

Development of a Serologic Assay for Differentiating Acute from Chronic Hepatitis C Virus infection

Matthew D. Pauly, Sabrina Weis-Torres, Saleem Kamili, and Tonya M. Hayden

Centers for Disease Control and Prevention

Division of Viral Hepatitis

Contact info: omx4@cdc.gov

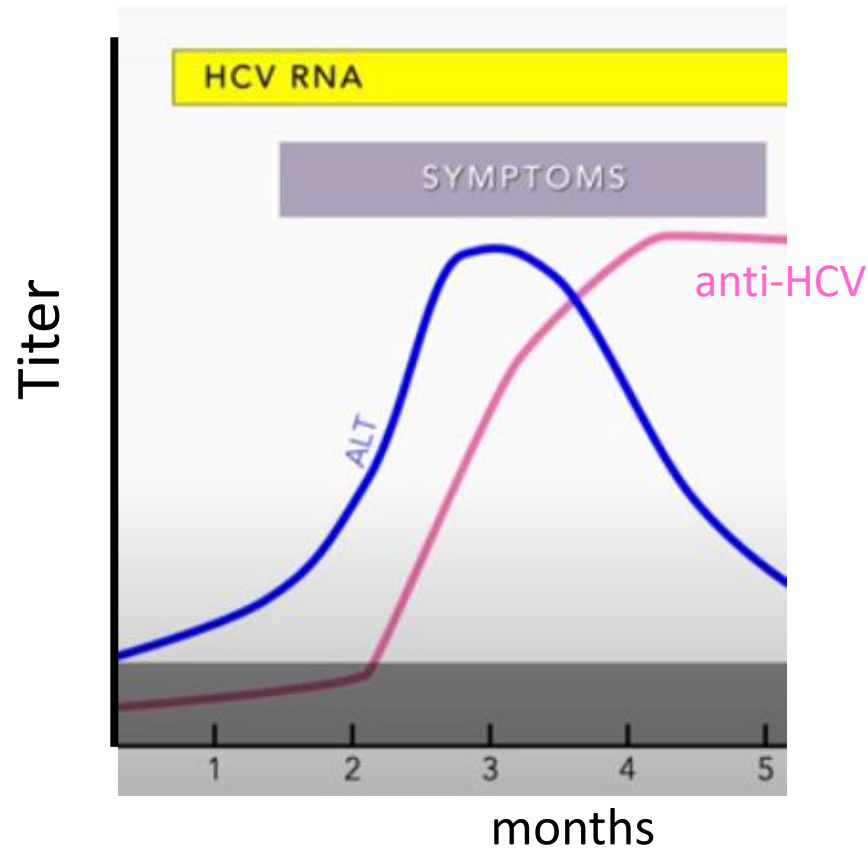
The authors have no financial disclosures to declare.

Disclaimer: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention. Use of trade names and commercial sources is for identification only and does not constitute endorsement by the U.S. Department of Health and Human Services or the U.S. Centers for Disease Control and Prevention.

Hepatitis C virus

- Bloodborne hepatotropic virus
- Worldwide there are
 - ~ 1.5 million new infections annually
 - ~ 60 million chronic infections (lasting longer than 6 months)

Acute HCV infection (“recent”)

