

Determination of decisional cut-off values for the optimal diagnosis of bovine tuberculosis with a modified IFN γ assay (Bovigam) in a low prevalence area in France

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1	Determination of decisional cut-off values for the optimal diagnosis of bovine
2	tuberculosis with a modified IFN γ assay (Bovigam [®]) in a low prevalence area in France
3	
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19	
20	Abstract
21	The Bovigam [®] gamma interferon (IFN γ) assay was used to complement official skin-test
22	screening in a low bovine tuberculosis (bTB) prevalence region in France.
23	The aim of our work was to determine decisional cut-off values for protein purified
24	derivatives (PPD) and ESAT6-CFP10 antigens (R) in order to optimize the efficacy of the

25	modified Bovigam [®] test, in this low-prevalence area, for optimal classification of infected or
26	non-infected herds following positive skin tests.
27	The sensitivity of the IFN γ assay relative to <i>post-mortem</i> bTB-positive animals (Ser) was
28	studied in 60 cattle from 20 bTB-infected herds. Its absolute specificity (Sp) was studied in
29	492 cattle from 25 bTB-free herds from a bTB-free zone. Its operational specificity (relative
30	to the positive skin test) (Sp_r) was also studied in 547 skin-test positive cattle from 172 bTB-
31	free herds from an infected zone.
32	Using normalized interpretations for individual (PPD or R) results, the cut-off values at 0.02
33	for PPD and 0.01 for R were obtained with a view to employing them in low prevalence areas
34	with no previously observed non-specific reactions to SITT.
35	Concerning its use after positive skin tests, cut-off values were set at 0.05 for PPD and at 0.03
36	for R. The choice of an interpretation method considering positive results with PPD and/or R
37	(PPDUR), justified in a high risk context, provided a test Ser of 93% [84-98] and Spr of 71.8%
38	[67.9-75.6]. Analysis of positive results with PPD and R (PPD \cap R), ideal for low-risk
39	contexts, provided a test Spr of 94.3% [92.0-96.1] and Ser of 77% [64-87].
40	Thus, adapting the criteria to the region's infection status and to the conditions for its
41	application is essential for the appropriate use of the IFN γ assay.
42	
43	Keywords: Bovigam [®] IFN _γ assay, ESAT6-CFP10, Diagnosis, Cut-off, Sensitivity,
44	Specificity.

46 Introduction

Bovine tuberculosis (bTB) is an important zoonosis found throughout the world which is
particularly difficult to control and eradicate. France has been officially bTB-free since 2001,
however, the number of infected herds in the south-west rose to 10-20 per year between 2003
and 2006 (Anonymous, 2009), despite strict bTB regulations.

BTB-infection status in a herd is officially established if *Mycobacterium bovis* is confirmed by bacteriology from at least one animal, or if bTB-like lesions are detected by histology from a positive single intradermal comparative cervical tuberculin test (SICTT) from the animal. In France, official screening of bTB is based on the skin test. The frequency of skin test controls depends on the area's bTB prevalence. Pre-movement controls have not been mandatory since 2005.

A single intradermal cervical tuberculin test (SITT) (Benet J.J., 2008) is carried out first, 57 58 which, if positive (*i.e.* detecting an increase in skin thickness at the bovine tuberculin injection site of more than 2 mm), leads to the herd being disqualified and activity being suspended 59 60 until a SICTT is carried out six weeks later. In the event of a negative SICTT result (*i.e.* if the 61 bovine reaction is less than or equal to 2 mm or if the bovine reaction is greater than 2 mm 62 but the difference between bovine and avian reactions is less than 1 mm), the herd is 63 considered as bTB-free; on the contrary, if the SICTT result is positive (i.e. if the bovine 64 reaction is greater than 2 mm and the difference between bovine and avian reaction is greater 65 or equal to 1 mm), diagnostic culling of the affected animal is carried out. However, there are 66 certain disadvantages to the skin test such as subjectivity in result interpretation, lack of 67 specificity for the SITT and lack of sensitivity for the SICTT.

