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# Application of new assays for rapid confirmation and genotyping of isolates of rubella virus

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Keywords:	rubella virus isolates, PCR assays, genotyping



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5 6 7	2	Application of new assays for rapid confirmation and
8 9 10	3	genotyping of isolates of rubella virus
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Rubella virus (RV) isolation is recommended by the WHO Measles and Rubella Labnet for studying the aetiology and epidemiology of rubella. However, the absence of cytopathologic effects (CPE) in many of the cell lines used commonly makes it difficult to confirm RV growth. In this study, two assays amplifying RV cDNA were developed and validated in order to confirm and genotype RV isolates after cell culture. A SYBR Green I-based real-time PCR (Rtime-SGE317) was established for initial rapid detection of RV in Vero cells and a nested PCR (PCR-E860) was used for amplifying further the 739nt window of the E1 gene for identification of RV genotype as recommended by the WHO. Sensitivities of the two assays were evaluated using eight RV isolates, two from infants with the congenital rubella syndrome (CRS) and six from patients with acute rubella. All the isolates had cycle threshold (Ct) values <37 after the third passage, which is recommended as the cut-off for confirmation of a viable RV isolate. Phylogenetic analysis based on the 739nt window generated by the PCR-E860 showed that the eight RV isolates belonged to genotypes 1E, 1G and 2B. The Rtime-SGE317 assay can be carried out in local public health laboratories, which would extend the molecular surveillance of rubella and contribute to the WHO goal of eradicating rubella worldwide.

 **KEY WORDS:** rubella virus isolates; PCR assays; genotyping

1 INTRODUCTION	
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Rubella is a mild, sub-clinical disease with few complications, but infection during early pregnancy can lead to severe birth defects known as congenital rubella syndrome (CRS) [Best and Enders, 2007; WHO,2000]. Since the introduction of rubella vaccination, the incidence of rubella has been reduced greatly and CRS is very rare in countries, such as the United Kingdom and the United States of America, which have established rubella vaccination programmes [WHO, 2000]. In 2007, 975 suspected cases of CRS were reported from 34 countries in the western hemisphere where CRS surveillance has been established [WHO, 2008]. The World Health Organization (WHO) has estimated that more than 100,000 cases of CRS occur in developing countries every year [WHO, 2000]; this represents a considerable social and economic burden. Rubella is regarded as another target for eradication in countries where transmission of measles virus has already been interrupted [WHO, 2000]. Rubella virus (RV), the sole member of the genus Rubivirus of the family Togaviridae, is a positive single stranded RNA virus [Chantler et al., 2001]. The viral genome encodes five proteins, two non-structural proteins (P90 and P150) and three structural proteins (E1, E2 and the capsid protein). Major neutralizing

and haemagglutinating epitopes and T cell recognized sites are located in the

21 structural proteins [Chantler et al., 2001; Cordoba et al., 2000]. The high G+C

content, of up to 65%, is the most significant characteristic of the viral genome,.

Clinical diagnosis of rubella is unreliable and therefore laboratory confirmation is
 necessary, particularly for the diagnosis of rubella-like illness during pregnancy.

Serological diagnosis, by the detection of rubella-specific immunoglobulin M
(IgM) in a single serum or oral fluid sample, is the common method for
confirming rubella cases, and has proved a good indicator for demonstrating
recently acquired infection [Banatvala and Brown, 2004]. Prenatal diagnosis of
rubella infection based on rubella specific IgM alone is unreliable until at least 22
weeks gestation [Enders and Jonatha, 1987].

Virus isolation is a conventional laboratory method, and important for monitoring virus excretion in CRS infants. Although virus isolation is time-consuming, labour-intensive and not particularly sensitive, it is still recommended by the WHO for studying the aetiology and epidemiology of rubella [WHO, 2007]. RV can be cultured in a variety of cell lines, such as RK13, SIRC, BHK and Vero (Vero/SLAM) cells, but serial propagation can be established only in a limited number of cell lines [Figueiredo et al., 2004]. Previous studies have shown that specific CPE may appear in RK13 cells under controlled conditions, or in RK13 and SIRC cells after one or two passages in Vero cells [Figueiredo et al., 2000; Best et al., 2005]. 

The immunofluorescence assay (IFA) is a conventional method for confirming rubella growth, but it is time-consuming, relies on the operator's interpretation and requires a fluorescence microscope. Recently, the reverse-transcriptase polymerase chain reaction (RT-PCR) followed by hybridisation assays, the replicons-based method and the indirect immunocolorimetric assay (ICA) have been developed to detect rubella virus infected cells [Zhu, et al. 2007; Chen, et al. 2007].