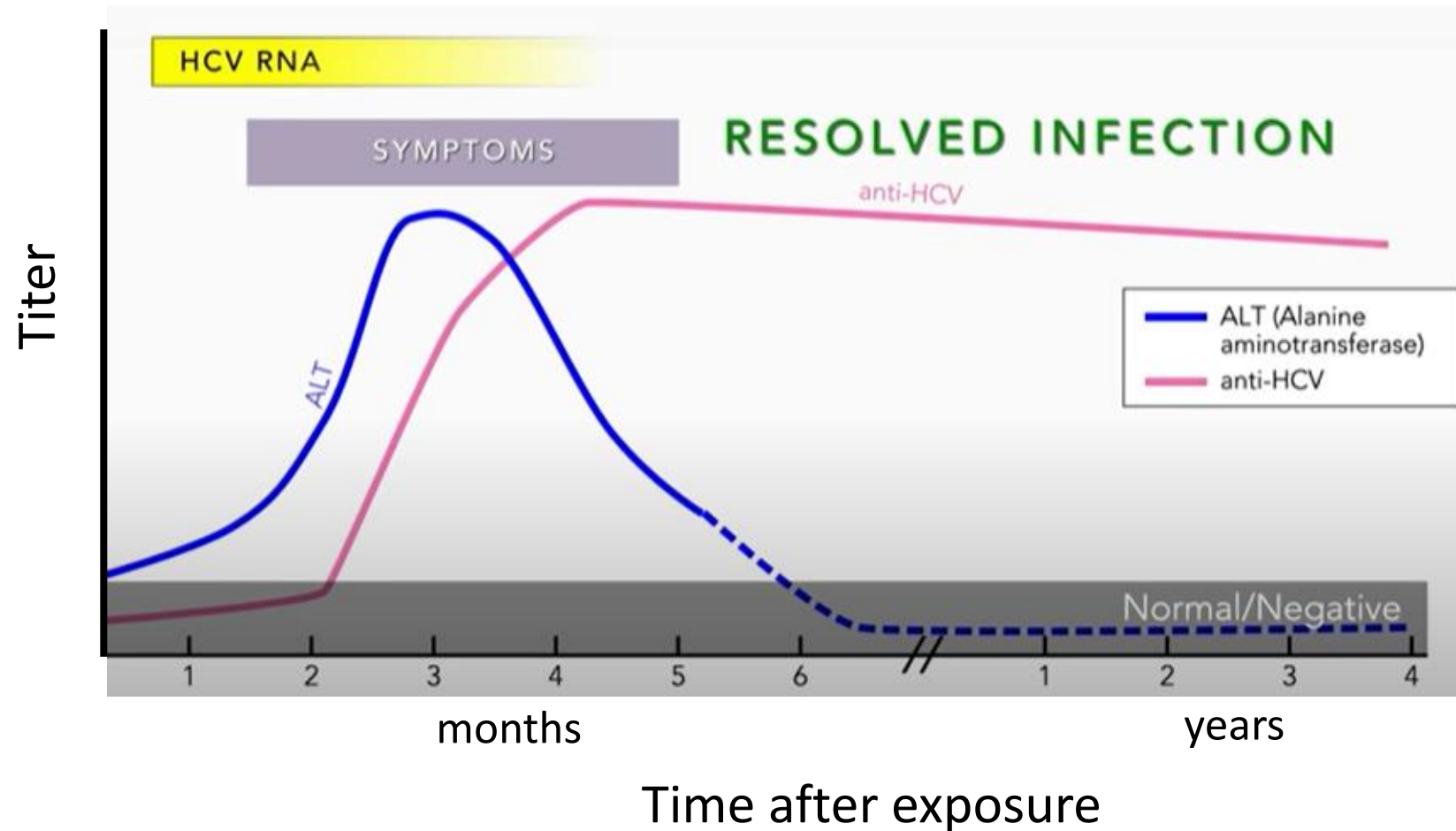


Only 15-30% of acute HCV infections are symptomatic.