68 Because until 2005 animals testing positive to the SITT were under-declared, bTB 69 surveillance in this region was almost entirely based on *post-mortem* examination at the 70 slaughterhouse. Indeed, notification of a positive SITT reaction leads to a long suspension of

the herd's status at least until a further SICTT is carried out. Besides, due to the very low bTB prevalence in France, the positive predictive value (PPV) of the SITT is consequently too low and thus the test is considered unreliable by veterinary practitioners.

An alternative diagnostic test, the gamma interferon (IFN γ) assay, allows early detection of bTB (Buddle *et al.*, 1995, 2009; Wood *et al.*, 2001; Gormley *et al.*, 2005; De la Rua-Domenech *et al.*, 2006a, 2006b; Vordermeier *et al.*, 2006). In contrast to the skin test, the IFN γ assay is a laboratory test that can be standardized, whose results can be interpreted objectively, independent of veterinary practitioners. Moreover, it can be carried out without any delay between the two analyses.

B0 Due to the rise in the incidence of bTB in the region, preventive measures have been 81 strengthened and the Bovigam[®] IFN γ assay (Prionics), has been included as an additional 82 diagnostic tool to reinforce the skin test findings.

Since 2006, the Bovigam[®] assay has been included in surveillance programs to allow the rapid 83 84 confirmation of positive SITTs (serial use) and also for simultaneous use with SITTs for 85 epidemiological studies (parallel use) in this French region. ESAT6 and CFP10, 86 M. tuberculosis complex specific antigens (from the Statens Serum Institut, SSI), have also 87 been used to improve IFN γ assay specificity (Aagaard *et al.*, 2006), especially in population 88 groups testing positive to the SITT. In addition, several modifications to the original protocol 89 (Faye et al., 2008 and Schiller et al., 2009) have been introduced to optimize the test in a 90 context of low bTB prevalence.

91 The aim of our work was to determine decisional cut-off values for the protein purified 92 derivatives (PPDs) and specific antigens (ESAT6 and CFP10) in order to obtain optimal 93 results in terms of sensitivity and specificity from this modified use of the Bovigam[®] assay in 94 a low-prevalence area, in the region's infected or non-infected cattle population or after 95 positive SITT responses.

96

97 Materials and methods

- 98 The IFNγ assay sensitivity study, relative to *post-mortem* bTB positive confirmation (Se_r),
- 99 was conducted retrospectively using the results obtained during the 2006-2007, 2007-2008
- and 2008-2009 bTB control programs in the affected French south-west region.
- 101 The IFN_γ assay absolute specificity (Sp) study was performed in early 2008 in the same
- 102 region (Faye *et al.*, 2008).
- 103 Cut-off values to determine optimal Ser and Sp values were obtained by combining the results
- 104 of the two studies (Se_r & Sp).
- 105 However, since the IFNy assay was widely used as a routine SITT confirmatory tool, the
- 106 operational specificity of the IFNγ assay, *i.e.* its relative specificity to positive SITTs (Sp_r),
- 107 was also studied. This was carried out using the results of the 2007-2008 bTB control108 program.
- 109

110 **I. Description of the IFNγ method employed**

111

I.1. Cellular stimulation and IFNy dosage: Micro-method

112 The guidelines for the use of the Bovigam[®] kit were those provided by the manufacturer, 113 although the initial volumes for cellular stimulation were reduced (micro-method) as similar 114 results are obtained with either of these methods (Schiller *et al.*, 2009).

- 115 Cellular stimulation was performed in duplicate in a 96-well plate. The bloods were processed
- 116 on the day of collection (6-8 hours max delay). Each aliquot of blood (250 µl) was stimulated
- 117 with either (i) 25 μ l of avian tuberculin (PPD A = A) or bovine tuberculin (PPD B = B) at
- 118 20 μ g/ml (Prionics PPDs), (ii) 25 μ l of the recombinant peptides ESAT6 and CFP10 (R, from
- 119 SSI) at 5 µg/ml of final blood concentration for each, (iii) 25 µl of the Pokeweed Mitogen
- 120 (PWM, from Sigma), an immunocompetence control at 5 µg/ml of final blood concentration,

121 (iv) 25 μ l of the Phosphate Buffer Saline (PBS = N) as a negative control for cellular 122 stimulation.

After 16-24 h incubation at 37°C in a humidified atmosphere, the plate was centrifuged for
10 minutes at 500 g to facilitate plasma collection.

