



HAL
open science

Monitoring epidemic viral respiratory infections using one-step real-time triplex RT-PCR targeting influenza A and B viruses and respiratory syncytial virus

Solesne Papillard-Marechal, Vincent Enouf, Aurélie Schnuriger, Astrid Vabret, Edouard Macheras, Marie-Anne Rameix-Welti, Bernard Page, Francois Freymuth, Sylvie van Der Werf, Antoine Garbarg-Chenon, et al.

► To cite this version:

Solesne Papillard-Marechal, Vincent Enouf, Aurélie Schnuriger, Astrid Vabret, Edouard Macheras, et al.. Monitoring epidemic viral respiratory infections using one-step real-time triplex RT-PCR targeting influenza A and B viruses and respiratory syncytial virus. *Journal of Medical Virology*, 2011, 83 (4), pp.695. 10.1002/jmv.22006 . hal-00614695

HAL Id: hal-00614695

<https://hal.science/hal-00614695v1>

Submitted on 15 Aug 2011

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Monitoring epidemic viral respiratory infections using one-step real-time triplex RT-PCR targeting influenza A and B viruses and respiratory syncytial virus

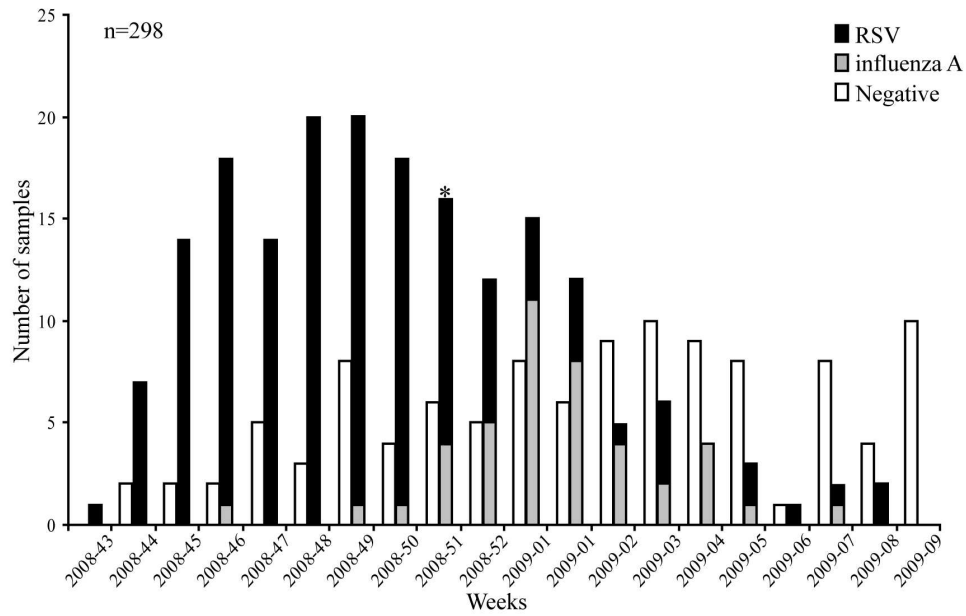
Journal:	<i>Journal of Medical Virology</i>
Manuscript ID:	JMV-10-2018.R1
Wiley - Manuscript type:	Research Article
Date Submitted by the Author:	01-Nov-2010
Complete List of Authors:	<p>Papillard-Marechal, Solesne; AP-HP, Hôpital Ambroise Paré, Service de Pédiatrie</p> <p>Enouf, Vincent; Institut Pasteur, Unité de Génétique Moléculaire des Virus à ARN; CNRS, URA3015; Centre National de Référence des virus influenzae (Région Nord)</p> <p>Schnuriger, Aurélie; AP-HP, Hôpital Armand Trousseau, Laboratoire de Virologie; Université Pierre et Marie Curie, ER_7</p> <p>Vabret, Astrid; Hôpital Universitaire Georges Clemenceau, Laboratoire de Virologie Humaine et Moleculaire, Centre National de Référence du Virus de la Rougeole et autres Paramyxoviridae respiratoires</p> <p>Macheras, Edouard; AP-HP, Hôpital Ambroise Paré, Laboratoire de Microbiologie; Université de Versailles St-Quentin-en-Yvelines, UPRES EA3647</p> <p>Rameix-Welti, Marie-Anne; AP-HP, Hôpital Ambroise Paré, Laboratoire de Microbiologie; Université de Versailles St-Quentin-en-Yvelines, UPRES EA3647</p> <p>Page, Bernard; AP-HP, Hôpital Ambroise Paré, Service de Réanimation Médicale</p> <p>Freymuth, Francois; Hôpital Universitaire Georges Clemenceau, Laboratoire de Virologie Humaine et Moleculaire, Centre National de Référence du Virus de la Rougeole et autres Paramyxoviridae respiratoires</p> <p>van der Werf, Sylvie; Institut Pasteur, Unité de Génétique Moléculaire des Virus à ARN; CNRS, URA3015; Centre National de Référence des virus influenzae (Région Nord)</p> <p>Garbarg-Chenon, Antoine; AP-HP, Hôpital Armand Trousseau, Laboratoire de Virologie; Université Pierre et Marie Curie, ER_7</p> <p>Chevallier, Bertrand; AP-HP, Hôpital Ambroise Paré, Service de Pédiatrie</p> <p>Gaillard, Jean-Louis; AP-HP, Hôpital Ambroise Paré, Laboratoire de Microbiologie; Université de Versailles St-Quentin-en-Yvelines, UPRES EA3647</p>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

	Gault, Elyanne; AP-HP, Hôpital Ambroise Paré, Laboratoire de Microbiologie; Université de Versailles St-Quentin-en-Yvelines, UFR PIFO, UPRES EA3647
Keywords:	orthomyxovirus, paramyxovirus, molecular diagnosis