Time after exposure

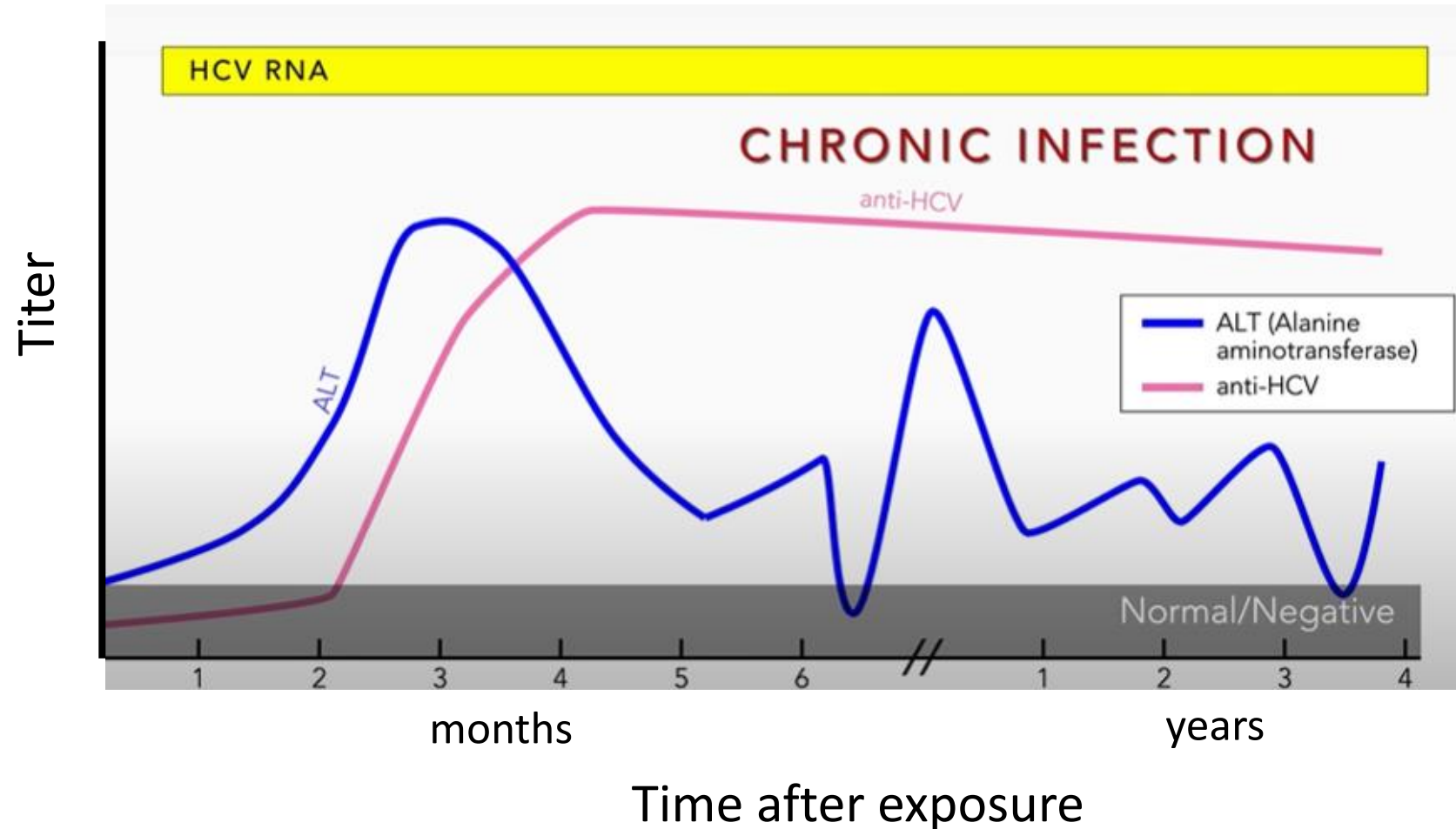
Resolved HCV infection

Less than half of acute infections resolve.