125 IFNγ concentrations were determined for each supernatant plasma (tested in duplicate), using

126 the sandwich enzyme immunoassay (EIA) method (see Bovigam[®] documentation). Bovigam[®]

negative (NC) and positive (PC) controls were used. An additional external positive control, a
homemade tracer consisting of a pool of positive IFNy cattle plasma with a constant and well

129 known optical density (OD) value, was also used in order to evaluate the test's130 reproducibility.

131

132

I.2. Method of interpreting results

133 The different control values (NC and PC) used for validating EIA were those of the 134 manufacturer. The control values (PWM and PBS) used for validating the samples' quality 135 were the following: OD_{PWM} - OD_N >0.40 for PWM (Faye *et al.*, 2008) and OD_N <0.30 for PBS 136 (as previously described by Coad *et al.*, 2008). The level of variation between duplicate 137 samples was below 10 %.

A new result interpretation calculation formula was used. It takes into account the NC and PC results per analysis plate, and thus absorbance variations due to analytical conditions (recommended by the French standard for EIA (NF U47–019)) and used by Olsen *et al.*, 2005): $(OD_B-OD_A)/(OD_{PC}-OD_{NC})$ for PPD and $(OD_R-OD_N)/(OD_{PC}-OD_{NC})$ for R. (Faye *et al.*, 2008).

143 Consequently, the 0.1 cut-off recommended for the Bovigam[®] kit has been adapted with a

144 formula including median OD_{PC} - OD_{NC} at 2.40: $(OD_{B}-OD_{A})/(OD_{PC}-OD_{NC})=0.10/2.40=0.04$

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- 145 (Faye et al., 2008). The PC and NC OD values (for each analysis plate) are those obtained
- 146 from our sensitivity and specificity studies.
- 147 Thus, the individual positive results of the IFNy assay were as follows:
- 148 Positive result in PPD if $(OD_{B}-OD_{A})/(OD_{PC}-OD_{NC}) \ge$ selected cut-off
- 149 Positive result in R if $(OD_R - OD_N)/(OD_{PC} - OD_{NC}) \ge$ selected cut-off
- 150 The final result of the IFNy assay is determined according to the combined individual results
- 151 of PPD and R. It is divided into 3 categories: positive (POS, positive individual results),
- 152 negative (NEG, negative individual results) and divergent (DIV, different individual results),
- 153 (Faye et al., 2008).
- 154

155 **II.** Specimen description and processing

- 156 II.1. IFN γ assay sensitivity study in relation to *post-mortem* bTB positive
- 157 confirmation (Ser)

158 The IFNy assay sensitivity study in relation to post-mortem bTB confirmation (Ser) was 159 carried out retrospectively in 73 cattle from 28 recognized bTB-infected herds (*i.e.* where at 160 least one animal has been found to be culture-positive for *M. bovis*) from a high-prevalence 161 zone in the studied region. All these cattle presented bTB-like lesions at the slaughterhouse 162 and were thus considered bTB-positive (as described by Gormley et al., 2005). In addition, 163 40 of these 73 animals were further analyzed and confirmed as bTB-infected by different 164 direct diagnostic methods: 26 at least by culture and 14 at least by Mycobacterium 165 tuberculosis complex PCR and/or histology (Faye et al., 2008).

166 Collection of these blood samples was carried out between 3 and 10 days after the SITT.

167

168 **II.2.** IFNy assay absolute specificity study (Sp)

169 IFN γ assay absolute specificity (Sp) was studied in 492 cattle from 25 bTB-free herds (*i.e.* 170 where no cattle have been found to be culture-positive since 2001) from a bTB-free zone 171 (no positive animal in any of the screening tests (SITT and SICTT) and no recognized 172 outbreak for at least 10 years), (Faye *et al.*, 2008). These herds are still considered as bTB-173 free to date.

