

WIV-ISP:

Diagnose en surveillance van infectieziekten

Diagnostic et surveillance des maladies infectieuses

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# National Reference Centre for *Bordetella pertussis*: annual report 2016

Helena Martini<sup>1</sup>, Oriane Soetens<sup>1</sup>, Isabelle Desombere<sup>2</sup>, Kris Huygen<sup>2</sup>, Denis Piérard<sup>1</sup>

1: Department of Microbiology, National Reference Centre for *Bordetella pertussis*, Universitair Ziekenhuis Brussel, Vrije Universiteit Brussel (VUB), Laarbeeklaan 101, 1090 Brussels, Belgium

2: Scientific Institute of Public Health (WIV-ISP), Service Immunology, National Reference Centre for *Bordetella pertussis*, 642 Engelandstraat, 1180 Brussels, Belgium



Universitair Ziekenhuis Brussel

# NRC structure

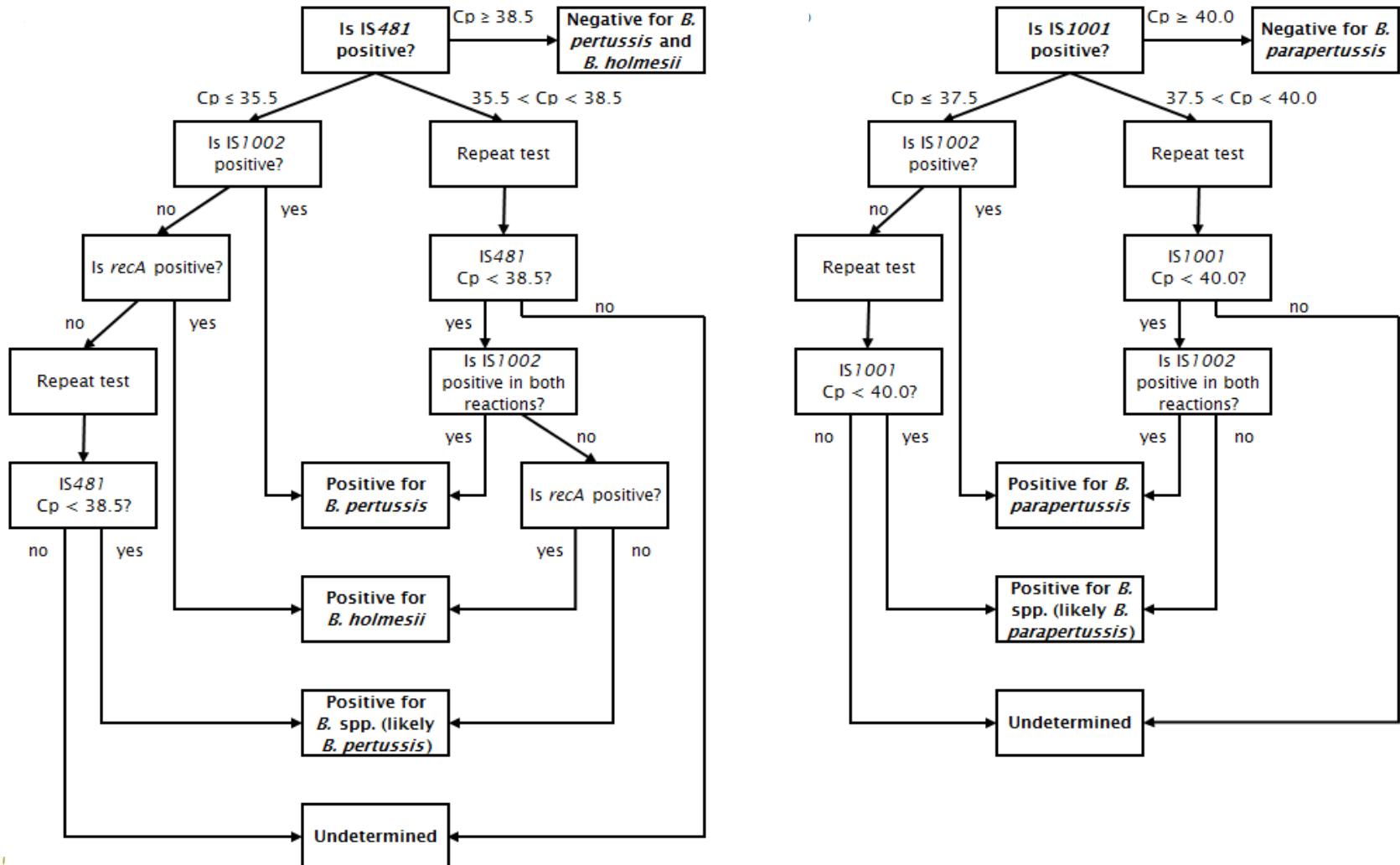
## Surveillance of pertussis(-like disease) ⇄

- *B. pertussis*
- *B. parapertussis*
- *B. holmesii*
- UZ Brussel: resp. samples
  - qPCR
  - culture (strain typing)
- WIV-ISP: serodiagnosis (anti-PT IgG ELISA)

# Real-time PCR

- IS481
  - screening *B. pertussis/B. holmesii*
- IS1001
  - screening *B. parapertussis*
- *recA*
  - confirmation *B. holmesii*
- IS1002
  - confirmation *B. pertussis/B. parapertussis*

