

# Interest in low antibody control samples in viral serology

## Methods of production/validation of samples

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# Importance of testing low antibody levels ?

- In virology, serological methods are mainly used to detect serum antibodies against viruses and, more rarely, viral antigens.
- Although results are generally expressed in a qualitative way (NEGATIVE / POSITIVE), these methods are regarded as quantitative because interpretation is based on a continuous and quantifiable signal (absorbance, chemiluminescence units...)
- For a few assays, results are expressed in international units (anti-HBs or anti-rubella antibodies)
- For some biological parameters, and particularly in the field of Virology, the Common Technical Specifications published in 2009 imposed analytical requirements for obtaining C.E. approval : for example the lower limit of detection (LLD) for HIV p24 Ag assays is 2 IU/mL against the WHO standard.

# Importance of testing low antibody levels ?

- **Two major clinical situations point out the importance of the LLD:**
  - **Acute disease : to minimize the serological window**  
For example, depending on the method used, acute measles can be diagnosed 1 to 3 days after the rash appears.
  - **Post-infection or post-vaccination immune status: again, the LLD is critical in determining protection**  
For example, the level of protection against HBV infection is assumed to be 10 mIU/ml, which is the required LLD for CE marking.,
- **Uncertainty is also critical in these low levels to properly discriminate NEG / POS and to define the gray zone,**

# Importance of testing low antibody levels ?

- **Inversely, high antibody levels are not of great interest in EQA schemes**
- **False negative results due to the assay are very rare in high antibody level surveys. Rather, they reflect mistakes in the transcription of results or inversion of samples**
- **Here also, the uncertainty is not critical because the monitoring of concentrations is not crucial or based on variations well above the coefficient of variation,**

## EQA CTCB Varicella zoster IgG (90/636) UI/mL

TROUSSE	Serum 2115 HIGH 1500 UI/mL		Serum 2125 LOW 400 UI/mL	
	n	% POSITIFS	n	% POSITIFS
BIOMERIEUX - VIDAS Varicella-Zoster	30	<b>100</b>	30	<b>50</b>
DIASORIN - LIAISON VZV	72	<b>100</b>	72	<b>100</b>
DIESSE - CHORUS Varicella	2	<b>100</b>	2	<b>100</b>
EUROIMMUN - ELISA Anti-VZV	1	<b>100</b>	1	<b>100</b>
IMMUNODIAGNOSTIC SYSTEMS - IDS VZV	3	<b>100</b>	3	<b>100</b>
ORGENTEC - ALEGRIA Anti-VZV	5	<b>100</b>	5	<b>100</b>
VIRCELL - Varicella-Zoster VIRCLIA	8	<b>100</b>	8	<b>100</b>
VIROTECH DIAGNOSTICS - VZV Elisa	1	<b>100</b>	1	<b>100</b>

# Methods of production/validation of samples

## Potential source of positive sera

- **Blood banks : negative or positive sera (possibly from a single donor)**
- **Overloading a negative sera with a standard**
- **Medical Biology laboratories : pools and/or dilution of positive sera**
- **Commercial sera provided by in vitro diagnostics manufacturers**

# Methods of production/validation of samples

- **One point merits a particular attention : assay specificity**
- **Specificity varies according with the assays :**
  - **> 99,5% for the most efficient**
  - **But frequently around 98% or less**
- **Classically, false positive results are observed at low levels around the threshold and depend on the method**
- **Consequence +++: commercial low level sera that are often validated with a single method are not always true positives**

# Methods of production/validation of samples

- **Methods with international standards and CE requirements**
- **Methods with international standards without CE requirements**
- **Methods without international standards**



# Methods of production/validation of samples

Methods with international standards and CE requirements

- This is the easiest situation.
- **Production**: low level samples can be prepared using the appropriate standard (available from NIBSC), diluted using a negative serum, to obtain concentrations just above the C.E. requirement
- **Validation** : all methods can be used
- **Notation of deviant laboratories** : negative results are evaluated “wrong”.