174 Collection of these blood samples was carried out on the same day as the SITT.

- 175
- 176

6 II.3. IFNγ assay specificity study in relation to positive SITT (Sp_r)

177 IFN γ assay specificity relative to positive SITT (Sp_r) was studied in 578 cattle testing positive 178 to SITT from 176 bTB-free herds (*i.e.* where no cattle have been found to be culture-positive 179 since 2001). Unlike the above-mentioned absolute specificity study, these herds were located 180 in a bTB-infected zone (*i.e.* a zone where several bTB outbreaks had taken place in recent 181 years). These herds were subsequently monitored annually and to date they are still 182 considered bTB-free.

183 Collection of these blood samples was carried out 3 days after the SITT.

184

185 III. Statistical methods

Different cut-off values were evaluated in a simulation to determine their effects on the
sensitivity (Se_r) and specificities (Sp_r & Sp) of the test (Lauzi *et al.*, 2000). The R statistical
software (R version 2.9.2 (August 2009), R Foundation for Statistical Computing, Vienna,
Austria, http://www.R-project.org) was used to estimate sensitivity and specificity values
(with a 95% confidence interval, 95% CI).
To establish a set of conditions (a cut-point) to provide both the optimal test's sensitivity and
specificity, receiver-operator characteristic (ROC) analyses of single variables were used

193 (Ryan *et al.*, 2000).

- 195 **Results**
- 196 I. Individual Sensitivity relative to post-mortem bTB positive confirmation (Ser) & 197 Absolute Specificity (Sp) and final Ser & Sp at selected cut-off values for optimal 198 individual Ser & Sp 199 In the Se_r study, 13/73 animals yielded invalid results with PPD stimulation. The OD value 200 for A (OD_A) was high, as was that of B (OD_B) (each >2.5 OD units), with an OD_B/OD_A ratio 201 ranging from 0.850 to 1.150. Indeed, beyond 2.5 OD units, the graph representing OD as a 202 function of the IFNy concentration was not linear (absorbance saturation). Therefore, only the 203 remaining 60 cattle (from 20 herds) were used in our analysis. 204 Plasma from these invalid-result animals was diluted tenfold in PBS which allowed us to 205 overcome the OD saturation problem and assign them as real positive infected animals (data 206 not shown). The limited number of samples made it impossible to draw valid statistical
- 207 conclusion.
- 208

209 I.1. Combined results of individual Ser & Sp studies of the IFNy assay

210 I.1.1. PPD Ser & PPD Sp at different cut-off values

211 Table 1a shows the PPD Se_r figures for different cut-off values obtained from the Se_r study.

212 PPD Sp values are shown in Table 1a using different cut-off values obtained from the Sp

- 213 study (Faye *et al.*, 2008).
- 214 The results presented in Table 1a show that PPD is more specific than sensitive (cut-off at
- 215 0.04, 83% [95% CI, 72-92%] for PPD Se_r and 99.4% [95% CI, 98.2-99.9%] for PPD Sp).
- 216 A ROC curve of PPD [(OD_B-OD_A)/(OD_{PC}-OD_{NC})] was plotted from these PPD Se_r and Sp
- 217 values (Figure 1a). The optimal PPD Ser (93% [84-98]) and PPD Sp (98.0% [96.3-99.0]) were
- 218 obtained when the cut-off is about 0.02 (Figure 1a and Table 1a).