SCHOLARONE™
Manuscripts

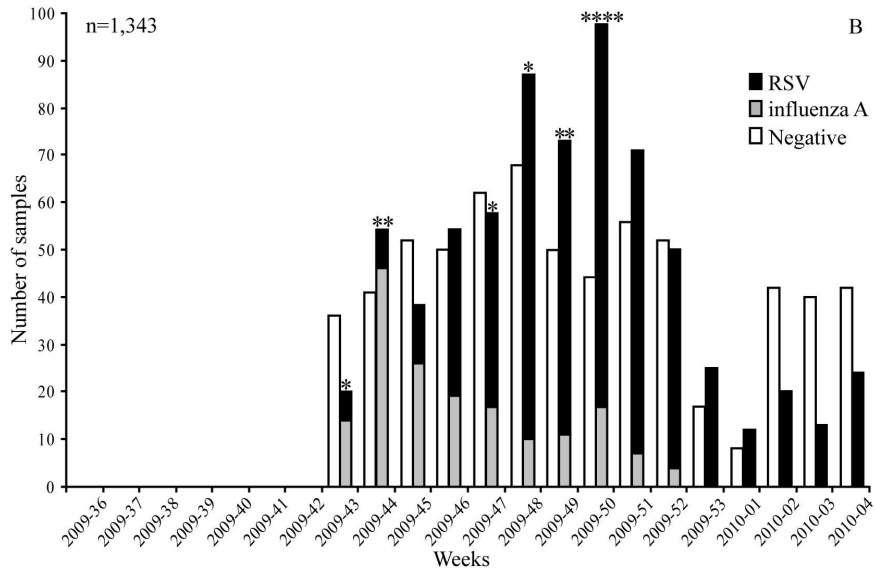
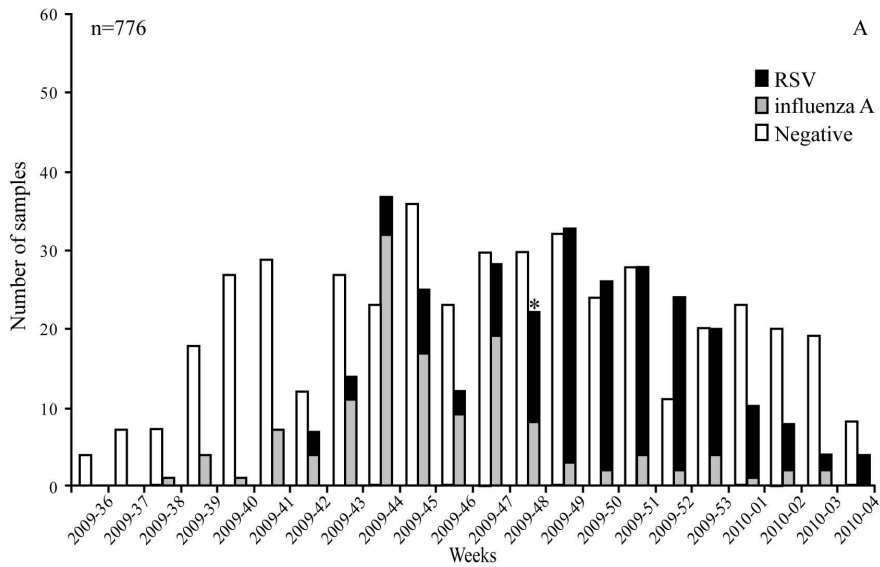
For Peer Review



28 Temporal distribution of virus detection during the winter 2008-2009

29 The number of positive (respiratory syncytial virus (RSV) in black, influenza A in grey) and negative
30 (in white) samples is reported for each week. One mixed infection, indicated by an asterisk, was
31 detected during week 2008-51.

32 151x93mm (300 x 300 DPI)



Temporal distribution of virus detection during the winter 2009-2010
 Patients (adults and children) from Ambroise Paré hospital (A) and patients (children) from
 Trousseau hospital (B)
 The number of positive (respiratory syncytial virus (RSV) in black, influenza A in grey) and negative
 (in white) samples is reported for each week. Mixed infections are indicated by asterisks.

148x195mm (300 x 300 DPI)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1 **Monitoring epidemic viral respiratory infections using one-step real-time triplex RT-**
2 **PCR targeting influenza A and B viruses and respiratory syncytial virus**

3 **Running title:** Real-time triplex PCR for influenza A/B and RSV

5 Solesne Papillard-Marechal¹, Vincent Enouf^{2,3,4,5,*}, Aurélie Schnuriger^{6,7*}, Astrid Vabret⁸,
6 Edouard Macheras^{9,10}, Marie-Anne Rameix-Welti^{9,10}, Bernard Page¹¹, François Freymuth⁸,
7 Sylvie van der Werf^{2,3,4,5}, Antoine Garbarg-Chenon^{6,7}, Bertrand Chevallier¹, Jean-Louis
8 Gaillard^{9,10}, Elyanne Gault^{9,10}

10 ¹ AP-HP, Hôpital Ambroise Paré, Service de Pédiatrie, Boulogne-Billancourt, 92100, France;

11 ² Institut Pasteur, Unité de Génétique Moléculaire des Virus à ARN, F75015 Paris, France;

12 ³ CNRS URA3015, F75015 Paris, France;

13 ⁴ Université Paris Diderot Paris 7, F75015 Paris, France;

14 ⁵ Centre National de Référence des virus influenzae (Région Nord), F75015 Paris, France;

15 ⁶ AP-HP, Hôpital Armand Trousseau, Laboratoire de Virologie, Paris, 75012, France;

