# Evaluation of a Multiplexed, Sample-to-Answer, Microarray System for the Detection of Encephalitic Viruses

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## Background

- Identification of the cause of encephalitis can prove challenging as cerebrospinal fluid (CSF) is an invasive specimen to collect, with small sample volumes and commonly low viral titers.
- Molecular assays, with high sensitivity and the potential for multiplexing are advantageous.
- We developed an encephalitis microarray platform in an all-plastic lateral flow cell, for the detection of HSV1, HSV2, VZV, CMV, HHV6, enterovirus, and West Nile virus (WNV).
- Lateral flow cell designed for simplified workflow, including simultaneous amplification and microarray detection within a single reaction chamber, and in a fully contained, closed amplicon system.
- The analytical and clinical sensitivity of this assay was evaluated from extraction, through amplification, hybridization, and imaging, to assess its performance relative to that of individual real-time assays for the same targets.

### Akonni Biosystems Encephalitis TruArray Panel



- Lateral Flow Array (LFA) Plastic slide containing two flow chambers houses low-density "gel-drop" microarrays
- Gel elements are copolymerized with specific target capture probe and have a 3D structure allowing increased hybridization efficiency Amplification, hybridization, and imaging all occur onboard the LFA
- within a closed system

## 8-Plex Primer Pool

Target	Gene Target			
HSV1	UL44 Envelope glycoprotein C			
HSV2	UL3 Nucleophosphoprotein			
VZV	ORF28: DNA Polymerase catalytic subunit			
CMV	UL54 DNA Polymerase			
HHV6	U38 DNA Polymerase			
Enterovirus	5' UTR			
WNV	Envelope			
GFP	GFP Transcript			







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(Left) Sample loading and LFA washing conducted through a single port onboard the array

- (Right) Example of HHV6 Positive microarray
  - Targets are measured in quadruplicate per microarray Green Fluorescent Protein (GFP) used as internal positive control Cy3 beacons on microarray used for positional reference

# **Clinical Sensitivity**



Avg Target SNR Avg GFP SNR

Viral Target	HSV1	HSV2	VZV	CMV	HHV6	Entero	WNV
Avg Target SNR	36.52	107.00	259.15	52.12	67.04	51.47	69.94
Avg GFP SNR	202.67	158.99	140.83	144.15	155.79	170.85	142.23
Dilution gc/ml	1.03E+04	5.21E+04	1.62E+03	6.55E+03	1.28E+04	1.05E+04	1.07E+04
Average gc/ul	14	56	8	10	9	8	3
Average gc/rxn	58	242	36	43	40	36	13
Average CT	35.18	33.42	37.11	33.15	31.43	33.35	33.45
# Positive	39/40	40/40	40/40	40/40	40/40	40/40	55/56
% Positive	97.50%	100%	100%	100%	100%	100%	98.21%

Limits of detection (LoD) – determined as lowest viral DNA concentration in which at least 95% of extracted replicates were detected on the array (starting from extraction)

Quantitation of virus determined by real-time PCR standard curves using in-house developed standards

# ] HHV6 Signa

Analytical Sensitivity							
Viral Target	HSV1	HSV2	VZV	CMV	HHV6	Entero	WNV
Avg SNR	45	43	300	178	25	65	63
GC/rxn	90.00	195	< 25	43	22	4	5
SNR range	42-48	3-107	262-327	114-252	3-47	44-86	31-95
# Positive	2/2	8/8	4/4	4/4	4/4	2/2	2/2

Analytical sensitivity – determined as lowest viral DNA concentration in which all replicates tested positive

Analyti	Analytical & Clinical LoD Comparison					
Viral Target	Analytical Sensitivity (gc/rxn)	Clinical Sensitivity (gc/rxn)				
HSV1	90	58				
HSV2	195	242				
VZV	< 25	36				
CMV	43	43				
HHV6	22	40				
Entero	4	36				
WNV	5	16				

<sup>a</sup> Detection of reverse transcribed product from viral nucleic acid <sup>b</sup> Detection of reverse transcribed product after automated TruTip extraction and RT of virusamended samples

- experiments.
- and HSV2 respectively.
- multiplexed format.
- and array performance with clinical CSF samples.





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## Analytical Sonsitivity

Determined using nucleic acid from high titer in-house controls

# Conclusions/Discussion

A multiplexed amplification microarray system has been developed for the detection of viral encephalitis targets in clinical CSF samples, with sensitivities below 50 gene copies/reaction for VZV, CMV, HHV6, enterovirus, and WNV in both analytical and clinical sensitivity

Slightly higher detection limits of 60 and 200 gene copies/reaction were observed for HSV1

Additional optimization experiments are ongoing to improve the HSV1 and HSV2 sensitivity.

The evaluation demonstrated the effective performance of all subparts of the fully integrated and automated sample-to-answer system, with high sensitivity and clinical utility in the

Further studies are planned to evaluate assay specificity, the effect of interfering substances,

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