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217	
220	I.1.2. R Se _r & R Sp at different cut-off values
221	ESAT6–CFP10 (R) Ser values are shown in Table 1b using different cut-off values obtained
222	from the Ser study. The R Sp figures, using different cut-off values obtained from the Sp
223	study, are shown in Table 1b.
224	The results presented in Table 1b show that R is more specific than sensitive (cut-off at 0.04,
225	80% [68-89] for R Ser and 99.4% [98.2-99.9] for R Sp) as described in the literature.
226	A ROC curve of R $[(OD_R-OD_N)/(OD_{PC}-OD_{NC})]$ was plotted from these R Se _r and Sp values
227	(Figure 1b). The optimal R Ser (97% [89-100]) and R Sp (95.9% [93.8-97.5]) were obtained
228	when the cut-off is about 0.01 (Figure 1b and Table 1b).
229	
230	I.2. Final Se _r & Sp of the IFN γ assay at selected cut-off values for optimal
221	
231	<u>individual Se_r & Sp</u>
231	Individual Se_r & Sp I.2.1. Final Se _r at cut-off values 0.02 and 0.01 for PPD and R calculation methods
231 232 233	Individual Se _r & Sp I.2.1. Final Se _r at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively
231232233234	Individual Se_r & Sp I.2.1. Final Se_r at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively The final Se _r of the IFN γ assay, at cut-off values 0.02 and 0.01 for PPD and R calculation
 231 232 233 234 235 	Individual Se_r & Sp I.2.1. Final Se_r at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively The final Se _r of the IFN γ assay, at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively, are shown in Table 2. PPD \cap R results correspond to positive results
 231 232 233 234 235 236 	Individual Se_r & Sp I.2.1. Final Se_r at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively The final Se _r of the IFN γ assay, at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively, are shown in Table 2. PPD \cap R results correspond to positive results while PPDUR results correspond to positive and divergent results.
 231 232 233 234 235 236 237 	Individual Se _r & Sp I.2.1. Final Se _r at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively The final Se _r of the IFN γ assay, at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively, are shown in Table 2. PPD \cap R results correspond to positive results while PPDUR results correspond to positive and divergent results. The Se _r PPD \cap R [% (POS)] and the Se _r PPDUR [% (POS + DIV)] obtained were estimated at
 231 232 233 234 235 236 237 238 	Individual Se _r & Sp I.2.1. Final Se _r at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively The final Se _r of the IFN γ assay, at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively, are shown in Table 2. PPD \cap R results correspond to positive results while PPDUR results correspond to positive and divergent results. The Se _r PPD \cap R [% (POS)] and the Se _r PPDUR [% (POS + DIV)] obtained were estimated at 90% [82-98] and 100% [95-100] respectively (Table 2).
 231 232 233 234 235 236 237 238 239 	Individual Se _r & Sp I.2.1. Final Se _r at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively The final Se _r of the IFN γ assay, at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively, are shown in Table 2. PPD \cap R results correspond to positive results while PPDUR results correspond to positive and divergent results. The Se _r PPD \cap R [% (POS)] and the Se _r PPDUR [% (POS + DIV)] obtained were estimated at 90% [82-98] and 100% [95-100] respectively (Table 2).
 231 232 233 234 235 236 237 238 239 240 	 Individual Se_r & Sp I.2.1. Final Se_r at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively The final Se_r of the IFNγ assay, at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively, are shown in Table 2. PPD∩R results correspond to positive results while PPDUR results correspond to positive and divergent results. The Se_r PPD∩R [% (POS)] and the Se_r PPDUR [% (POS + DIV)] obtained were estimated at 90% [82-98] and 100% [95-100] respectively (Table 2). I.2.2. Final Sp at cut-off values 0.02 and 0.01 for PPD and R calculation methods
 231 232 233 234 235 236 237 238 239 240 241 	Individual Ser & Sp I.2.1. Final Ser at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively The final Ser of the IFNγ assay, at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively, are shown in Table 2. PPD∩R results correspond to positive results while PPDUR results correspond to positive and divergent results. The Ser PPD∩R [% (POS)] and the Ser PPDUR [% (POS + DIV)] obtained were estimated at 90% [82-98] and 100% [95-100] respectively (Table 2). I.2.2. Final Sp at cut-off values 0.02 and 0.01 for PPD and R calculation methods respectively

243 methods respectively, are shown in Table 2.

244	The Sp PPD \cap R [1 - % (POS) = % (NEG + DIV)] and Sp PPDUR [1 - % (POS + DIV) = %
245	(NEG)] obtained were estimated at 100% [99.2-100] and 93.9% [91.4-95.8] respectively
246	(Table 2).
247	
248	II. Individual Sensitivity relative to <i>post-mortem</i> bTB positive confirmation (Ser) &
249	Specificity relative to positive SITT (Sp _r) and final Se _r & Sp _r at selected cut-off values
250	for optimal individual Se _r & Sp _r
251	In the Sp _r study of the IFN γ test, 31/578 animals yielded invalid results in PPD. Therefore,
252	only the remaining 547 cattle (172 herds) were subsequently kept for our study.
253	Plasma from these invalid-result animals was diluted tenfold in PBS which allowed us to
254	overcome the OD saturation problem and assign them as real negative infected animals (data
255	not shown).
256	
257	<u>II.1. Combined results of individual Se_r & Sp_r studies of the IFNy assay</u>
258	II.1.1. PPD Se _r & PPD Sp _r at different cut-off values
259	For the different cut-off values obtained from the Se _r study, the PPD Se _r figures are given in

