









SEACHMD Laboratory Network Meeting

Regional Expert Group for FMD diagnosis

Bolortuya, P WOAH SRR SEA

> 24-25 October 2023 Lanzhou, China



# Establishment of FMD Laboratory Regional Expert Group



In collaboration with FAORAP

10<sup>th</sup> Lab-TAG meeting was held on 29-31 October 2018, Singapore 6<sup>th</sup> ASEAN Laboratory Directors' Forum meeting held in 2018 OIE SEACFMD LabNet meeting in 2017

- to evaluate the current situation on FMD (molecular) diagnosis and other relevant issues, including vaccine matching and post vaccination monitoring
- using more advanced tests such as PCR and SPCE for routine diagnosis to complement the traditional assays including antigen ELISA and serological LP ELISA.



Review current situation /Way to improve

Recommend approaches to improve

Support Member countries

Draft Sub-Regional FMD protocols, pilot testing

Technical
expertise/Capacity
Building /Regional
surveillance

Focus on Molecular diagnosis
Serological assays
Review and follow up on the preceding meeting

# Participating laboratories:

- WRLFMD
- Lanzhou Veterinary Research Institute (LVRI),
  China
- FMD Diagnostic Laboratory, Pakchong FMD,
  Thailand
- Australian Centre for Disease Preparedness (ACDP), Australia
- Animal and Plant Quarantine Agency (APQA),
   Korea
- National Institute of Animal Health (NIAH), Japan
- Yunnan Animal Science and Veterinary Institute
   (Yunnan ASVI), China





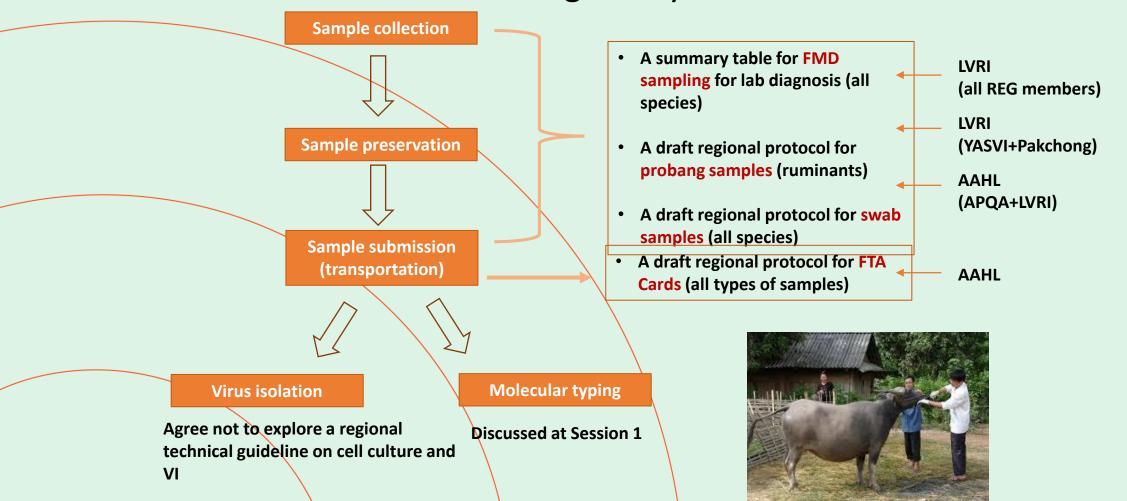
3rd REG meeting on FMD, Virtual Meeting June 2022





 $1^{\text{st}}$  Regional Expert Group Meeting on Foot and Mouth Disease in May 2019

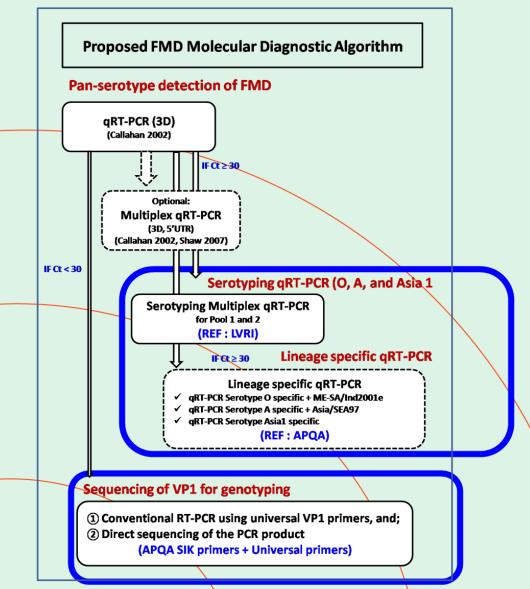
# Development of FMD field sampling SOPs to improve lab diagnosis yields