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2	Genetic characterization of virus isolates has relied on nested RT-PCR assays to
3	generate the 739nt region of the E1 gene that is required for genotyping in
4	accordance with the recommendations of the WHO [WHO, 2005]. In this study, a
5	SYBR Green I-based real-time PCR assay (Rtime-SGE317) was developed,
6	initially at Health Protection Agency in the UK (WHO Rubella Strain Bank), and
7	applied subsequently to rapid confirmation of RV isolates by testing samples of
8	tissue culture fluid from Vero cells at the Centre for Disease Control and
9	Prevention of Zhejiang Province, China. Compared with other methods, namely
10	IFA and electron microscopy (EM), the Rtime-SGE317 can be carried out easily
11	at local public health laboratories. The nested PCR (PCR-E860), developed
12	initially at the Robert Koch-Institut, was used both at the Health Protection
13	Agency and the Centre for Disease Control and Prevention of Zhejiang Province
14	to generate the required E1-739nt region from eight confirmed RV isolates for
15	genotyping. By combining the two assays, RV isolates could be confirmed and
16	genotyped very quickly. These two tests offer the opportunity of extending the
17	molecular surveillance of rubella and contributing to the WHO goal of eradicating
18	rubella worldwide.

### 1 MATERIALS AND METHODS

#### 2 Specimens

Eight RV isolates were investigated in the study. Two (H1 and U6) were isolated from nasal and throat swab specimens of two Sudanese infants with serologically confirmed CRS [Omer et al., 2010]. These two isolates were also used for comparing the PCR assays developed in this study with other detection methods, EM and IFA (Table II). The other six (ZJ1~ZJ6) were isolated originally at the Centre for Disease Control and Prevention of Zhejiang Province, China between 2005 and 2008 from throat swab specimens collected from patients with acute rubella confirmed serologically. 

# 12 Virus isolation and blind passages

Vero cells were seeded at a concentration of  $5 \times 10^5$  cells/ml in glass tubes. Growth medium (GM) was Dulbecco's MEM (DMEM) containing 5% foetal bovine serum (FBS), 50µg/ml gentamicin and an additional 200mM L-glutamine. Cells were incubated at 37 ℃. Once a monolayer of cells had formed, the GM was removed and the cells inoculated with 100µl clinical specimen and left for one hour at 37 ℃. 0.9 ml maintenance medium (MM) containing 2% FBS was then added to the monolayer and the tubes were incubated stationary at 37 °C. The cells were observed daily. After seven days the tubes were frozen at -80 ℃ for one to two hours. After thawing, the cells were scraped into the culture medium, thoroughly mixed and then centrifuged at 200 x g for 10min. Supernatant and cells were harvested separately as the 1<sup>st</sup> passage. 100µl cells and supernatant were passaged separately into fresh Vero cells to the 5<sup>th</sup> 

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1	<b>RNA</b> extraction and reverse transcription
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Total RNA was extracted from 100µl tissue culture fluid supernatant/cells using
the MagNA Pure extractor (Roche, UK). In a 50µl reaction mixture, a 20µl
sample of RNA was reverse transcribed to cDNA using random primers as
described previously [Cooray et al., 2006; Vyse and Jin, 2002].

7 Alternatively, total RNA was extracted using the RNeasy Mini Kit (Qiagen,

8 Germany). 200µl tissue culture fluid mixture was extracted and eluted into 50µl

9 RNase-free water. cDNA was generated using M-MLV Reverse transcriptase

10 (Invitrogen or Promega) and either the specific primer Ru1r for the PCR-E860 or

11 random primers for both the nested PCR-E860 and Rtime-SGE317. The  $10\mu$ l

12 reaction mixture contained 2.5µl sample RNA.

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At the Robert Koch-Institut, total RNA was extracted from 140µl tissue culture
fluid using the QIAamp Viral RNA Mini kit (Qiagen, Germany) and was eluted
into 60µl RNase-free water. A 2.5µl sample RNA was used to generate cDNA
using the specific primer Ru1r.

18

SYBR Green I-based real-time PCR assay for rubella virus (Rtime-SGE317)
The primer pair of E1.7 and E1.8, which is used routinely as a part of the nested
PCR-E317 assay at the Health Protection Agency and as described previously
[Jin and Thomas, 2007], was adapted. The primer concentration was optimised
at a range of 0.5-1.0µM. The reaction with a final concentration 1.0µM gave the
best result for both sensitivity and specificity (results not shown). The assay was
performed using the QuantiTect SYBR Green PCR kit (Qiagen, Germany) on a