260 Table 1a. For the different cut-off values obtained from the Sp_r study, the PPD Sp_r figures are

- 261 also given in Table 1a.
- 262 The results, presented in Table 1a, show that PPD is more sensitive than specific (cut-off at
- 263 0.04, 83% [72-92] for PPD Se_r and 73.3% [69.4-77.0] for PPD Sp_r) in contrast to the results
- obtained in the absolute specificity (Sp) study.
- 265 A second ROC curve of PPD [(OD_B-OD_A)/(OD_{PC}-OD_{NC})] was plotted from these PPD Ser
- 266 and Spr values (Figure 1c). The optimal PPD Ser (83% [72-92]) and PPD Spr (75.5% [71.7-
- 267 79.0]) were obtained when the cut-off is about 0.05 (Figure 1c and Table 1a).

269	II.1.2. R Ser	& R Sp _r at differe	nt cut-off values
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- 270 The R Ser figures, for different cut-off values obtained from the Ser study, are given in
- 271 Table 1b. The R Sp_r figures, for different cut-off values obtained from the Sp_r study, are also
- given in Table 1b.
- 273 The results, presented in Table 1b, show that R is more specific than sensitive (cut-off at 0.04,
- 274 80% [68-89] for R Se_r and 93.1% [90.6-95.0] for R Sp_r) as described in the literature.
- 275 A second ROC curve of R [(OD_R-OD_N)/(OD_{PC}-OD_{NC})] was plotted from these R Se_r and Sp_r
- 276 values (Figure 1d). The optimal R Ser (87% [75-94]) and R Spr (90.7% [87.9-93.0]) were
- obtained when the cut-off is about 0.03 (Figure 1d and Table 1b).
- 278 This cut-off corresponds to 0.07 (0.03 x 2.4) with the following calculation method: OD_{R} -
- 279 OD_{N.}
- 280

281	<u>II.2.</u> I	Final	<u>Se</u> r	&	<u>Sp</u> r	of	the	IFNγ	assay	at	selected	cut-off	values	for	optimal
			_												
282	individual Se	e <u>r & S</u>	<u>bp</u> r												

- II.2.1. Final Se_r at cut-off values 0.05 and 0.03 for PPD and R calculation methods
 respectively
- 285 The final Se_r of the IFN γ assay, at cut-off values 0.05 and 0.03 for PPD and R calculation
- 286 methods respectively, are shown in Table 3.
- The Se_r PPD \cap R and Se_r PPDUR obtained were estimated at 77% [64-87] and 93% [84-98] respectively (Table 3).

- 290 II.2.2. Final Sp_r at cut-off values 0.05 and 0.03 for PPD and R calculation methods
- 291 respectively
- 292 The final Spr of the IFN γ assay, at cut-off values 0.05 and 0.03 for PPD and R calculation
- 293 methods respectively, are shown in Table 3.

- The Sp_r PPD \cap R and Sp_r PPDUR obtained were estimated at 94.3% [92.0-96.1] and 71.8% [67.9-75.6] respectively (Table 3).
- 296

297 Discussion and Conclusion

In our study, a normalized interpretation formula was used to improve the test's reproducibility. Combining the individual results of the Se_r (sensitivities relative to *postmortem* bTB positive confirmation) of PPD and ESAT6-CFP10 (R) stimulation and the Sp (absolute specificities) of PPD and R made it possible to determine the cut-off values for obtaining optimal values of individual Se_r and Sp.

303 The cut-off value of our PPD calculation method is estimated at 0.02 for optimal PPD Se_r of 304 93% [84-98] and Sp of 98.0% [96.3-99.0] (Table 1a), while the cut-off value of our R

305 calculation method is estimated at 0.01 for optimal R Se_r of 97% [89-100] and Sp of 95.9%

306 [93.8-97.5] (Table 1b).