16 ⁷ Université Pierre et Marie Curie, ER_7, Paris, 75006, France;

17 ⁸ Laboratoire de Virologie Humaine et Moléculaire, Centre National de Référence du Virus de
18 la Rougeole et autres Paramyxoviridae respiratoires, Hôpital Universitaire Georges
19 Clemenceau, Caen, France;

20 ⁹ AP-HP, Hôpital Ambroise Paré, Laboratoire de Microbiologie, Boulogne-Billancourt,
21 92100, France;

22 ¹⁰ Université de Versailles St-Quentin-en-Yvelines, UPRES EA3647, Guyancourt, 78280,
23 France;

24 ¹¹ AP-HP, Hôpital Ambroise Paré, Service de Réanimation Médicale, Boulogne-Billancourt,
25 92100, France;

26
27 * These authors contributed equally to this work

29 **Corresponding author:**

30 Elyanne Gault, Laboratoire de Microbiologie, Hôpital A. Paré, 9, ave Charles de Gaulle,
31 92100 Boulogne-Billancourt

32 Tel : +33 1 4909 5545 ; Fax : +33 1 4909 5921

33 e.mail : elyanne.gault@apr.aphp.fr

ABSTRACT

Rapid and specific diagnosis of influenza A/B and respiratory syncytial (RSV) viruses is needed for optimal management of patients with acute respiratory infections. In this study, a one-step triplex real-time RT-PCR assay was developed for rapid diagnosis of influenza A/B and RSV infections to optimise diagnosis efficiency of acute respiratory infections.

Cell-culture supernatants and clinical samples were used to evaluate specificity and sensitivity of the assay. The assay was used routinely during two winter epidemics for testing respiratory specimens from 2,417 patients.

The limit of detection in cell-culture supernatant was 1-10 pfu/input (influenza A/B) and 2×10^{-2} TCID₅₀/input (RSV). In clinical samples, the assay was as sensitive as commercial molecular assays for the detection of each influenza A/B and RSV (Flu-A/B and RSV-A/B r-gene™, Argene) individually, and far more sensitive than antigen detection. During the winter 2008-2009, the assay identified 145 RSV, 42 influenza A, and one mixed RSV-influenza A infections among 298 patients. The next winter, the assay was used in two independent hospital laboratory settings. 776 patients were tested in one hospital and 1,343 in the other, resulting in 184 and 501 RSV, 133 and 150 influenza A, and 1 and 11 mixed RSV-influenza A infections, respectively, being detected.

This new user-friendly assay allows rapid (within hours), effective molecular diagnosis of single or mixed infections involving influenza A (including seasonal A H1N1 and H3N2, and A(H1N1) 2009), influenza B, and RSV(A/B). The assay is very valuable for managing patients during winter epidemics when influenza and respiratory syncytial viruses co-circulate.

Keywords: Orthomyxovirus, Paramyxovirus, Molecular diagnosis

60 INTRODUCTION

61 The seasonal epidemic circulation of influenza A, influenza B and human respiratory
62 syncytial virus (RSV) viruses causes a large part of the burden of viral respiratory infections
63 in the northern hemisphere, especially that involving infants under 96 weeks of age and
64 elderly patients [Nair et al., 2010; Neuzil et al., 2000; Poehling et al., 2006; Simoes, 1999;
65 Simonsen et al., 2000]. Rapid identification of the viral cause of acute respiratory infection
66 has consequences for patient monitoring and care, including hospital admission or discharge,
67 administration of antibiotics and antiviral therapy, and reduction of diagnosis investigation
68 [Adcock et al., 1997; Barenfanger et al., 2000]. Antigen detection by immunofluorescence
69 (IF) or immunochromatography is the usual first-line diagnostic approach, although it lacks
70 sensitivity [Louie et al., 2010; Steininger et al., 2002]. An alternative is to test for viral
71 genomes by molecular means. Although various in-house and commercial assays are
72 available, first-line molecular detection is rarely routinely practiced, either because of high
73 cost (commercial assays) or because few assays are multiplex and have short turnaround
74 times [Bellau-Pujol et al., 2005; Bonroy et al., 2007; Brittain-Long et al., 2008; Gunson et al.,
75 2005; Kuypers et al., 2006; van de Pol et al., 2007].

76 In this study, a simple, sensitive and specific one-step triplex real-time RT-PCR assay was
77 developed to detect the genomes of RSV, influenza A (including the pandemic influenza
78 A(H1N1) 2009 virus) and influenza B simultaneously in respiratory samples. This assay was
79 performed daily during the 2008-2009 and 2009-2010 seasons in two independent teaching-
80 hospital laboratories, and 2,417 samples from adults and children were tested. As compared to
81 IF, identification of viral infections was rapid and accurate and allowed an improvement in
82 the management of patients presenting with acute respiratory infection.

83 MATERIALS AND METHODS

84 Viruses

85 Various influenza A, influenza B and RSVA/B strains were used to determine sensitivity and
86 efficiency of the assay (table 1). RSV-A of genotypes 1 to 5 and RSV-B of genotypes 1 to 6,
87 isolated from clinical specimens and collected between 1986 and 2003 at the Hôpital
88 Clémenceau, Caen, France were tested. RSV genotypes were determined by phylogenetic
89 analysis of the G gene, according to the protocol established by the National Paramyxoviridae
90 Centre (AV and FF, unpublished data) using primers described previously [Zambon *et al.*,
91 2001]. Viruses were propagated in cell culture (MDCK for influenza A and influenza B,
92 MRC5 for RSV) and virus titres are reported as plaque forming units (pfu) (influenza A and
93 B) or the 50% tissue culture infectious dose (TCID₅₀) /mL (RSV).