# FMD Molecular Diagnostic Scheme to allow rapid virus

# identification and characterization



Pilot testing:

Malaysia Vietnam

Planned:

Vietnam Myanmar



# Result from Pilot testing

### Results of VP1 sequencing (Le 2012 protocol) Result sheet for validation of universal amplification of VP1 of FMDV isolates in SEA Serotype Genotype No. of No. of samples No. of samples information Lab Asia 1 O Panasia O Mya98 samples amplified sequenced Ind 2001 Cathay SEA-97 G-VII lineage O/EA-2 **APQA** (O:16,A:9,Asia1:4) (1/1) Pakchong Positive band FMD Lab (O=7,A=3, Asia1=2) LVRI

### Results of VP1 sequencing (APQA protocol)

kesuii sneei ior v	aliaation of SIK amplification	TOT VET OF EMDV IS	oldies in SEA						
					Serotype				(
Lab	No. of samples	No. of samples amplified	No. of samples sequenced	0	Α	Asia 1	O Panasia	O Mya98	O Ind 2001
APQA	29* (O:16,A:9,Asia1:4)	25	25	15/16	8/9	2/4	5/5	2/3	5/5
Pakchong FMD Lab	12 (O=7,A=3, Asia1=2)	Positive band (7)	7	3	2	2	1	Ť	1
LVRI	13	9	9	10	2	1	1(2)	3(4)	2(2)

### Results of specific real-time RT-PCR (Pirbright protocol)

Result shee	et for validation of lir	neage specific real-f	ime RT-PCR using	g FMD'	v isolat	es in SE	A							
	107071 00	1000 N	1705 1700 170V	5	Serotyp	e				enotype	е			Other
Lab	No. of samples	No. of samples positive	No. of samples sequenced	0	Α	Asia 1	O Panasia	O Mya98	O Ind 2001	O Cathay	A SEA-97	A G-VII	Asia 1 lineage	information
APQA	29* (O:16,A:9,Asia1:4)						4/5 Cross rx:8†	3/3 Cross rx:6†	4/5 Cross rx:6†	1/1	3/3 Cross rx:8†	2/2 Cross rx:2†	4/4	†See attached file
Pakchong FMD Lab	12 (O=7,A=3, Asia1=2)	7 (O=2,A=3,Asia1=2)		2	3	2	ND		2 (No cross reaction)		3 (No cross reaction)	ND	2 (No cross reaction	Sets of primer- probe from APQA for O/Ind2001, A/Sea-97 and Asia1 are good lineage specific with each sample.
LVRI	25			21	3	1	1(3) 2(Mya- 98)	4(8)	5(7)	3(3)	2(3)	0	1(1)	

### Results of Duplex (Serotype/lineage specific) real-time RT-PCR (APQA protocol)

				Serotype				C	enotype				
Lab	No. of samples	No. of samples positive	0	Α	Asia 1	O Panasia	O Mya98	O Ind 2001	O Cathay	A SEA-97	A G-VII	Asia 1 lineage	Other information
APQA	29* (O:16,A:9,Asia1:4)	28	15/16	9/9	4/4	0/5	0/3	5/5	0/1	3/3	0/2	4/4	O/EA-2 (0/1) O/WA (0/1) A/Others (0/3)



# 2<sup>nd</sup> Regional Expert Group Meeting on Foot and Mouth Disease in November 2019

### Group 1: Assay verification

### Verification for performance of existing assays with new batch of reagents

- Optimise the performance (new vs old reagents)
- · Checker board titrations of the antibodies and antigen
  - minimise cross reactions (Ideally the cross reaction must be <10 percent).</li>
  - Titration of antigen to establish linearity of antigen dilution.
- Strengthen assay performance by multiple testing of antigen
  - · Batch testing at different time points
  - · Inter-personnel comparison or day-to-day comparison
- Monitor the performance of IQC standards
  - · Compare new set with existing reagents.
- Establish equivalence using 1-5 reference sera (high, moderate and low titres along with negative samples)
- Titrate every batch of commercial conjugate before use

## Verification for new batches of commercial diagnostic kits or new kits introduced in the market

- Monitor the performance of IQC standards under the new set of reagents and compare with the existing reagents.
- Establish equivalence using 1-5 reference sera (high, moderate and low titres along with negative samples)

### Additional comments

- Follow the 'Westgard Rules' while monitoring the IQC results.
- When IQCs are exhausted, establish the equivalence of the fresh batch of IQC with at least 5-10 runs before IQCs are changed to the fresh batch.
- Test the specificity and cross-reactions of Skim Milk Powders used in the blocking steps, if used.