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LightCycler 2.0 (Roche, Switzerland). Each 20µl reaction mixture contained 10µl 1 2 of 2x SYBR Green I buffer, 0.2µl of each primer (100pmol/µl), 7.6µl dH<sub>2</sub>O and 2µl cDNA or plasmid DNA. The Tm of the specific product amplified was 89 °C 3 according to the melting curve, and therefore a fourth step of incubating at 82°C 4 for 5 sec was added to eliminate the effect of non-specific amplification. The 5 optimised amplification conditions are shown in Table I. 6 7 Sensitivity of the Rtime-SGE317 was evaluated using serial diluted plasmid DNA 8 of the E1 gene containing both the window 739nt and the target of the 9 Rtime-SGE317, and the random primer generated cDNA of the Thomas strain of 10 11 rubella (used routinely as a positive control at the Health Protection Agency). The plasmid DNA used as standards for quantitation was diluted serially from 10<sup>6</sup> 12 13  $copies/\mu l$  to 10  $copies/\mu l$ . Standard curves were plotted with related copy numbers, and the reproducibility of the assay for RV genome detection was 14 15 guantified in triplicate using tissue culture fluid samples of four RV isolates ZJ1-4 (Table II). 16 17

### 18 Nested PCR-E860 for rubella virus (PCR-E860)

The nested PCR assay (PCR-E860) was developed initially at the Robert
Koch-Institut. The primers for the first round, Ru1r (5'-CTG CCG GGT CTC CGA
CAC AGC) and Ru2f (5'-GAC ACC GTG ATG AGC GTG TTC), and for the
nested round, Ru3r (5'-GTG GTG TGT GTG CCA TAC AC) and Ru4f (5'-CTT
GCT AGC TAC GTC CAG CAC) generate a 860nt fragment of RV E1 gene
(nt8687-9546, Genbank accession number L78917), covering the 739nt window
(E1 nt8731-9469) as recommended by the WHO for genotyping. In a total

volume of 25µl per reaction, 2.5µl (Robert Koch-Institut, Centre for Disease Control and Prevention of Zhejiang Province, China) or 10µl (Health Protection Agency) cDNA was added as the template for the first round PCR. 2µL (Robert Koch-Institut and Centre for Disease Control and Prevention of Zhejiang Province, China) or 4µl (Health Protection Agency) of the first round amplicon was used for the nested PCR-E860 assay. The PCR amplification conditions for both first and second rounds are shown in Table I. Sequencing for RV genotyping The products of Rtime-SGE317 and the nested PCR-E860 were purified using the MinElute PCR Purification Kit (Qiagen, Germany) and then sequenced by commercial companies (Invitrogen Com Ltd, Shanghai, China; MWG, Germany). The primers E1.7 and E1.8 for the amplicons of the Rtime-SGE317 and primers 

14 Ru3r and Ru4f for the amplicons of the nested PCR-E860 were used for

15 sequencing. The phylogenetic trees were constructed using DNAStar software

16 on the basis of either the 280nt or 739nt sequences.

### 18 Indirect Immunofluorescence assay (IFA)

The medium was removed from infected Vero cells and the cells were washed gently with PBS. The PBS was removed and 0.25%Typsin-EDTA was added so as to just cover the cell monolayer and left for 30 seconds. After a low speed spin, the cells were re-suspended in PBS to the required cell density. The cells were fixed on slides at -20°C for 20 min with methanol and acetone (1:1), then 1:100 dilution mouse monoclonal antibodies containing anti-rubella capsid protein C (provided by CDC, USA) and anti-structural glycoprotein E1(gifted by Dr. D

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Samuel, Microlmmune, UK) was added and incubated at 37°C for 20min. After
washing with PBS and deionised water, 1:20 diluted FITC-goat anti-mouse
IgG+M+A antibody (Invitrogen) was applied for 20min at 37°C. Negative and
positive control slides were prepared and observed at the same time according
to the WHO manual [WHO, 2007].

6

#### 7 Electron microscopy (EM)

Rubella is a fragile virus morphologically. Therefore, cultures were fixed prior to 8 9 processing, by adding Carson's buffered formaldehyde (Bios Europe Ltd) to give a final concentration of 1.5% (v/v) formaldehyde in the culture medium, and 10 stored at 4oC until examined. Cells were scraped into the medium and the 11 12 mixture of cells and tissue culture fluid was centrifuged at 48000 x g for 45min. The supernatant was discarded and the pellet re-suspended in distilled water. 13 The suspension was treated in an ultrasonic bath to break up clumps of cells. A 14 15 drop of suspension was stained with phosphotungstic acid (PTA) pH6.8 and placed on a formvar-carbon coated EM grid. Grids were examined in a Philips 16 420 transmission electron microscope fitted with an AMT XR60 digital imaging 17 system. 18