94 Undiluted culture supernatants of PIV-1, -2, -3 and -4, hMPV-B, adenovirus type-1, echovirus
95 type-30, rhinovirus type-31, and coronavirus OC43 and 229E were used to assess the
96 specificity of the assay.

97 Clinical samples

98 Specimens (nasopharyngeal aspirates or swabs) were collected from patients with acute
99 respiratory infection or influenza-like syndrome and tested daily either at Hôpital Ambroise
100 Paré, a general teaching hospital, or at Hôpital Trousseau, a paediatric teaching hospital.

101 One-step real-time triplex RT-PCR for influenza A, influenza B and RSVA/B genome 102 detection in respiratory samples

103 RNA was extracted with the QIAamp Viral-RNA Mini-Kit (Qiagen, Courtaboeuf, France)
104 from 140µL of fresh or thawed specimen. Aliquots of the resulting RNA preparation (7.5µL
105 of 60µL eluted) were included in 25µL of RT-PCR mixture containing primers and probes
106 (table 2), and the TaqMan® One-Step RT-PCR Master Mix Reagents Kit (Applied
107 Courtaboeuf, France). Each run included a negative control and a triplex positive control; the

1
2
3 108 positive controls contained 2.5µL of each target RNA extracted from culture supernatants and
4
5 109 diluted to give a positive signal of 32 C_Ts, corresponding to an input of approximately 1,000
6
7
8 110 pfu for influenza A and B, and 20 TCID₅₀ for RSV (table 1). The reaction consisted of 30
9
10 111 min of reverse-transcription at 48°C, 10 min of activation at 95°C, and 45 cycles of
11
12 112 amplification (95°C for 15 s and 59°C for 90 s). A 7900HT Fast Real-Time PCR System
13
14
15 113 (Applied) was used for real-time RT-PCR. Reaction giving C_T values ≤44 were considered to
16
17 114 be positive.

115 **Other virological methods**

116 IF antigen detection: IF tests were performed on freshly sampled nasopharyngeal aspirates.
117 Anti-influenza A, -influenza B and -RSV monoclonal antibodies (Argene S.A., Verniolle,
118 France) were used as recommended by the manufacturer.

119 Commercial real-time RT-PCR assays: primers and probes of the Flu-A/B r-geneTM and RSV-
120 A/B r-geneTM (Argene S.A.) assays were used in two independent RT-PCR targeting either
121 influenzaA/B or RSV-A/RSV-B. Aliquots of RNA preparations (10µL, see procedure above)
122 were added to two RT-PCR mixtures containing 14µL of primers and probes and 1µL of
123 OneStep RT-PCR mix (Qiagen). Internal control IC2 (DICO Extra r-geneTM, Argene S.A.)
124 was added to the sample prior to extraction, to monitor the extraction step and to detect PCR
125 inhibitors. An additional RT-PCR mixture containing 10µL of RNA extract, 15µL of the
126 DICO Extra r-gene premix and 0.17µL of the OneStep RT-PCR mix (Qiagen) was prepared.
127 The cycling conditions for real-time RT-PCR were those recommended by Argene.

128 Sub-typing of influenza A viruses:

129 Samples were used to inoculate MDCK. Influenza viruses were detected by
130 haemagglutination assay with guinea-pig erythrocytes. Isolate subtype was determined by
131 haemagglutination-inhibition, as described previously [Kendal et al., 1979].

1
2
3 132 H1 and N1 subtype-specific RT-PCR assays were used to characterise pandemic influenza
4
5 133 A(H1N1) 2009 viruses, following the protocol established by the National Influenza Centre,
6
7
8 134 Northern France, available at:
9
10 135 http://www.who.int/csr/resources/publications/swineflu/WHO_Diagnostic_Recommendations
11
12 136 H1N1_20090521.pdf.

13
14
15 137 **Statistical analyses**

16
17 138 The nonparametric Mann-Whitney U-test was used for statistical comparisons. Differences
18
19 139 were considered significant at *P* values less than 0.05.
20
21

22 140
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

RESULTS**Specificity, sensitivity and efficiency of the one-step real-time triplex RT-PCR assay**

The specificity of the triplex assay was confirmed by the negative results obtained with viral genomes of ten other respiratory viruses. The triplex positive control gave repeatedly positive signals for the three viruses targeted. No cross-amplification was observed in the triplex assay when tested with individual control influenza A, influenza B and RSV genomes. The sensitivity of the assay varied according to the strain, from 1 to 10 pfu/input for influenza viruses and was 0.02 TCID₅₀/input for RSV (table 1).

The ability of the one-step real-time triplex RT-PCR assay to detect viral genomes in nasopharyngeal samples was assessed on a selected panel of 182 samples that were collected and tested by IF in 2007-2008 and stored at -80°C. These samples were tested both by the in-house triplex RT-PCR assay and the commercial Flu A/B and RSV A/B r-gene™ assays. The DICO Extra r-gene™ control was used to detect PCR inhibitors. All samples positive by IF (n=37) for influenza A (n= 8), influenza B (n= 3) or RSV (n= 26) were found positive for the respective viruses with both molecular tests. Furthermore, of 145 IF-negative samples, 38 (26%) were positive by both in-house and r-gene™ assays with 100% concordance between the two tests (ten positive for influenza A, seven for influenza B and 21 for RSV). No PCR inhibitor was detected. These various results indicate that the ability of the in-house triplex assay to detect viral genomes was similar to that of the individual Flu-A/B and RSV-A/B r-gene™ assays. The assay was initially designed to detect current epidemic H1N1 and H3N2 viral strains. Thus, its sensitivity was re-assessed when the pandemic H1N1(2009) strain emerged. Twenty-five clinical isolates, positive for the H1N1(2009) virus with the H1 and N1 subtype-specific RT-PCR assays, were provided by the Influenza National Reference Centre. All of these samples were positive with the triplex assay, with a range of CTs similar to those of samples positive for epidemic H1N1 strains.