# Group 2: Monovalent Reference Serum for serological assays (VNT, LPBE, SPCE and NSP ELISA)

### Optimal monovalent serum for reference panel:

- · Positive Serum:
  - Experimental serum from vaccinated, vaccinated/infected and/or infected sera
  - Monovalent serum (1 serotype/strain)\*.
- \*this is a gap; vaccine companies in the region supply bivalent/trivalent serum only.
- Negative Serum
  - FMD free country without vaccination.
- · Cattle and pig serum\*
- Panel should include NSP negative and NSP positive serum.

\*this is dependent on the purpose of the testing and could be expanded.

### Monovalent serum available to the region for <u>reference</u> serum panel (WRL for FMD)

Only cattle available now

Serotype O	Serotype A	Serotype Asia 1
O1 Manisa	A22 IRQ	Asia 1 Shamir
O 3039	A/MAY/97	
O/SKR*	A24**	Negative Cattle Serum

- Except for the negative serum, two individual animal sera will be provided for each of the sera types listed above. Fifty ml will be provided for each serum.
- For each type of sera, the following will be provided:
  - LPBE, SPCE, VNT and PrioCHECK results from WRL
  - If available, one NSP positive and one NSP negative sera
  - If available, high and mid-range sera determined by VNT
- Following control sera are recommended

Thailand	Japan	China
O-3039 (or O MYA-98)	O1 Manisa	Needs to be confirmed
A/MAY/97	O-3039	
Asia 1 Shamir	A22 IRQ	

## Group 3: Management and reporting of inconclusive results

### Inconclusive results are obtained in the following test methods:

- Serological assays for detecting antibodies against structural proteins of FMDV (SP).
  - · Liquid Phase Blocking ELISA (LPBE)
  - Solid Phase Competition ELISA (SPCE) and
  - Virus Neutralisation Test (VNT)
- Serological assays for detecting antibodies against nonstructural proteins of FMDV (NSP): NSP- Ab ELISA
- LPBE (Titration): Repeat the assay / Perform VNT if available / Send sample to reference laboratory or test by SPCE
- SPCE (Titration, Screening; P/N): Repeat the assay / Perform VNT if available / Test using another set of antibodies (serotype specific) or kit / Send to reference laboratory for confirmation by VNT.
- VNT (for identification of exposure): Repeat the assay / Request for resampling from the field / Perform NSP-Ab ELSIA.
- NSP-Ab ELISA: Repeat the test / test with another kit or assay of similar type. Probang sample can be tested by RT-qPCR or resampling can be done after a week. The sample can also be sent to a reference laboratory for confirmation with VNT and NSP-Ab ELISA.

- Assuring quality of VNT in Reference or National Laboratories
- Testing the susceptibility of cells used in VNT (perform at least once in 3 months).
  - Using a well characterized reference virus pools and check CPE at 24 & 48 hrs post infection.
  - Establish susceptibility at different passage levels and set a maximum passage levels for each cell types used.
  - Set up a 3-tier cell culture system with master stocks (MB).
     and working stocks (WB1 and WB2).
- Establish the titre of the reference control sera.
  - · Include the controls in every run.
  - · Monitory titre and establish moving averages.
- Virus monitoring
  - Monitor virus control titre in every assay.
  - Back titration of virus dilutions to confirm the virus dose (32-320 TCID<sub>50</sub>/ml or 1.5-2.5 Log<sub>10</sub> TCID<sub>50</sub>/ml)
- · Contamination in cell
  - Check for Mycoplasma contamination (every 6 months)
  - Observe for any physical change in cell growth, discoloration of media, contamination etc on uninfected controls.



### Recommendations:

To measure/examine immune responses against the SP or NSP of FMDV for different diagnostic purposes:

- To study antibody levels in individual animals or herds for post-vaccination monitoring(PVM), the REG recommends using SP ELISA (LPBE or SPCE) or VNT. Antigen should be selected with support from the vaccine and ELISA reagents producers.
- To study prevalence of FMDV infection (serosurveillance), the REG recommends using NSP ELISA together with SP ELISA and/or VNT.
- To identify FMDV infected animals and the serotype of infected virus, the REG recommends testing the animal by NSP ELISA together with SP ELISA (LPBE or SPCE). Given the cross-reactivity between different FMDV serotypes is common in SP ELISA (LPBE or SPCE), the REG recommends interpreting the serotype prevalence data

from such tests with caution. If positive in SP ELISA, confirmatory testing by VNT is required.