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1	RESULTS
2	Specificity, sensitivity and reproducibility of the Rtime-SGE317
3	The Rtime-SGE317 was developed to replace the probe-based real-time PCR
4	assay used previously [Jin and Thomas, 2007]. The new assay had the
5	advantage of being rapid and specific for confirmation of RV isolates. Even
6	though the primer pair gave consistent results with different RV strains,
7	specificity of the assay was evaluated further with measles virus and B19 virus,
8	which cause similar symptoms to rubella. Measles cDNA and B19 DNA were
9	tested by Rtime-SGE317 and all samples were negative with no cross-reactions
10	(results are not shown). The time taken to perform the Rtime-SGE317 assay was
11	2.5 hours less than for the previous assays (Table I ). Sensitivity of the
12	Rtime-SGE317 was also compared with nested PCR-E317 and nested
13	PCR-E860. The Rtime-SGE317 detected 200 copies/reaction of plasmid DNA
14	(Table I ).
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The tissue culture fluid samples from four Chinese strains (ZJ1-4) were tested in 16 17 triplicate to evaluate the reproducibility of the assay. Table II showed that the Ct 18 values differed by less than one within each sample, whereas the deviation based on the copy numbers ranged from 4.6 to 18.3 times, e.g. strain ZJ1 and 19 20 ZJ3 (indicated in italic in Table II). Correlation between Ct values and copy numbers was plotted using the data collected from all samples and RV plasmid 21 DNA tested in this study. The samples with Ct value >/=40 were defined as 22 negative, though high copy numbers up to ~10,000 copies were estimated 23 24 based on the standards (Figure 1). Figure 1 shows that distribution of copy numbers was much wider when Ct values were >20 or copy numbers  $<10^{6}$ , 25

which indicated that Ct value was more stable and reliable for estimation of viral
load in cell cultures.

#### Comparison of the methods for confirmation of RV isolates

The tissue culture fluids collected from the first to fifth passage of two RV isolates from CRS patients (H1 and U6) were tested by three methods, IFA, EM and the Rtime-SGE317 (Table II). Clinical specimens from the two cases of CRS were inoculated and passaged up to four rounds (the harvest from the last one named as the 5<sup>th</sup> passage, P5). Specimens were incubated in Vero cells for 7 days each passage, but specific CPE was not clearly apparent. The infected cells collected from the 2<sup>nd</sup> to 5<sup>th</sup> passage were tested by IFA and EM. Weak fluorescence was observed in the 2<sup>nd</sup> passage. Fluorescence became stronger with passage affecting about 30% cells in the 3<sup>rd</sup> passage and 50% in the 5<sup>th</sup> passage. 

RV particles were not observed by EM in the 2<sup>nd</sup> passage, but small groups of particles were seen in the 3<sup>rd</sup> passage, and large clumps of virus particles were found in the 4<sup>th</sup> and 5<sup>th</sup> passage (Figure 2). Rubella virus is usually strongly cell associated and the viral particles observed were all attached to cell debris.

Supernatant and cells of RV isolates were each tested quantitatively using the Rtime-SGE317. RV genome was detected from the 1<sup>st</sup> passage of sample U6 and the 3<sup>rd</sup> passage of sample H1. Results for both Ct value and copy number are shown in Table II. The copy numbers continually increased with each subsequent passage and were higher for the cells than the supernatant. The

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1 viral load in sample U6 was much greater than in sample H1 in every passage,

- 2 which corresponds with the EM observations (Table II).
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#### Application of the Rtime-SGE317 for confirmation and the nested

#### 5 PCR-E860 for genotyping of RV isolates

RV isolates were obtained at the Centre for Disease Control and Prevention of
Zhejiang Province by inoculating throat swab specimens into Vero cells. Four
isolates were passaged four times (P1 to P5) and two twice only (P1 to P3). The
presence of RV in each passage was confirmed by detecting the RV genome
using the Rtime-SGE317. The six isolates were confirmed as the Ct values were
<35.0 after three blind passages.</li>

12

In order to determine the genotypes of the six Chinese isolates, the E1-739nt window was amplified using the new nested PCR-E860 assay. The amplicons were purified and sequenced with primers Ru3r and Ru4f. These sequences, together with reference strains recommended by the WHO, were used to construct a phylogenetic tree (Figure 3). These results were in agreement with those based on the 280nt products generated by Rtime-SGE317 (Results not shown).

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Based on the 739nt window of the E1 sequences (Figure 3), five isolates were
assigned to genotype 1E. Isolates RVi/Zhejiang.CHN/15.05 (ZJ-1) and
RVi/Zhejiang.CHN/17.05 (ZJ-2) originating from two outbreaks in Quzhou and
Lishui city within two weeks of each other in 2005 were 100% identical.
RVi/Zhejiang.CHN/15.07/1 (ZJ-3) and RVi/Zhejiang.CHN/15.07/2 (ZJ-4)