# Methods of production/validation of samples

Methods with international standards and CE requirements

*EQA CTCB sérum 2020 n° 2 - Agp24 (90/636) 3 IU/mL*

TROUSSE	n	Mean Index	Threshold	POSITIVE %
ABBOTT - ARCHITECT HIV Ag/Ab combo	121	<b>4,61</b>	1	<b>99.9%</b>  <b>Three “wrong”</b>
BIOMERIEUX - VIDAS HIV DUO Quick	27	<b>1,57</b>	0,25	
BIOMERIEUX - VIDAS HIV DUO Ultra	12	<b>1,41</b>	0,25	
BIORAD - ACCESS HIV Combo	62	<b>3,6</b>	1	
DIASORIN - LIAISON XL murex HIV Ag/Ab	18	<b>2,4</b>	1	
ROCHE - Elecsys HIV Duo cobas 8000	49	<b>6,9</b>	1	
ROCHE - HIV COMBI PT	117	<b>3</b>	1	
SIEMENS - ADVIA Centaur HIV Ag/Ab Combo	26	<b>1,9</b>	1	

# Methods of production/validation of samples

Methods with international standards and without CE requirements

- Samples can be prepared and validated as previously described
- **Notation:** because there is no exigency, we adopt the following strategy for deviant laboratories based on the distribution of responses in the peer group :
  - Isolate error : noted “wrong”.
  - Homogenous repartition around the threshold (weak SD) : noted “result to be analysed by the laboratory” for discordant results
  - Heterogenous distribution between Negative and Positive results: if discrepancy is attributed to a reagent batch number, the supplier is informed and a declaration of medical diagnostic devices vigilance is sent to the French authorities

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**\* Noted “result to be analysed  
by the laboratory”**

# Methods of production/validation of samples

## Methods with no standardization

This situation is less comfortable and we face many problems:

### Production : critical points

- Low positive samples are rare and we need large final volumes: 50 to x100 ml or more depending on the EQA
- We need to be sure that these low concentrations are not false positive results
- Clinical data and/or confirmatory tests (molecular biology or multi-method testing) are not often available especially if you use commercial sera

# Methods of production/validation of samples

## Methods with no standardization

### Production :

**-Considering the previous points, we recommend diluting high titre sera (in-house or commercial sera) with negative sera to obtain the adequate low level: by doing so, you are quite sure to avoid false positive results**

**-How to choose the level?**

**It is important to analyse the data from previous surveys to choose a level that corresponds to the state of the art : analytical and clinical performance**

**The LLD can be very different between methods and in the absence of CE requirement, we try to produce samples that can be detected by most assays**

# Methods of production/validation of samples

## Methods with no standardization

**Validation:** your routine test is suitable, unless you have used low level commercial sera where we recommend using multiple methods to be sure of positivity (very difficult in practice)

**Notation:** similar to standardised methods without requirements. In our commentary we suggested that laboratories using less sensitive methods should do a risk analysis and adapt the interpretation of negative results or, if more appropriate, change their routine method.

# Methods of production/validation of samples

Methods with no standardization

Example : low level of HEV IgG antibodies

## 1 Sérologie HEV

### 1.1 Sérum 1331 - IgG

Analyse des réponses qualitatives

Trousses	N	%	Négatif	Douteux	Positif =Assigné
ADALTIS - EIAgen HEV G	6	37,5	6	0	0
DIAPRO - HEV IgG EVG.CE	1	6,25	0	0	1
WANTAI - HEV Elisa IgG	9	56,3	0	0	9
<b>TOTAL</b>	<b>16</b>	<b>100%</b>	<b>6</b>	<b>0</b>	<b>10</b>

FALSE  
NEGATIVE

IgG prevalence in Midi-Pyrénées: 15%

IgG prevalence in Midi-Pyrénées: 50%



**Thank you for your  
attention.**