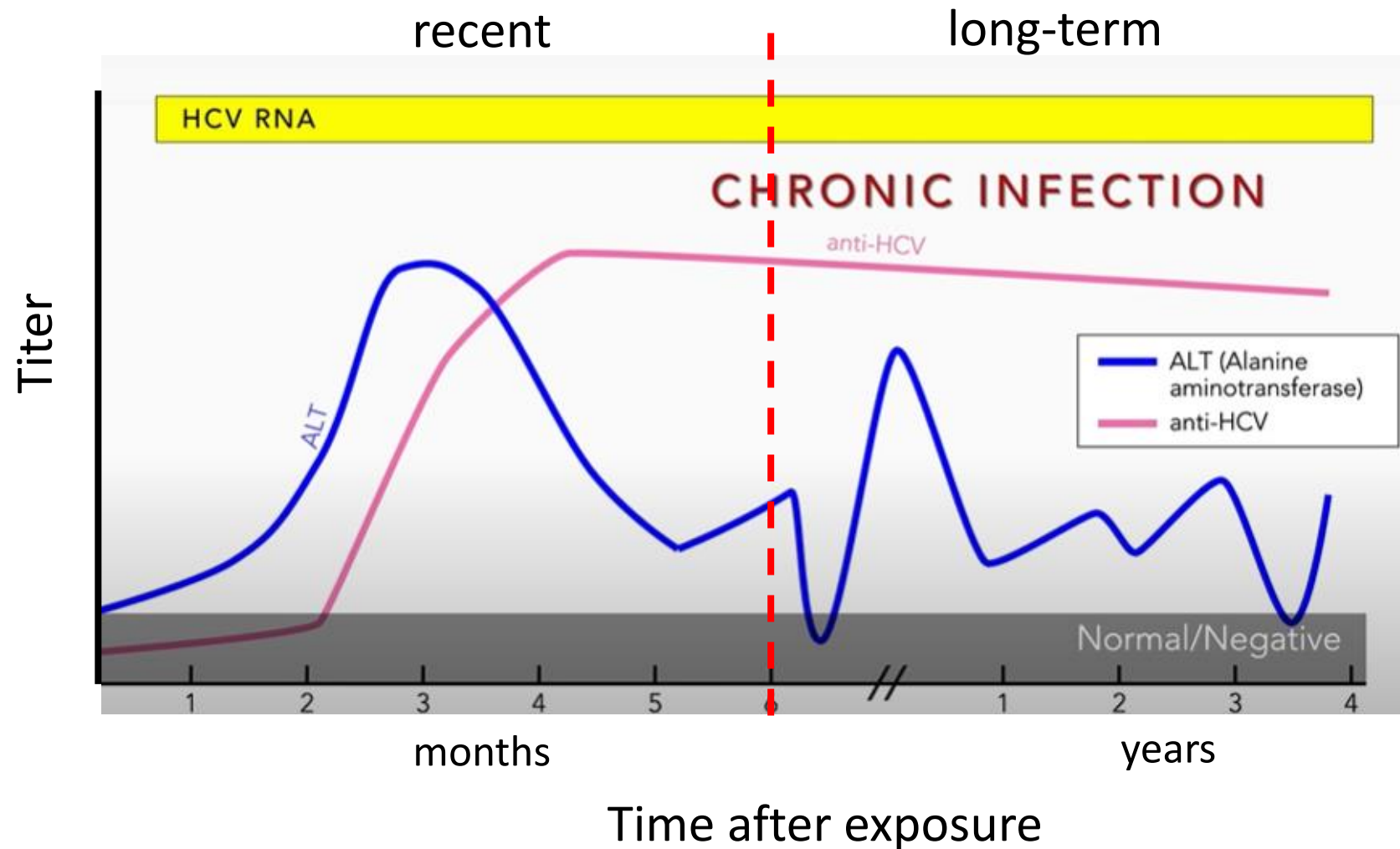


Chronic HCV infection (“long term”)

Between 50-80% of acute infections become chronic.



There is no routine method for differentiating recent from long term HCV infections

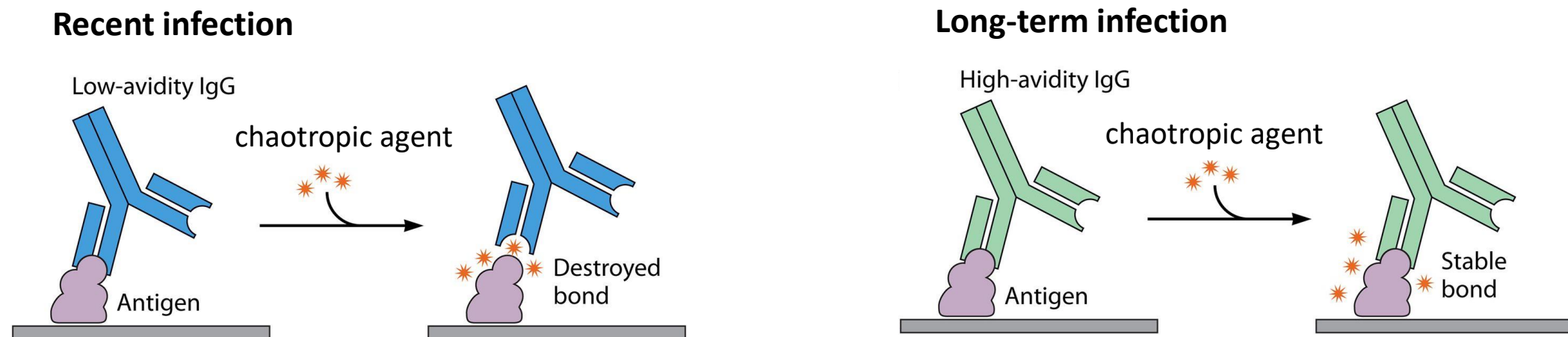


Identifying acute or recent infections

- Uses of incidence measurements
 - Monitor progress towards elimination (90% reduction – 2030 WHO goal)
 - Population surveillance
 - Evaluate effectiveness of infection interventions
- Challenges
 - Acute infections are typically asymptomatic.
 - Chronic infections can have symptomatic periods.
 - IgM is not a reliable marker during HCV infections
 - Documentation of seroconversion is rare.