1	obtained from an outbreak in 2007 were also identical in sequence to each other,
2	but differed by 14nt from the 2005 isolates. RVi/Zhejiang.CHN/22.08 (ZJ-5)
3	isolated in Hangzhou city in 2008, was more closely related to the genotype 1E
4	strain detected in Hong Kong in 2008 (RVs/HongKong.CHN/27.08-1E, GenBank
5	accession no. FJ436377). The only 2B strain RVi/Zhejiang.CHN/23.08 (ZJ-6)
6	was isolated in Lishui city in 2008, and is close (4nt differences) to the Hong
7	Kong genotype 2B isolate, RVs/HongKong.CHN/49.08-2B (GenBank accession
8	no.FJ656218).
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	1	DISCUSSION
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Rubella virus replicates in a variety of continuous cell lines. RK13 and SIRC cells have been used because specific CPE is readily observed. However, these cells do not generate high titre virus [Figueiredo, et al., 2000, Rajasundari, et al., 2008]. The Vero/SLAM cell line is currently recommended by the WHO for measles and rubella isolation in the Global Measles/Rubella Laboratory Network [WHO,2007]. Viral CPE is not visible in Vero/SLAM cells in most cases, even after several passages. A previous study has shown that RV can replicate rapidly and reach higher titres in Vero cells because they do not produce interferon [Figueiredo, et al., 2000]. Therefore, the Vero cell line was used throughout this study. Similar to Vero/SLAM cells, specific CPE was not visible in Vero cells normally. However, it was visible when inoculated with a viral concentration of 10<sup>5</sup> TCID<sub>50</sub> or higher [Guido et al., 1989]; or when the tissue culture fluid samples of each passage harvested in the first attempt were inoculated again simultaneously into fresh cells and observed in parallel which was carried out in the study (result not shown). It can be difficult still to differentiate between the CPE produced in infected cells and normal dead cells. Determination of RV growth after cell culture based on CPE observation alone is unreliable and subjective. Therefore, a simple method for confirmation of RV presence is required.

In this study, the Rtime-SGE317 assay was shown to be simple, rapid and
specific for confirmation of RV isolation (Table I ). It has been reported
previously that the primer pair of E1.7 and E1.8 is specific and sensitive when
used in a block-based nested PCR (PCR-E317) [Jin and Thomas, 2007]. The

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fourth step of incubating at 82 °C for 5sec was added to increase the specificity. A 1 melting curve analysis for every test is strongly recommended as it is a 2 non-probe based real-time PCR assay [Robert et al., 2009]. Even though the 3 sensitivity was 100-fold lower than the nested PCR-E317, the Rtime-SGE317 is 4 one tenth of the cost and four times faster, and therefore suitable for rapid 5 detection of RV in large numbers of samples. The Rtime-SGE317 is less 6 7 sensitive compared to other real-time assays for rubella confirmation developed previously in the UK or China [Jin and Thomas, 2007; Zhao et al., 2006]. This 8 9 could be due to its non-probe based method and the size of product. The advantage of Rtime-SGE317 is that the product can be assessed quantitatively 10 and sequenced directly for confirmation and preliminary genetic classification. 11 12 Using plasmid DNA as standards, the viral load can be quantified based on copy numbers. The copy numbers of viral load of two Sudanese isolates were higher 13 in cells than that in supernatant. Electron microscopy has confirmed that RV is 14 15 strongly cell associated. However, this does not mean that concentrated cells are necessarily more suitable, as the remaining lysed cells may affect viral 16 propagation in fresh cells. 17

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The study results show that the Ct value is more reliable than viral genome copy number for estimation of viral load. The large deviation between copy numbers may be caused by several factors, such as errors occurring during the manual dilution and concentration measurement of the plasmid standards. In addition, risk of contamination is greater using plasmid DNA. This suggests that plasmid DNA as standard may not be necessary when RV isolates are confirmed by Rtime-SGE317, so avoiding the risk of contamination and reducing the cost and

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work load at local or sub-national laboratories. By testing a serial dilution of RV cDNA, it was shown that confirmation of a rubella isolate could be based on the viral load when the Ct value was <37 and the amplicon is large enough for sequencing the 280nt of the E1 gene. If the Ct value is between 37 and 40, the shape of the amplification curve should be carefully checked to ensure that the sample is a real isolate. Samples with Ct value >40 could be passaged further, but there is no point in continuing beyond the fifth passage as numbers of defective virus particles may increase. Products with Ct value <30 may be directly sequenced without purification. Two other methods, IFA and EM, were compared with Rtime-SGE317 using the two CRS isolates. IFA is a routine assay used at the Health Protection Agency and is recommended by WHO. IFA indicates viable virus in cells by green florescence. It is a classic assay, but requires fluorescence microscope and experienced personnel to use it. The whole IFA process takes at least four hours and a further PCR assay to generate the RV genome from confirmed strains for genotyping. The recently developed indirect immunocolorimetric assay (ICA) 

has the same sensitivity as IFA, and RV infected cells can be detected as

blue-staining spots on monolayers by the naked eye [Zhu et al., 2007; Chen et
al., 2007]. However, it was less sensitive than diagnostic PCR and standardised

high quality colorimetric reagents are not available commercially. Electron
microscopy requires highly experienced staff, is time consuming and is not
particularly sensitive. Although it can give an indication of the morphological
state of the viral particles, it is not suitable for rapid testing of large numbers of
samples.

