 0.7413$$

$$IQR_N = 0.89$$

- $IQR = Q3 - Q1$



- **Q1:** The lower quartile is the value below which, as near as possible, a quarter of the results lie. The results corresponding to the first quartile (first 25% when ranked in order) i.e.  $Q1 = (N+1)/2$
- **Q3:** The upper quartile is the value above which a quarter of the results lie. The results corresponding to the 3<sup>rd</sup> quartile (first 75% when ranked in order) i.e.  $Q3 = (N+1)/2$