Antibody avidity: differentiating recent from long-term HCV infection

- Antibody avidity = strength of binding.
- Affinity maturation leads to higher antibody avidity over time.
- Avidity can be measured by an immunoassay including a chaotropic agent.

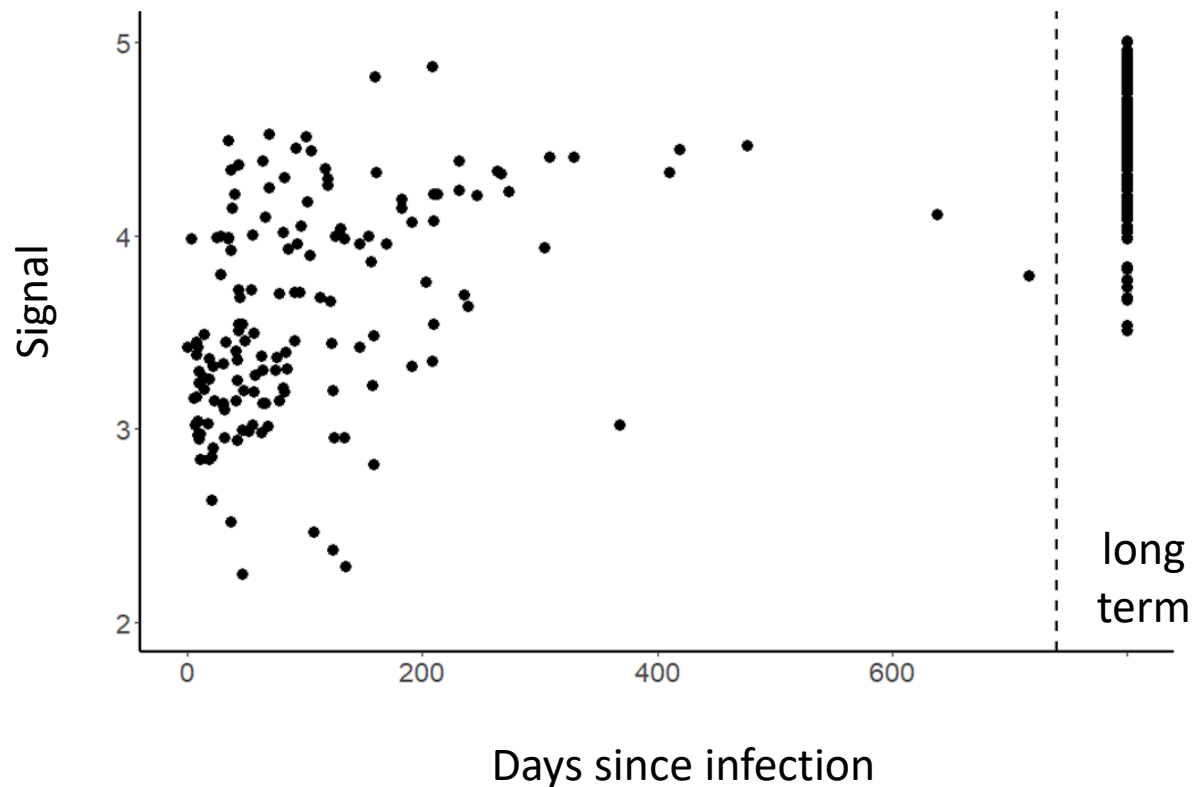


Parameters that define a recency test

- False recency rate (FRR)
 - 1-Specificity of recent result.
- Mean duration of recent infection (MDRI)
 - Used rather than sensitivity.
 - Timing of antibody avidity increase differs among individuals.