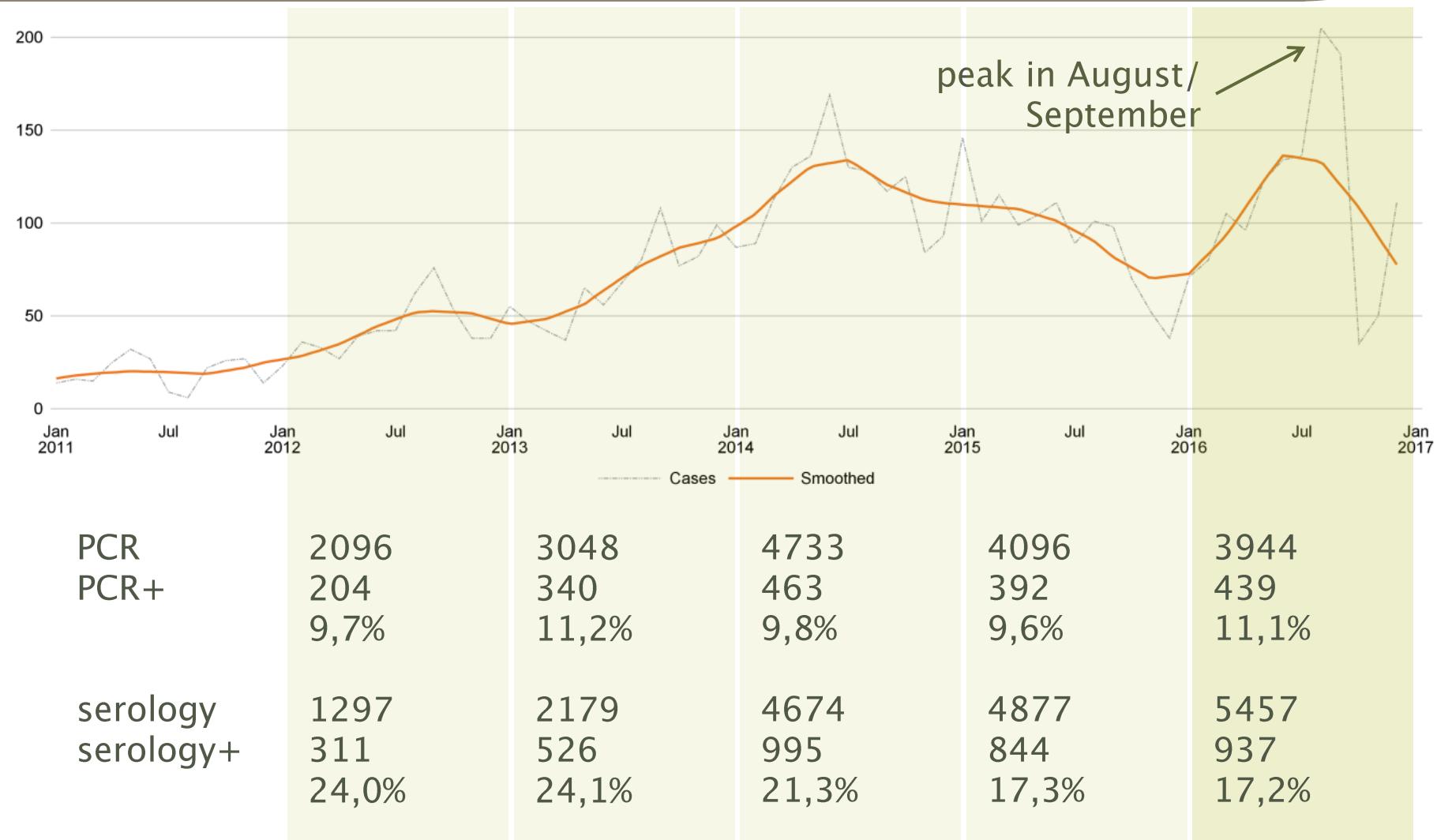
# Real-time PCR



# Results 2016

- qPCR:
  - 3944 tests for 3835 patients
  - 439 *B. pertussis* (11,1%)
  - 48 *B. parapertussis* (1,2%)  
→ 2 co-infections with *B. pertussis*
  - 5 *B. holmesii* (0,1%)  
→ 1 co-infection with *B. pertussis*
- Serology:
  - 5457 tests
  - 937 recent *B. pertussis* infection (17,2%)  
(> 125 IU/ml)

# Evolution



# Culture

- Not sensitive enough for diagnostic purposes, but necessary for typing
- 2016: 118 *B. pertussis*

	C <sub>p</sub> (IS481)	Positive PCR	Positive culture	Recovery
“Positive for <i>B. pertussis</i> ”	C <sub>p</sub> ≤ 20	62	46	74%
	20 < C <sub>p</sub> ≤ 25	50	25	50%
	25 < C <sub>p</sub> ≤ 30	82	35	43%
	C <sub>p</sub> > 30	125	12	10%
		319	118	37%
“Positive for <i>B. spp.</i> (likely <i>B. pertussis</i> )”	C <sub>p</sub> ≤ 30	0		
	C <sub>p</sub> > 30	120	0	0%
		120	0	0%
		439	118	27%

# Strain typing

- $ptxS1 = ptxA$ 
  - 118/118 type A
- $ptxS3 = ptxC$ 
  - 116/118 type B
- $tcfA$ 
  - 116/117 type 2
- $prn$ 
  - 100/115 type 2
  - 14  $prn$ - !
- $ptxP$ 
  - 117/117 type 3
- **Erythromycin susceptibility**
  - no resistance
- **Trimethoprim/sulfamethoxazole susceptibility**
  - no resistance

# Conclusions

- Increase in the total number of confirmed *B. pertussis* cases: 1293 in 2016 compared to 1185 in 2015.
- *B. pertussis* continues to circulate!
  - waning immunity
  - vaccine inefficiency (aP vs. wP, changes in virulence expression)
  - diagnosis↑
- No resistance against erythromycin or trimethoprim/sulfamethoxazole.