1
2
3 166
4
5
6 167 **Use of the one-step real-time triplex RT-PCR assay for routine monitoring of viral**
7
8 168 **respiratory infections**
9

10 169 From week 2008-43 to 2009-10, samples were routinely collected from patients at Hôpital
11
12 170 Ambroise Paré and tested with the in-house triplex assay for the genomes of influenza A,
13
14
15 171 influenza B and RSV (table 3). The temporal distribution of virus detection is shown in figure
16
17 172 1. Of the 298 patients tested, 188 (63%) were positive: 145 (78%) for RSV, 42 (22%) for
18
19 173 influenza A and one for both RSV and influenza A. No influenza B infection was detected
20
21
22 174 during this period. For influenza A, cell-culture isolation and subsequent sub-typing was
23
24 175 performed for 23 (56%) samples: all corresponded to the epidemic strain current at that time:
25
26 176 A/Brisbane/10/2007 (H3N2). Positive cell-culture isolation was significantly correlated with
27
28 177 viral load in the specimen (viral load being estimated from C_T values). In cell-culture positive
29
30 178 specimens, the median C_T value was 27.09, whereas in cell-culture negative specimens it was
31
32 179 32.57 ($P < 0.0001$).
33
34
35

36 180 The period between week 2009-36 and week 2010-04 was characterized by the pandemic
37
38 181 circulation of influenza A(H1N1) 2009. From week 2009-43 to 2010-04, the test was also
39
40 182 used in the Hôpital Trousseau laboratory (table 3). Of 776 patients (adults and children) tested
41
42 183 at Hôpital Ambroise Paré, 316 (41%) were positive: 183 (58%) for RSV, 132 (22%) for
43
44 184 influenza A and one for both RSV and influenza A (figure 2A). Of 1,343 patients (only
45
46 185 children) tested at Hôpital Trousseau, 663 (49%) were positive: 501 (76%) for RSV, 151
47
48 186 (23%) for influenza A, and eleven for mixed RSV-influenza A infections (figure 2B). Of the
49
50
51 187 283 influenza A genomes detected, 175 were further characterized with the H1 and N1
52
53 188 subtype-specific RT-PCR assays. All 283 were A(H1N1) 2009 virus. No influenza B
54
55 189 infection was detected during the period.
56
57
58
59
60

DISCUSSION

The detection of RSV infection in infants under six weeks old, or presenting with a medical condition such as prematurity or underlying cardiopulmonary disease, leads to hospital admission to monitor the risk of rapid respiratory aggravation or apnoea [Hall, 2000; Tregoning and Schwarze, 2010]. Also, children with influenza often present with alarming neurological symptoms associated with respiratory disease, but will not need further neurological investigation if influenza virus is detected rapidly [2009b]. Similarly, if a viral infection is diagnosed in a newborn with isolated fever, investigations for neonatal bacterial infection can be limited. Moreover, early administration of neuraminidase inhibitors in cases of influenza may prevent severe forms of infection, as reported during the influenza A(H1N1) 2009 pandemic [2009a; 2009c]. Finally, when RSV and influenza viruses co-circulate at an epidemic rate (as was the case in 2008-2009 and 2009-2010), it may not be possible to distinguish infection by one virus from that by the other on the basis of clinical presentation [Bosis *et al.*, 2008; Bourgeois *et al.*, 2009]. Thus, rapid and sensitive tools are needed specifically to detect influenza and RSV infections, and to identify mixed infections. The diagnostic value of rapid antigen detection tests for influenza and RSV infections remains a subject of debate: although technically well adapted to the management of acute respiratory infections, the currently available tests lack sensitivity and specificity [Louie *et al.*, 2010; Steininger *et al.*, 2002].

The aim of this study was to improve the efficiency of diagnosis of acute respiratory infections, in a context of high rates of infection by three major pathogens, which can be involved in mixed infections. The higher sensitivity of RT-PCR compared to antigen detection prompted us to use this technology to develop an inexpensive (<10.00 € / test), rapid (<4h), specific and sensitive assay, targeting the genomes of influenza A, influenza B, and RSV. Triplex RT-PCR is cheaper and faster than three simplex assays. To facilitate use in

1
2
3 215 daily practice, the procedure was simplified by adapting the extraction step to the MagNA
4
5 216 Pure Compact system (Roche Diagnostics, Meylan, France), and the assay was successfully
6
7
8 217 transferred to a different laboratory setting, where a different real-time PCR thermocycler was
9
10 218 used (ABI PRISM® 7500 Real Time PCR System – Applied). Although not to be compared
11
12 219 to rapid antigen testing, the assay was efficient enough to provide clinicians with specific and
13
14
15 220 sensitive results daily: for samples made available at 13:00, the results were returned by
16
17 221 16:30.