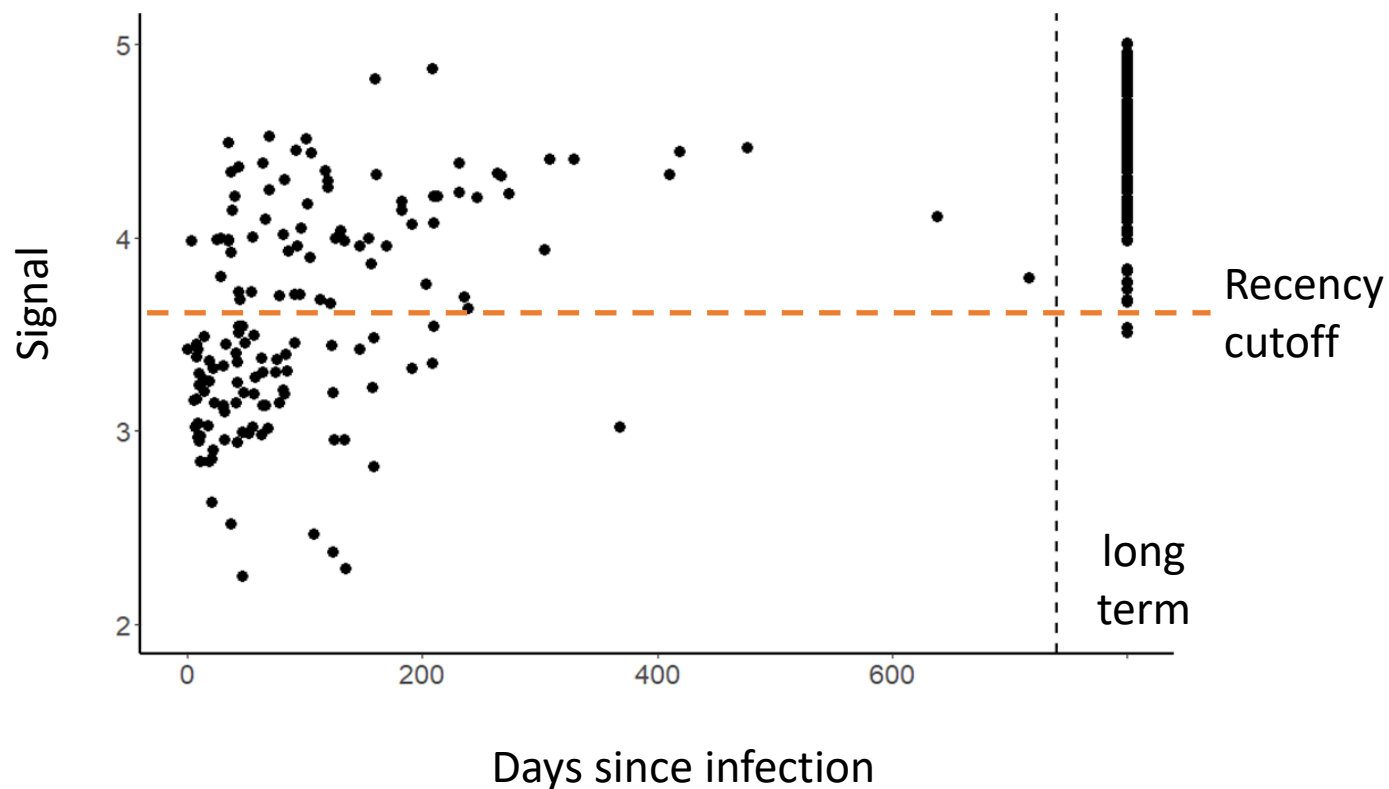
Parameters that define a recency test: FRR and MDRI