For vaccine-matching study, the REG recommends conducting VNT or LPBE at capable OIE reference labs only.

### To improve verification of reagents quality and assay performance:

- To verify performance of a new batch of reagents to replace existing reagents for a validated diagnostic assay, the REG recommends optimising the performance of new reagents with old reagents and control samples;
- To verify performance of new assays, the REG recommends using IQC samples and reference sera samples;
- To monitor performance of serological assays (VNT, SP and NSP ELISAs), the REG recommends using monovalent reference serum panel;
- For inconclusive results from serological assays, the REG recommends developing a systematic approach to further verify the results.









Annex 1: Monovalent Reference Serum for serological assays (VNT, LPBE, SPCE and NSP ELISA)

#### Optimal monovalent serum for reference panel 1. Positive Serum:

- a. Experimental serum from vaccina b. Monovalent serum (1 serotype/str
- \*this is a gap; vaccine companies in the Negative Serum
  - a. FMD free country without vaccinal
- Cattle and pig serum\* \*this is dependent on the purpose of the te
- 4. Panel should include NSP negative and N

### Monovalent serum available to the region for m

WRL has serum that can be supplied to the region alternative serum can be made available. Please r

Serotype O	Serotype A
O1 Manisa	A22 IRQ
O 3039	A/MAY/97
O/SKR*	A24**

- \*volume needs to be confirmed
- \*\*this would need to be obtained from S. America. Dr Anna Luc therefore this is a long-term aim.

Except for the negative serum, two individual anim listed above. Fifty ml will be provided for each seru

For each type of sera, the following will be provide LPBE, SPCE, VNT and PrioCHECK result

- If available, one NSP positive and one NS
- 3. If available, high and mid-range sera deter

#### The following will also be used as control seru

Thailand	Japan		
O-3039 (or O MYA-98)	O1 Manisa		
A/MAY/97	O-3039		
Asia 1 Shamir	A22 IRQ		

#### Logistics

1. All serum will be sent as part of the 2020 I soon as possible. NOTE - Japan doesn't i to be covered by alternative means



Annex 2: Assay verification

### Annex 3: Management and reporting of inconclusive results

Inconclusive results are obtained in the following test methods

(LPBE)

SA (SPCE) and

odies against non-structural proteins of FMDV

odies against structural proteins of FMDV (SP).

Oie WORLD ORGANISATION

> esults, repeat the assay. If it is still inconclusive ot available, the sample can be sent to reference

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exposure): In case of inconclusive results, repeat quest for resampling from the field or perform NSP-

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### tional Laboratories

/NT for susceptibility to FMD (at least once in 3

nce virus pools and check CPE at 24 & 48 hrs post

different passage levels and set a maximum

with master stocks (MB), and working stocks (WB1

sera (Usually a vaccinated or convalescent bovine

of every run

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say to confirm the virus dose (32-320 TCIDso/well or

the existing reagents

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titres along with negative samples) to establish equivalence.

- 2. When IQCs are exhausted, establish the equivalence of the fresh batch of IQC with at least 5 10 runs before IQCs are changed to the fresh batch
- 3. Test the specificity and cross-reactions of Skim Milk Powders used in the blocking steps, if

Verification for performance of existing assays with new batch of reagents

1. Optimise the performance of new reagents with old reagents and control samples.

and minimise cross reactions (Ideally the cross reaction must be <10 percent).

Verification for performance of new batch of reagents for existing assays

3. Titration of antigen to establish linearity of antigen dilution.

titres along with negative samples) to establish equivalence.

2. Verification for new batches of commercial diagnostic kits or new kits introduced in the market

2. Perform checker board titrations of the antibodies and antigen to optimise assay performance

4. Strengthen assay performance by multiple testing of antigen (batch testing at different time

5. Monitor the performance of IQC standards under the new set of reagents and compare with

6. Use of 1-5 reference sera (different levels of specific antibodies as high, moderate and low

7. When using commercial conjugates, it must be titrated for optimal dilution every time a new

vial from same make or a new make is used, and equivalence must be established with

Verification for new batches of commercial diagnostic kits or new kits introduced in the marke

1. Monitor the performance of IQC standards under the new set of reagents and compare with

2. Use of 1-5 reference sera (different levels of specific antibodies as high, moderate and low

points say every 3 months), inter-personnel comparison or day-to-day comparison of results





# THANK YOU FOR YOUR ATTENTION