18
19 222 The assay was designed to detect simultaneously the presence of the three viral genomes, and
20
21 223 could thus identify mixed infections. Its ability to detect various strains of viruses was
22
23 224 assessed with a panel of viruses isolated in cell-culture. With this panel, the sensitivity and
24
25 225 efficiency of the triplex RT-PCR were found to be slightly lower than those obtained with the
26
27 226 equivalent simplex assays, although the difference was not significant (results not shown), as
28
29 227 previously reported by others for multiplex RT-PCR [Bonroy *et al.*, 2007]. However, the
30
31 228 sensitivity and efficiency of the assay were suitable for diagnosis. Indeed, the results were
32
33 229 concordant for 100% of the 75 samples found positive with commercial RT-PCR assays, and
34
35 230 the triplex assay successfully detected mixed infections. The 7900HT thermocycler allows no
36
37 231 more than three different fluorescent dyes in real-time PCR assays, so the triplex assay could
38
39 232 not also include an internal control. However, no PCR inhibitors were detected in 132
40
41 233 samples tested by the Argene method, indicating that the risk of missing a positive sample
42
43 234 was small. If necessary for routine diagnosis, an internal control could be added to the sample
44
45 235 prior to extraction, and the corresponding control RT-PCR could then be performed in
46
47 236 parallel during the same run. The results obtained with this assay in daily practice during the
48
49 237 2008-2009 and 2009-2010 seasons were consistent with the data provided by the national
50
51 238 influenza-monitoring network of GPs and paediatricians GROG (Groupes Régionaux
52
53 239 d'Observation de la Grippe - Regional Influenza Surveillance Group - <http://www.grog.org>),
54
55
56
57
58
59
60

1
2
3 240 and by the National Influenza Centre (Northern France), indicating, in particular, that
4
5 241 circulation of influenza B was sporadic or absent in France during the periods studied. As
6
7 242 previously described [Bourgeois et al., 2009], RSV infection was more frequent than
8
9
10 243 influenza in young children, as evidenced by the higher percentage of RSV-positive
11
12 244 specimens, even during the influenza A(H1N1) pandemics. Finally, the availability of a
13
14
15 245 molecular tool allowing to distinguish rapidly influenza A from RSV in two general hospital
16
17 246 settings in the context of the influenza A(H1N1) pandemics was of utmost value.
18
19 247 In conclusion, the user-friendly in-house triplex RT-PCR reported here was efficient for
20
21 248 testing nasopharyngeal specimens for current epidemic strains of influenza A (including
22
23 249 seasonal H1N1, predominant in 2007-2008 [Vaux, 2008], seasonal H3N2, as sub-typed by
24
25 250 cell-culture during the 2008-2009 season and pandemic influenza A(H1N1) 2009), influenza
26
27 251 B, RSV-A and RSV-B. Its ability to detect mixed infections also facilitates investigations to
28
29 252 increase our knowledge about the incidence and severity of influenza A and RSV co-
30
31
32 253 infections [Coiras et al., 2004; Kehl et al., 2001].
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 254 **ACKNOWLEDGEMENTS**
4

5 255 This work received financial support from the Assistance Publique – Hôpitaux de Paris.
6
7

8 256
9

10 257 No conflict of interest is to be reported for any of the authors.
11

12 258
13

14
15 259 Clinical data collection and nasopharyngeal sampling for respiratory virus testing are part of
16

17 260 current management of patients with acute respiratory infection or influenza-like illness. No
18

19
20 261 ethical approval was required for this study.
21

22 262
23

24 263
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

264 **REFERENCES**

- 265 2009a. 2009 pandemic influenza A (H1N1) virus infections - Chicago, Illinois, April-July
266 2009. *MMWR Morb Mortal Wkly Rep* 58:913-918.
- 267 2009b. Neurologic complications associated with novel influenza A (H1N1) virus infection in
268 children - Dallas, Texas, May 2009. *MMWR Morb Mortal Wkly Rep* 58:773-778.
- 269 2009c. Surveillance for pediatric deaths associated with 2009 pandemic influenza A (H1N1)
270 virus infection - United States, April-August 2009. *MMWR Morb Mortal Wkly Rep*
271 58:941-947.
- 272 Adcock PM, Stout GG, Hauck MA, Marshall GS. 1997. Effect of rapid viral diagnosis on the
273 management of children hospitalized with lower respiratory tract infection. *Pediatr*
274 *Infect Dis J* 16:842-846.
- 275 Barenfanger J, Drake C, Leon N, Mueller T, Troutt T. 2000. Clinical and financial benefits of
276 rapid detection of respiratory viruses: an outcomes study. *J Clin Microbiol* 38:2824-
277 2828.
- 278 Bellau-Pujol S, Vabret A, Legrand L, Dina J, Gouarin S, Petitjean-Lecherbonnier J, Pozzetto
279 B, Ginevra C, Freymuth F. 2005. Development of three multiplex RT-PCR assays for
280 the detection of 12 respiratory RNA viruses. *J Virol Methods* 126:53-63.
- 281 Bonroy C, Vankeerberghen A, Boel A, De Beenhouwer H. 2007. Use of a multiplex real-time
282 PCR to study the incidence of human metapneumovirus and human respiratory
283 syncytial virus infections during two winter seasons in a Belgian paediatric hospital.
284 *Clin Microbiol Infect* 13:504-509.
- 285 Bosis S, Esposito S, Niesters HG, Zuccotti GV, Marseglia G, Lanari M, Zuin G, Pelucchi C,
286 Osterhaus AD, Principi N. 2008. Role of respiratory pathogens in infants hospitalized
287 for a first episode of wheezing and their impact on recurrences. *Clin Microbiol Infect*
288 14:677-684.