1	Results of phylogenetic analysis of the six Chinese RV strains supported the
2	previous suggestion that the 280nt of E1 region can be used for preliminary
3	genetic classification [WHO, 2005], especially when the 739nt window is not
4	detectable. Based on the E1-739nt window, five of the six Chinese RV strains
5	belonged to genotype1E and one to 2B, and the two strains isolated in 2008
6	(ZJ5-6) were close to two Hong Kong 1E and 2B isolates respectively. However,
7	there was no information available to link the viral transmissions. The results
8	indicated two genotypes of RV strains were co-circulating and genotype 1E
9	could have been the dominant genotype in Zhejiang province between 2005 and
10	2008. The preliminary identified RV isolates could finally be confirmed
11	definitively by sequencing the product of the nested PCR-E860 assay, the
12	window E1-739nt, as recommended by WHO for RV genotyping [WHO, 2005].
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13 14	In addition to rubella IgM and IgG tests, tissue culture for RV isolation is routinely
	In addition to rubella IgM and IgG tests, tissue culture for RV isolation is routinely carried out in most of provincial laboratories and some municipal CDC
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14 15	carried out in most of provincial laboratories and some municipal CDC
14 15 16	carried out in most of provincial laboratories and some municipal CDC laboratories in China as well as in many other countries in the WHO LabNet for
14 15 16 17	carried out in most of provincial laboratories and some municipal CDC laboratories in China as well as in many other countries in the WHO LabNet for Measles and Rubella. However, tissue culture fluid specimens have to be sent to
14 15 16 17 18	carried out in most of provincial laboratories and some municipal CDC laboratories in China as well as in many other countries in the WHO LabNet for Measles and Rubella. However, tissue culture fluid specimens have to be sent to a national/regional laboratory for confirmation of RV growth because most
14 15 16 17 18 19	carried out in most of provincial laboratories and some municipal CDC laboratories in China as well as in many other countries in the WHO LabNet for Measles and Rubella. However, tissue culture fluid specimens have to be sent to a national/regional laboratory for confirmation of RV growth because most sub-national laboratories do not have a fluorescence microscope for IFA or the
14 15 16 17 18 19 20	carried out in most of provincial laboratories and some municipal CDC laboratories in China as well as in many other countries in the WHO LabNet for Measles and Rubella. However, tissue culture fluid specimens have to be sent to a national/regional laboratory for confirmation of RV growth because most sub-national laboratories do not have a fluorescence microscope for IFA or the reagents for the ICA [WHO, 2007; Zhu et al., 2007; Chen et al., 2007]. Results of
14 15 16 17 18 19 20 21	carried out in most of provincial laboratories and some municipal CDC laboratories in China as well as in many other countries in the WHO LabNet for Measles and Rubella. However, tissue culture fluid specimens have to be sent to a national/regional laboratory for confirmation of RV growth because most sub-national laboratories do not have a fluorescence microscope for IFA or the reagents for the ICA [WHO, 2007; Zhu et al., 2007; Chen et al., 2007]. Results of RV confirmation and genotyping from the national laboratory are usually
14 15 16 17 18 19 20 21 22	carried out in most of provincial laboratories and some municipal CDC laboratories in China as well as in many other countries in the WHO LabNet for Measles and Rubella. However, tissue culture fluid specimens have to be sent to a national/regional laboratory for confirmation of RV growth because most sub-national laboratories do not have a fluorescence microscope for IFA or the reagents for the ICA [WHO, 2007; Zhu et al., 2007; Chen et al., 2007]. Results of RV confirmation and genotyping from the national laboratory are usually reported back several months later. In addition, transportation of such tissue

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performed at some of the sub-national laboratories, which compromises rubella
 surveillance.

Most of the sub-national laboratories in China are well equipped with real-time PCR instruments and staff are well trained in performing real-time PCR assays. Therefore, the Rtime-SGE317 is a viable alternative method when considering costs, time available and technical skills. Since the products of Rtime-SGE317 can be directly sequenced, confirmation and preliminary genetic classification of RV strains can be completed in the sub-national laboratories before sending to the National Reference Laboratory. The remaining 50 throat swab specimens, collected from 2005 to 2008 in Zhejiang province, were cultured for RV in Vero cells, but were not tested locally by IFA or ICA nor sent away for confirmation. These will be investigated further using the two new assays. Application of the assays would improve rubella surveillance locally and speed up the epidemiological reporting to national/regional Centres for Disease Control and Prevention. 

## 1 ACKNOWLEDGMENT

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 Legends for Figures

Figure 1. Correlation between Ct and copy number when detecting RV isolates
by the Rtime-SGE317.

Figure. 2. Electron micrograph of rubella virus strain U6 isolated in Vero cells.
Virus particles can be seen closely associated with the cellular debris.
Negatively stained with phosphotungstic acid; Bar represents 100nm.

9 Figure 3. Genetic relationship amongst the eight RV isolates (in bold) and the
10 reference strains from Genbank based on the 739nt of the E1 gene sequences.

