

Evaluation of a new method enabling standardization of respiratory RNA virus quantification in nasopharyngeal swabs across molecular systems P-214

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INTRODUCTION

A network of European laboratories (from EU-RESPONSE project) has been established to accelerate and strengthen the response to new pandemics, especially the emergence of new respiratory viruses. The network's first objective was to develop a unique and robust method for inter-laboratory viral quantification. The EU-RESPONSE project has received funding from the European Union's Horizon 2020 research and innovation program under grant agreement No 101015736.

An initial external quality assessment, based on the Quantification (COVID-19 R-GENE[®] and QUANTI SARS-CoV-2 R-GENE[®] IUO), shows that the efficiency of the extraction system influences RNA yield, leading to variations in PCR SARS-CoV-2 Ct values, but not DNA yield (cells). In 2024, efforts focused on a new solution that considers RNA extraction yield variabilities within quantification.

The objective of this study is to evaluate the newly proposed technique for monitoring viral excretion using normalized loads in nasopharyngeal samples (NPS) of respiratory viruses.



MATERIAL AND METHOD

Protocol

Using COVID-19 R-GENE[®] kit, 9 labs quantified ten SARS-CoV-2 (SC2) external samples (prepared by HCL Lyon) using two methods.

- Method 01: Amplification Quantitative Standard range (4 QS): QUANTI SARS-CoV-2 R-GENE [®] IUO
- Method 02: Range of RNA controls for SC2 & DNA for cellular control following the entire process (extraction and amplification steps) called PC-0, PC-1, PC-2, PC-3



N=2 negative sample (EEQ9, EEQ10) N=4 low positive samples N=4 high positive sample

N=1 PC-0 (SC2 & cells: 1°5 Cp/μL) N=1 PC-1 (SC2 & cells: 1^e4 Cp/μL) N=1 PC-2 (SC2 & cells: 1°3 Cp/μL) N=1 PC-3 (SC2 & cells: 1^e2 Cp/μL)



N=3 extraction replicates (sample, W0 and PC)



N=1 amplification replicates (eluates of sample, W0 and PC) QS (QUANTI SARS-CoV-2 R-GENE®) N=1 QS1 (SC2: 1°5cp/µL & cells: 1°4cp/µL) N=1 QS2 (SC2: 1°4cp/µL & cells: 1°3cp/µL) N=1 QS3 (SC2: 1°3cp/μL & cells: 1°2cp/μL) N=1 QS4 (SC2: 1°2cp/μL & cells: 1°1cp/μL)

Laboratories and molecular platforms

Laboratory	Instruments: extraction / amplification	
Hôpital de la Croix Rousse, CNR Lyon (France)	EMAG [®] / QS5 TM	
University Hospital Brno, Dpt of Clinical Microbiology and Immunology (Czech)		EZ2 / CFX96 TM
Evangelismos Hospital Athens Department of Clinical Microbiology (Greece)		QIASymphony / Rotorgene®
University of Pécs, Clinical Center / Dpt of Laboratory Medecine (Hungary)		Hamilton / CFX96 [™]
Laboratoire National de Santé (LNS), Microbiology Department (Luxembourg)		easyMAG [®] / CFX96 [™]
Respiratory Virus Laboratory of the Medical University of Łódź (Poland)		Maxwell [®] / LC480 [®]
INSA – National Reference Lab. for Influenza and Respiratory Viruses (Portugal)		EMAG [®] / CFX96 TM
CCL - Cassovia COVID Lab (Solvakia)	.	RiboSpinvrd [™] / CFX96 [™]
LHUB-ULB – Laboratoire Hospitalier Universitaire de Bruxelles (Belgium)		EZ2 / QS6 TM
Servicio de microbiologia - Hospital Universitario La Paz		MagCore [®] / CFX96 TM



RESULTS

The viral loads from each lab were compared to those from CNR – Lyon lab., and expressed as SC2 cp/10 000 cells or SC2 cp/ml with the 2 methods.

Acceptance criteria (inter-lab consensus): the difference considered as acceptable between labs and CNR are 0.35log10 for sample with Ct < 30 Ct and 0.65log10 for lower viral load > 30 Ct.

Method 01: Using QUANTIFICATION Standard SARS-CoV-2 R-GENE ® IUO

Delta log SC2/10000 cells – cells/mL - SC2/mL per sample (Lab X – HCL EMAG CNR results)



Belgium	Hungary	Portugal	Dotted line:
Greece	Luxembourg	Czech Rep.	+/-0.35 log qty
Spain	Poland	Slovakia	+/-0.65 log qty

Method 02: Using RNA & DNA standard following the entire process

Delta log SC2/10000 cells – cells/mL – SC2/mL per sample (Lab X – HCL EMAG CNR results)



amplification. The quantification in SC2/10000 cells versus the SC2/mL are similar. These results demonstrated the importance of considering RNA & DNA extraction efficiencies between systems.

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CONCLUSION

Thanks to the VIRvOLT lab network, we implemented a robust method to monitor the viral load in nasopharyngeal swabs, to provide comparable results between labs using various molecular platforms. This allows a decentralization of testing of new drug efficacy, more rapid in case of epidemic/pandemic.