Point-of-care detection of recent Borrelia infections using Sofia 2 Lyme+ as Tier 1 assay



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Background and objective

- · Laboratory diagnosis of Lyme disease consists of a two-tier testing algorithm for antibodies against the Borrelia bacterium
- Enzyme immunoassays (EIA) are used as Tier 1 assays to detect either IgM or IgG antibodies; positive/borderline samples are subsequently tested on corresponding Tier 2 immunoblots for confirmation
- Sofia 2 Lyme+ fluorescent immunoassay (FIA) is a point-of-care Tier 1 assay, developed for rapid detection of both IgM and IgG antibodies against European Borrelia strains from a single sample

Objective: To determine if Sofia 2 Lyme+ has adequate sensitivity to detect recent Borrelia infections in the Netherlands and to monitor seroconversion in longitudinal patient samples



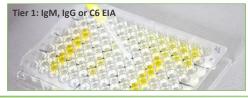
Methods: Feasibility study

Testing of longitudinal sample sets: Tier 1 method comparison

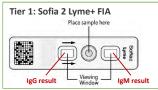
- 1. Serum samples tested for *Borrelia* antibody titers using classic Tier 1 **EIAs**
 - ✓ Furnimmun Anti-Borrelia IgM FLISA
 - ✓ Euroimmun Anti-Borrelia plus VIsE IgG ELISA
 - Immunetics C6 ELISA
- 2. Serum samples tested for Borrelia antibody titers using Sofia 2 Lyme+ FIA

Immunoblots performed for all samples for verification of Tier 1 results

- Viramed Borrelia ViraStripe IgG blot
- ✓ Viramed Borrelia ViraStripe IgM blot









Results

Sequential serum samples from two Dutch cohorts

Outdoor workers participating in annual Lyme screening program (n=25)

- Yearly follow-up measurement of Borrelia serology after tick season
- Subjects selected with seroconversion between two sequential measurements (detected by 3 EIAs in parallel)
- Archived serum samples before and after seroconversion tested

Subjects participating in Ixodes tick bite study (n=24)

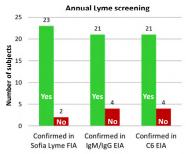
- Borrelia serology performed directly after tick bite and after 4 and 12 weeks
- Subjects selected with seroconversion between measurements, or increased titers (detected by 3 EIAs in parallel)
- Archived serum samples before and after seroconversion/titer increase tested

Serological detection of recent *Borrelia* infections

Table 1. Longitudinal sample sets by cohort and serological profile

Borrelia antibody development	Annual Lyme screening	Tick bite study
Seroconversion from negative to positive	25	19
Positive titers increased at follow-up testing	0	5
Total	25	24

Figure 1. Tier 1 method comparison: Detection of recent infections by cohort



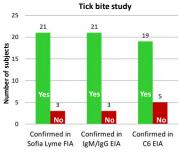


Figure 2. Confirmation of recent infections: Overall sensitivity of Tier 1 tests

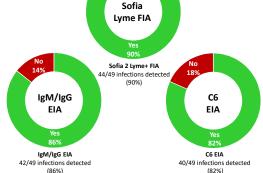


Table 2. Tier 1 method comparison: Detection of recent infections by serological profile

Borrelia antibody development	Confirmed in Sofia Lyme FIA	Confirmed in IgM/IgG EIA	Confirmed in C6 EIA
Seroconversion from negative to positive	41 of 44	37 of 44	36 of 44
Positive titers increased at follow-up testing	3 of 5	5 of 5	4 of 5
Total	44 of 49	42 of 49	40 of 49

Table 3. Example of serological data collected for each longitudinal sample set tested

Longitudinal sample set	IgM EIA (RU/mL)	IgG EIA (RU/mL)	C6 EIA (Lyme Index)	Sofia Lyme IgM (S/CO)		ViraStripe IgM blot	ViraStripe IgG blot
First sample	7	11	0.2	0.60	0.96	Neg (no bands)	Neg (no bands)
Follow-up sample	275	51	5.7	8.35	2.60	Pos (OspC, p41)	Pos (VIsE, OspC)

IaM/IgG EIA borderline: 16-22 RU/ml; C6 EIA borderline: 0.9-1.1; Sofia IgG/IgM positive if ≥ 1.0 (S/CO = signal divided by cut-off value)

Conclusions

- Sofia 2 Lyme+ FIA is a sensitive assay for detection of recent Borrelia infections and identifies a higher percentage of seroconversions than by testing with either IgM & IgG EIA or C6 EIA alone
- For patients with a doubtful erythema migrans or non-specific complaints after a tick bite, Sofia 2 Lyme+ FIA can provide rapid test results to support the clinical diagnosis
- Sofia 2 Lyme+ can be applied for screening purposes among populations with frequent tick bite exposure in highly endemic areas
- As synthetic and recombinant antigens are combined in Sofia 2 Lyme+ FIA, the assay fits within the tendency to modify two-tier testing by including a second EIA instead of an immunoblot