11 The phylogenetic tree was constructed using Clustal W method of the MegAlign

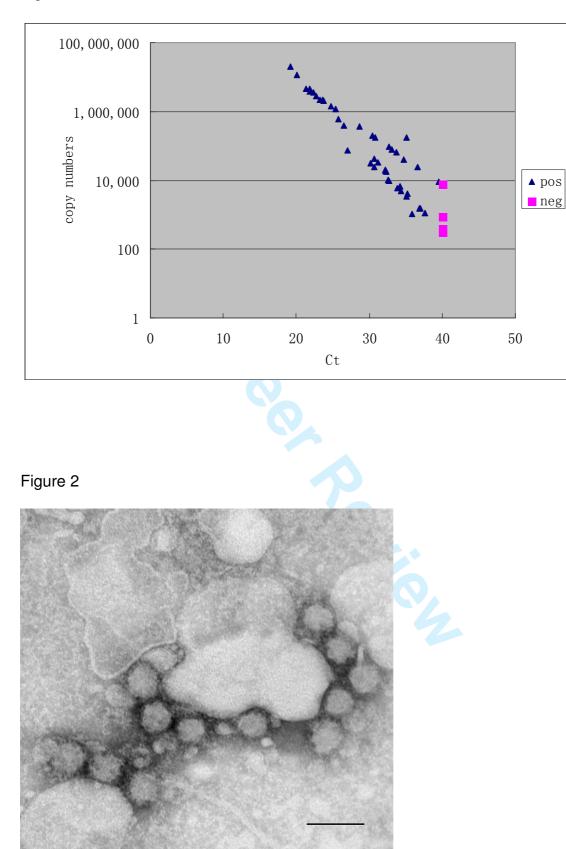
12 program (DNAStar x.0 software). Eight RV isolates in this study were bolded and

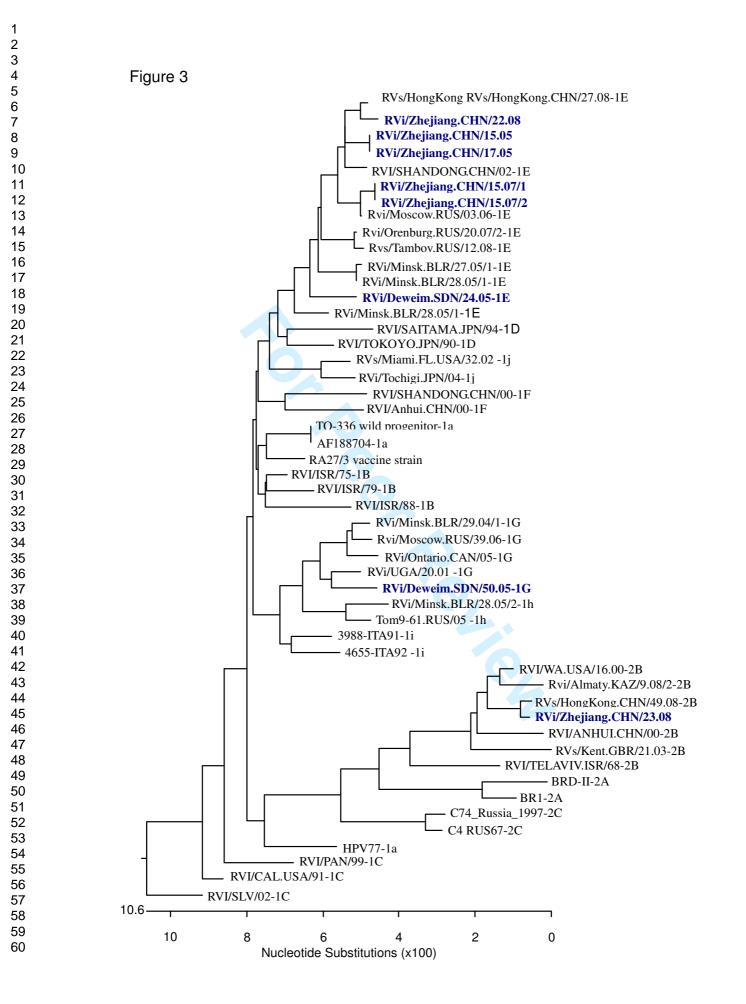
13 the reference strains downloaded from GenBank were indicated with genotype

14 at the end of strain name.