- Two sample groups



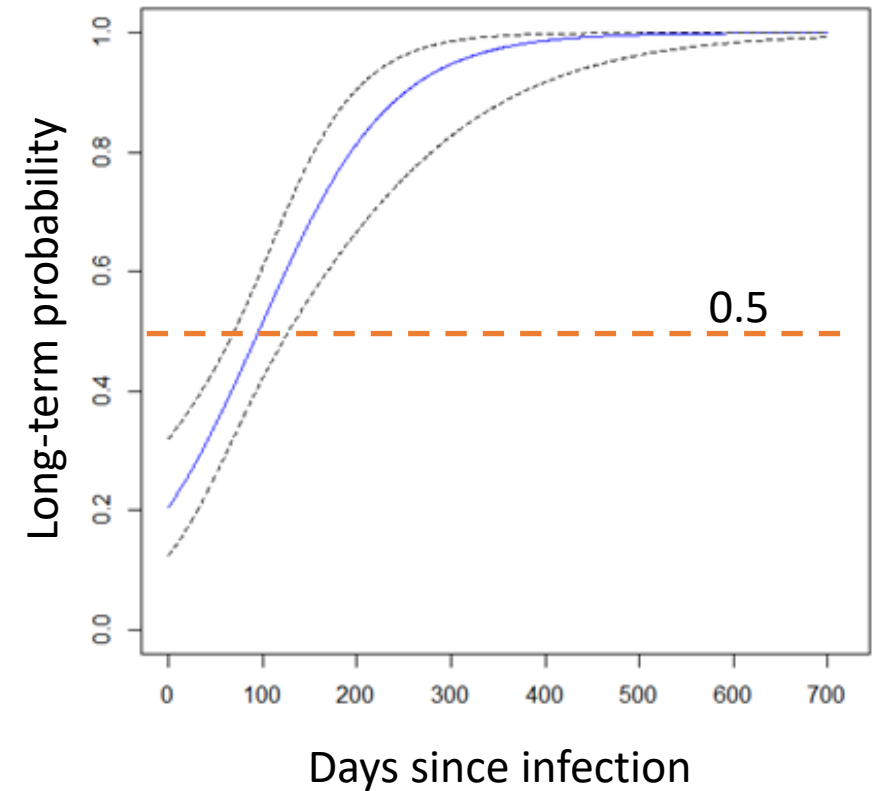
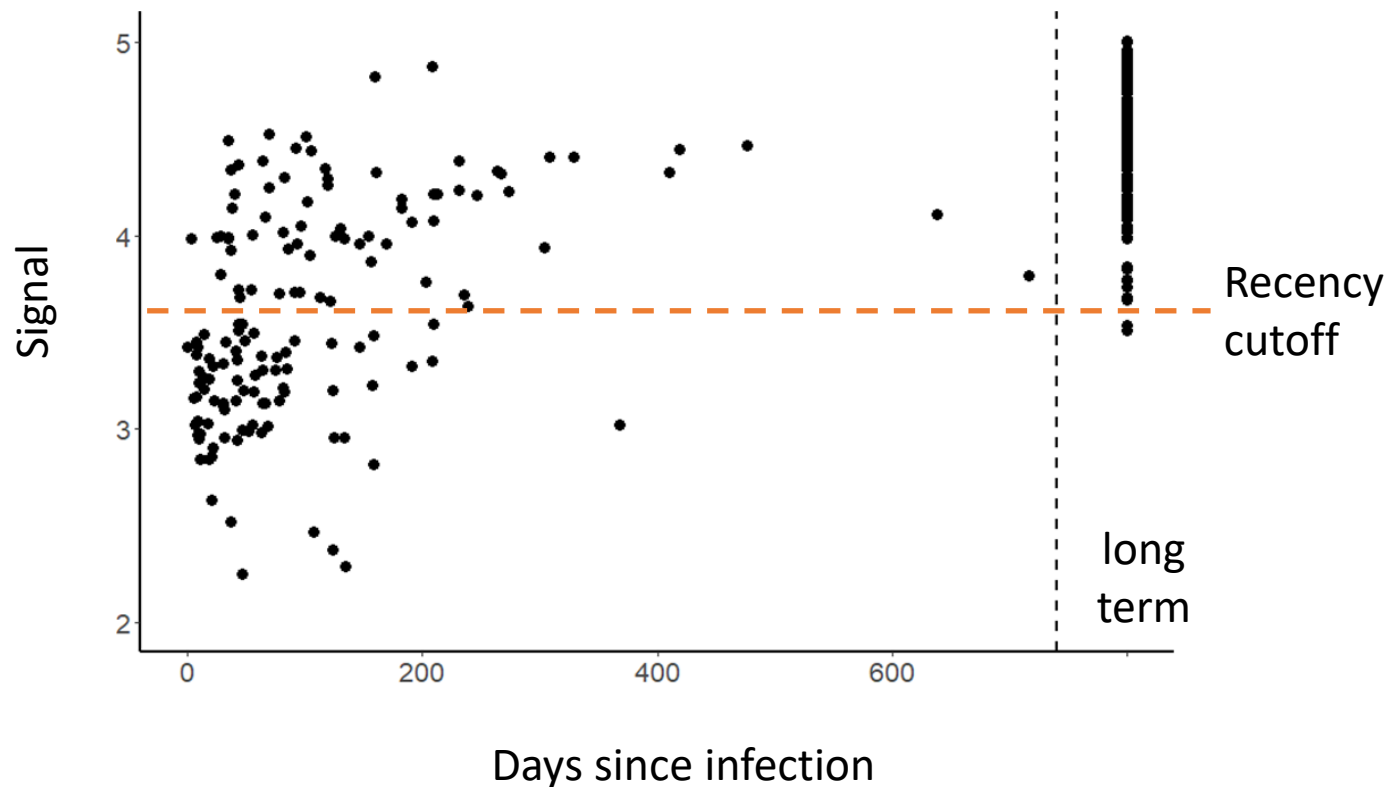
Parameters that define a recency test: FRR and MDRI