- 1
2
3 289 Bourgeois FT, Valim C, McAdam AJ, Mandl KD. 2009. Relative impact of influenza and
4
5 290 respiratory syncytial virus in young children. *Pediatrics* 124:e1072-1080.
6
7
8 291 Brittain-Long R, Nord S, Olofsson S, Westin J, Anderson LM, Lindh M. 2008. Multiplex
9
10 292 real-time PCR for detection of respiratory tract infections. *J Clin Virol* 41:53-56.
11
12 293 Coiras MT, Aguilar JC, Garcia ML, Casas I, Perez-Brena P. 2004. Simultaneous detection of
13
14 294 fourteen respiratory viruses in clinical specimens by two multiplex reverse
15
16 295 transcription nested-PCR assays. *J Med Virol* 72:484-495.
17
18 296 Gault E, Michel Y, Dehee A, Belabani C, Nicolas JC, Garbarg-Chenon A. 2001.
19
20 297 Quantification of human cytomegalovirus DNA by real-time PCR. *J Clin Microbiol*
21
22 298 39:772-775.
23
24
25
26 299 Gunson RN, Collins TC, Carman WF. 2005. Real-time RT-PCR detection of 12 respiratory
27
28 300 viral infections in four triplex reactions. *J Clin Virol* 33:341-344.
29
30
31 301 Hall CB. 2000. Nosocomial respiratory syncytial virus infections: the "Cold War" has not
32
33 302 ended. *Clin Infect Dis* 31:590-596.
34
35
36 303 Kehl SC, Henrickson KJ, Hua W, Fan J. 2001. Evaluation of the Hexaplex assay for detection
37
38 304 of respiratory viruses in children. *J Clin Microbiol* 39:1696-1701.
39
40
41 305 Kendal AP, Joseph JM, Kobayashi G, Nelson D, Reyes CR, Ross MR, Sarandria JL, White R,
42
43 306 Woodall DF, Noble GR, Dowdle WR. 1979. Laboratory-based surveillance of
44
45 307 influenza virus in the United States during the winter of 1977-1978. I. Periods of
46
47 308 prevalence of H1N1 and H3N2 influenza A strains, their relative rates of isolation in
48
49 309 different age groups, and detection of antigenic variants. *Am J Epidemiol* 110:449-
50
51 310 461.
52
53
54
55 311 Kuypers J, Wright N, Ferrenberg J, Huang ML, Cent A, Corey L, Morrow R. 2006.
56
57 312 Comparison of real-time PCR assays with fluorescent-antibody assays for diagnosis of
58
59 313 respiratory virus infections in children. *J Clin Microbiol* 44:2382-2388.

- 1
2
3 314 Le Gal F, Gordien E, Affolabi D, Hanslik T, Alloui C, Deny P, Gault E. 2005. Quantification
4
5 315 of hepatitis delta virus RNA in serum by consensus real-time PCR indicates different
6
7
8 316 patterns of virological response to interferon therapy in chronically infected patients. *J*
9
10 317 *Clin Microbiol* 43:2363-2369.
- 11
12 318 Louie JK, Guevara H, Boston E, Dahlke M, Nevarez M, Kong T, Schechter R, Glaser CA,
13
14 319 Schnurr DP. 2010. Rapid influenza antigen test for diagnosis of pandemic (H1N1)
15
16 320 2009. *Emerg Infect Dis* 16:824-826.
- 17
18
19 321 Nair H, Nokes DJ, Gessner BD, Dherani M, Madhi SA, Singleton RJ, O'Brien KL, Roca A,
20
21 322 Wright PF, Bruce N, Chandran A, Theodoratou E, Sutanto A, Sedyaningsih ER,
22
23 323 Ngama M, Munywoki PK, Kartasasmita C, Simoes EA, Rudan I, Weber MW,
24
25 324 Campbell H. 2010. Global burden of acute lower respiratory infections due to
26
27 325 respiratory syncytial virus in young children: a systematic review and meta-analysis.
28
29 326 *Lancet* 375:1545-1555.
- 30
31
32 327 Neuzil KM, Mellen BG, Wright PF, Mitchel EF, Jr., Griffin MR. 2000. The effect of
33
34 328 influenza on hospitalizations, outpatient visits, and courses of antibiotics in children.
35
36 329 *N Engl J Med* 342:225-231.
- 37
38
39 330 Poehling KA, Edwards KM, Weinberg GA, Szilagyi P, Staat MA, Iwane MK, Bridges CB,
40
41 331 Grijalva CG, Zhu Y, Bernstein DI, Herrera G, Erdman D, Hall CB, Seither R, Griffin
42
43 332 MR. 2006. The underrecognized burden of influenza in young children. *N Engl J Med*
44
45 333 355:31-40.
- 46
47
48 334 Simoes EA. 1999. Respiratory syncytial virus infection. *Lancet* 354:847-852.
- 49
50
51 335 Simonsen L, Fukuda K, Schonberger LB, Cox NJ. 2000. The impact of influenza epidemics
52
53 336 on hospitalizations. *J Infect Dis* 181:831-837.
- 54
55
56 337 Steininger C, Kundi M, Aberle SW, Aberle JH, Popow-Kraupp T. 2002. Effectiveness of
57
58 338 reverse transcription-PCR, virus isolation, and enzyme-linked immunosorbent assay

- 1
2
3 339 for diagnosis of influenza A virus infection in different age groups. *J Clin Microbiol*
4
5 340 40:2051-2056.
6
7
8 341 Tregoning JS, Schwarze J. 2010. Respiratory viral infections in infants: causes, clinical
9
10 342 symptoms, virology, and immunology. *Clin Microbiol Rev* 23:74-98.
11
12 343 van de Pol AC, van Loon AM, Wolfs TF, Jansen NJ, Nijhuis M, Breteler EK, Schuurman R,
13
14 344 Rossen JW. 2007. Increased detection of respiratory syncytial virus, influenza viruses,
15
16 345 parainfluenza viruses, and adenoviruses with real-time PCR in samples from patients
17
18 346 with respiratory symptoms. *J Clin Microbiol* 45:2260-2262.
19
20
21 347 Vaux S. 2008. [Influenza surveillance in France]. *Rev Prat* 58:1655-1659.
22
23
24 348 Zambon MC, Stockton JD, Clewley JP, Fleming DM. 2001. Contribution of influenza and
25
26 349 respiratory syncytial virus to community cases of influenza-like illness: an
27
28 350 observational study. *Lancet* 358:1410-1416.
29
30
31 351