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# Table I Comparison among the Rtime-SGE317, the Nested PCR-E860 and the Nested PCR-E317 assays

Method Item Primer pair (100pmol/ul) Programme		Rtime-SGE317	Nested PCR-E860	Nested PCR-E317	
		E1.7 and E1.8	Ru1r and Ru2f Ru3r and Ru4f	E1.5 and E1.6 E1.7 and E1.8	
		50 °C 2min; 95 °C15min 94 °C 15sec 55 °C 20sec 72 °C 20sec 82 °C 5sec Single 95 °C 0sec 65 °C 1min 95 °C 0sec Cont 40 °C 30sec	96°C 1 min 94°C 30 sec 55°C 30 sec 68°C 90 sec 68°C 5 min	Nested PCR [Jin and Thomas, 2007]	
Plasmid DNA		200 copies/reaction	Not done	2 copies/reaction	
Sensitivity	Virus (Thomas) cDNA dilutions	10 <sup>-3</sup>	10 <sup>-2</sup>	10 <sup>-4</sup>	
Time for the process		1.5h	>4h	>4h	
Suggested application		Confirmation of RV isolates	Genotyping of RV isolates	Confirmation of clinical samples	

# Table $\,\mathrm{II}\,$ Confirmation and quantitative detection of RV isolates in Vero cell culture

Sample (Type)	Metho	d	1 <sup>st</sup> passage (inoculation)	2 <sup>nd</sup> passage	3 <sup>rd</sup> passage	4 <sup>th</sup> passage	5 <sup>th</sup> passage	Strain name GB accession No.
	IFA		Not tested	Pos (2 <sup>a</sup> )	Pos (30%)	Pos (40%)	Pos (60%)	
H1	EM		Not tested	Not detected	occasional single particles and small groups	some large groups	some large groups	RVi/Deweim.SD N/24.05[1E]CRS
(NS)	Rtime-SG E317	Sup	Neg	Neg	4,000/35.2 24,400/36.6	Not tested 67,100/33.7	17,900/32.4 80,800/33.1	FJ775000
	(Copy no./Ct)	Cells	Neg	Neg 9,020/39.5	6,850/34.2 91,900/32.8	Not tested 180,000/30.8	43,200/30.7 199,000/30.5	
	IFA		Not tested	Pos (4ª)	Pos (30%)	Pos (40%)	Pos (50%)	
U6 (TS)	EM		Not tested	Not detected	Single particles, pairs and small groups	several groups	Mix of more large and few small groups	RVi/Deweim.SDN /50.05[1G]CRS
	Rtime-SG E317	Sup	19,300/32.2 Not tested	394,000/26.5 369,000/28.7	2,230,000/23.3 1,440,000/24.7	Not tested 2,150,000/23.6	3,590,000/22.4 2,020,000/23.7	FJ774999
	(Copy no./Ct)	Cells	33,400/31.2 Not tested	606,000/25.7 1,160,000/25.3	4,700,000/21.9 4,510,000/21.4	Not tested 2,830,000/22.7	19,700,000/19.2 3,800,000/21.9	

ZJ1 (TS)	Rtime-SG E317 (Copy no./Ct)	Mix	Not tested	1500~11900/ 26.6~27.0	5800~32400/ 24.7~25.4	3200~19800/ 25.6~26.3	10000~46200/ 23.9~24.8	RVi/Zhejiang.CH N/15.05 [1E] GQ374567
ZJ2 (TS)	Rtime-SG E317 (Copy no./Ct)	Mix	Not tested	1600~12100/ 26.5~26.7	3900~23500/ 25.3~25.9	3100~20900/ 25.6~26.3	4900~29900/ 25.0~25.7	RVi/Zhejiang.Cl N/17.05 [1E] GQ374568
ZJ3 (TS)	Rtime-SG E317 (Copy no./Ct)	Mix	Not tested	430~4500/ 28.5~28.8	300~2610/ 29.0~29.5	<i>82~1500/</i> 30.5~30.9	190~2470/ 29.6~30.3	RVi/Zhejiang.Cl N/15.07/1[1E] GQ374569
ZJ4 (TS)	Rtime-SG E317 (Copy no./Ct)	Mix	Not tested	120~1280/ 30.3~30.8	230~2480/ 29.4~29.6	200~2590/ 29.5~29.6	110~1160/ 30.6~31.0	RVi/Zhejiang.C N/15.07/2[1E] GQ374570
ZJ5 (TS)	Rtime-SG E317 (Copy no./Ct)	Mix	Not tested	1220/31.5	1270/31.4	Not tested	Not tested	RVi/Zhejiang.C N/22.08 [1E] GQ374571
ZJ6 (TS)	Rtime-SG E 317 (Copy no./Ct)	Mix	Not tested	306/33.7	934/31.9	Not tested	Not tested	RVi/Zhejiang.Cl N/23.08 [2B] GQ374572

a: Number of positive cells observed;

Sup: supernatant; Mix: mixture of supernatant and cells; Neg: negative; Pos: positive; NS: Nasal swab; TS: Throat swab

Numbers before or after "~" indicate the range of Copy no./Ct for three triple on each sample.

Copy no./Ct of sample H1 and U6 were generated twice: Data in the upper row were quantified with water-diluted RV plasmid DNA. Otherwise were quantified with cell cDNA diluted- RV plasmid DNA.