- False Receny Rate (FRR) : “specificity”



Parameters that define a recency test: FRR and MDRI

- Mean duration of recent infection (MDRI)



HCV antibody avidity-based recency tests using serum/plasma samples

Since estimated seroconversion

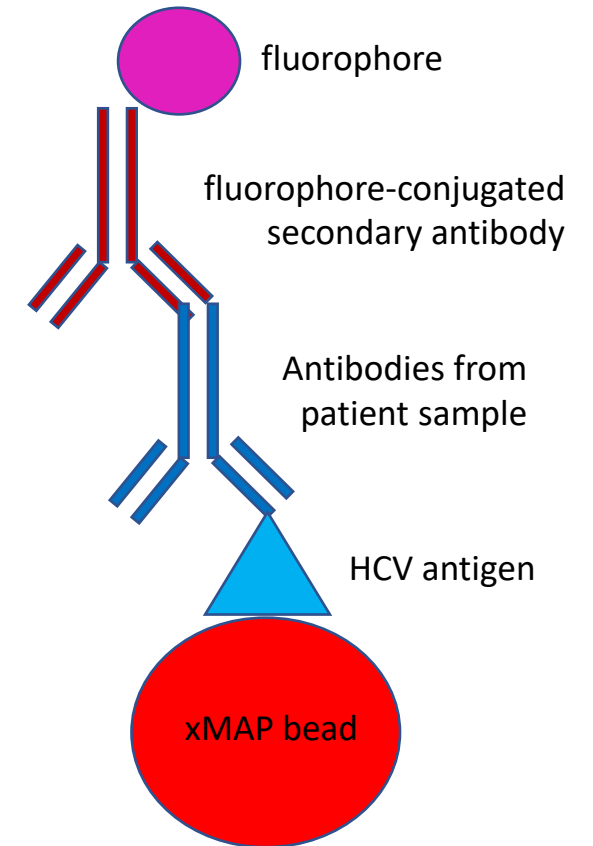
Study	FRR	MDRI
Boon, D. <i>J. Hepatology</i> . 2020.	0.4%	113 days (84-146)
Patel, E. <i>J. Inf. Dis.</i> 2016.	0.7% (0.2-1.8)	147 days (125-195)
Shepherd, SJ. <i>J. Med. Vir.</i> 2018.	4.0% (2.0-10.0)	116 days (98-135)

These studies use modified commercial anti-HCV immunoassays to make avidity measurements.

The assays detect antibodies targeting C, NS3, NS4, and NS5 viral proteins.
(optimized for early antibody detection in infected patients)

Examining how different anti-HCV antibodies affect recency measurements

- Indirect immunoassays using xMAP bead-based assay.
- Multiplex detection of antibodies targeting
 - C
 - NS3
 - NS4
 - NS5
 - HCV fusion protein
- Urea as chaotropic agent to measure antibody avidity.



Samples used to evaluate assay performance

- For FRR determination
 - 152 donors (long-term, but unknown time since last anti-HCV negative)
 - 1 sample per donor
 - anti-HCV and HCV RNA positive (no documented seroconversion)
- For MDRI determination
 - human- estimated seroconversion
 - 85 donors
 - 133 samples , 0-397 days (for single donors, samples are at least 60 days apart)
 - chimpanzee- experimentally infected
 - 20 animals
 - 180 samples , 0-730 days (~60 days between timepoints)

Anti-HCV antibody selection affects MDRI length

		human	chimpanzee
Antibodies targeting	FRR	MDRI (since estimated seroconversion)	MDRI (since infection)
C+NS3+NS4+NS5	0.7% (0.0-3.6)	58 (50-79)	97 (51-126)
C+NS4+NS5	0.7% (0.0-3.6)	116 (82-180)	151 (105-191)
Fusion HCV antigen	0.7% (0.0-3.6)	193 (137-384)	163 (131-194)

Summary

- Avidity-based HCV recency assays can be performed using xMAP bead-based immunoassay technology.
 - May perform similarly to modified commercial anti-HCV immunoassays.
- The MDRI can be tuned by the selection of anti-HCV antibodies being measured.
 - Inclusion of antibodies targeting NS3 shortens the MDRI.
- This assay could be used with a low probability of misclassifying long-term infections as recent.
 - Tool for estimating HCV incidence in population-based studies.