352 TABLES

353 Table 1

Table 1: Viral strains used to assess sensitivity and efficiency of the assay

Viral strains	Titres /mL	Limit of detection per input (C _T value)	Mean RT-PCR efficiency ^a
influenza A			
A/Brisbane/10/07(H3N2)	1.5x10 ⁸ pfu	10 pfu (38.10)	
A/Wisconsin/67/05(H3N2)	3.7x10 ⁸ pfu	10 pfu (38.80)	
A/California/7/04(H3N2)	2.5x10 ⁸ pfu	1 pfu (40.06)	88%
A/Solomon Islands/03/06(H1N1)	2.2x10 ⁶ pfu	1 pfu (38.69)	
A/New Caledonia/20/99(H1N1)	3.5x10 ⁸ pfu	10 pfu (39.55)	
influenza B			
B/Florida/4/06	2.0x10 ⁶ pfu	1 pfu (41.38)	
B/Jiangsu/10/03	1.2x10 ⁷ pfu	10 pfu (39.28)	92%
B/Malaysia/2506/04	1.5x10 ⁸ pfu	1 pfu (42.78)	
RSV-A			
ATCC VR-26 A2 Long	10 ⁴ TCID ₅₀	2x10 ⁻² TCID ₅₀ (43.23)	
Ga1/Caen/CHE/86 ^b			
Ga2/Caen/BOU/00			
Ga3/Caen/TIS/97	ND ^d	ND	85%
Ga4/Caen/CAS/01			
Ga5/Caen/PAT/93			
RSV-B			
ATCC strain B1			
Gb1/Caen/WIS/03 ^c			
Gb2/Caen/VER/02			
Gb3/Caen/GAU/02	ND	ND	88%
Gb4/Caen/MAR/01			
Gb5/Caen/LEN/99			
Gb6/Caen/GOD/01			

^a RT-PCR efficiency was calculated for each strain, as previously described, by testing tenfold serial dilutions of the corresponding RNAs [Gault *et al.*, 2001; Le Gal *et al.*, 2005].

^b Ga1 to Ga5 are RSV-A strains of genotypes 1 to 5.

^c Gb1 to Gb6 are RSV-B strains of genotypes 1 to 6.

^d ND: not determined

354 **Table 2**

355

Table 2: Primers and probes used for the one-step real-time triplex RT-PCR

Target	Amplicon size (bp)	Primers and probes	5'-3' nucleotide sequences (final concentration in nmol/L)
influenza A segment 7	85	Forward	AGGCTCTCATGGAA/GTGGCTAAAG ^a (300)
		Reverse	ACGGTGAGCGTGAACACAAA ^a (300)
		Probe	VIC-TGTCACCTCTGACTAAGG-MGB ^a (100)
influenza B segment 7	65	Forward	TGTCGCTGTTTGGAGACACAA (100)
		Reverse	TGCTTTCCTTCTCCATCTTC (100)
		Probe	NED-TGCCTACCTGCTTTCA-MGB (200)
RSV-A/B L gene	149	Forward	GTGGAACCTTCATCCTGACATAAGATATATT (900)
		Reverse	GTTGCATCTGTAGCAGGAATGGT (900)
		Probe	FAM-ATTGCAATGATCATAGTTTACCT-MGB (200)

^a Modified from [Kuypers et al., 2006; van de Pol et al., 2007]

356

357

358

359

360

361 **Table 3**

362

Table 3: Routine monitoring of viral respiratory infections in 2008-2009 and 2009-2010 by the use of the one-step real-time triplex RT-PCR assay

Weeks (hospital)	2008-43/2009-10 (Ambroise Paré)		2009-36/2010-04 (Ambroise Paré)		2009-44/2010-04 (Trousseau)
	Children	Adults	Children	Adults	Children
Number of patients	257	41	475	301	1,343
Median age (IQR)	13w ^a (6-36)	61y (51-73)	56w (12-179)	44y (32-66)	62w (16-203)
influenza A					
number (%)	25 (10)	17 (42)	75 (16)	57 (19)	151 (11)
median age (IQR) ^b	37w (6-60)	57y (51-73)	81w (20-192)	42y (30-60)	201w (90-421)
RSV					
number (%)	140 (55)	5 (12)	173 (36)	10 (4)	501 (38)
median age (IQR)	11w (6-24)	72y (69- 80)	38w (10-133)	46y (33-66)	27w (9-74)
Mixed RSV- influenza A					
number (%)	1 (.4)	0	1 (.2)	0	11 (.8)
median age (IQR)	8w (NA ^c)	NA	23w (NA)	NA	90w (28-209)

^a w: weeks, y: years^b children infected by influenza A were significantly older than those infected by RSV ($P < 0.0001$)^c NA: not applicable

363

364

365

366

1
2
3 367 **FIGURE LEGENDS**

4
5 368 **Figure 1**

6
7
8 369 **Temporal distribution of virus detection during the winter 2008-2009**

9
10 370 The number of positive (respiratory syncytial virus (RSV) in black, influenza A in grey) and
11 371 negative (in white) samples is reported for each week. One mixed infection, indicated by an
12
13 372 asterisk, was detected during week 2008-51.
14

15
16 373

17
18
19 374 **Figure 2**

20 375 **Temporal distribution of virus detection during the winter 2009-2010**

21
22
23 376 Patients (adults and children) from Ambroise Paré hospital (A) and patients (children) from
24
25 377 Trousseau hospital (B)

26
27
28 378 The number of positive (respiratory syncytial virus (RSV) in black, influenza A in grey) and
29
30 379 negative (in white) samples is reported for each week. Mixed infections are indicated by
31
32 380 asterisks.
33

34
35 381

36
37 382

38
39 383

40
41 384

42
43 385

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60