However, Bovigam[®]'s OD_{PC} values are generally too high (average value about 2.5) and thus no longer corresponding to the dose-response zone. It is thus recommended for subsequent studies to dilute the kit's positive control so as to obtain OD_{PC} values in the linear zone which are constant for each batch.

The test's specificity and sensitivity were assessed considering positive and divergent results (PPDUR) or just positive results for each method (PPD \cap R).

If we consider PPD \cap R, the values of the relative sensitivity and absolute specificity of the IFN γ assay were finally estimated respectively at 90% [82-98] and 100% [99.2-100] (Table 2) at previously determined cut-off values (0.01 for R & 0.02 for PPD) in a context of low prevalence with no previous non-specific reactions to SITT. For PPDUR, relative sensitivity

and absolute specificity were estimated at 100% [95-100] for Se_r and 93.9% [91.4-95.8] for Sp (Table 2).

We can then propose to interpret the test results according to different epidemiological contexts. Indeed, in the case of animals from an unfavorable context, *i.e.* belonging to a previously bTB-infected herd (risk of bTB resurgence) and/or a presently bTB-infected herd and/or a herd epidemiologically linked to another recognized bTB-infected herd, sensitivity should be favored rather than specificity. The PPDUR interpretation should then be chosen. For this type of interpretation, we obtained excellent test sensitivity (Ser of 100%) with good specificity values (Sp of 93.9%).

Conversely, in a favorable context, *i.e.* a herd considered free of bTB for several years and presenting no other epidemiological link with other infected herds, or a herd from a bTB-free zone, specificity should be favored rather than sensitivity. The PPD \cap R interpretation would thus be more suitable. Here, we obtain excellent test specificity (Sp of 100%) with acceptable test sensitivity (Ser of 90%).

However, since the IFN γ assay was mostly used after a positive SITT, we also studied the operational specificity of the test (Sp_r). The results obtained show that R is more specific than PPD at a selected cut-off value of 0.04 (93.1% [90.6-95.0] for R Sp_r (Table 1b) & 73.3% [69.4-77.0] for PPD Sp_r (Table 1a)). The use of R clearly allows the specificity of the IFN γ assay to be improved (Van Pinxteren *et al.*, 2000; Buddle *et al.*, 2001, 2003, 2009; Vordermeier *et al.*, 2001, 2006; Wood *et al.*, 2001 and Aagaard *et al.*, 2006; De la Rua-Domenech *et al.*, 2006a; Coad *et al.*, 2008).

Thus, as has already been described by others (Rothel *et al.* 1990; Wood *et al.*, 1991, 2001;

339 Ryan *et al.*, 2000 and Gormley *et al.*, 2005), the Bovigam[®] assay appears to be a useful

- 340 additional diagnostic tool for the detection of bTB in low-prevalence areas when used with
- 341 specific peptides and an adapted protocol.

342 The combination of results from the individual Se_r and the individual Sp_r studies 343 (specificities, relative to positive SITTs, of PPD and R) made it possible to determine cut-off 344 values for obtaining optimal individual values.

The cut-off value of our PPD calculation method was estimated at 0.05 for optimal PPD Se_r of 83% [72-92] and Sp_r of 75.5% [71.7-79.0] (Table 1a); the cut-off value of our R calculation method was estimated at 0.03 for optimal R Se_r of 87% [75-94] and Sp_r of 90.7% [87.9-93.0] (Table 1b).

If we consider PPD \cap R, the values of the relative sensitivity and specificity of the IFN γ assay 349 350 were finally estimated respectively at 77% [64-87] and 94.3% [92.0-96.1] (Table 3) at 351 previously determined cut-offs (0.03 for R & 0.05 for PPD), in a low prevalence context and 352 in a positive SITT population, while they were estimated at 93% [84-98] for Se_r and 71.8% 353 [67.9-75.6] for Spr (Table 3), with regard to the PPDUR method. Then, in an unfavorable 354 context, the PPDUR interpretation would provide good test sensitivity (Ser about 93%) with suitable test specificity (Sp_r about 71.8%). Conversely, in a favorable context, the PPD $\cap R$ 355 356 interpretation would provide good test specificity (Spr about 94.3%) with suitable test 357 sensitivity (Ser about 77%). In these population groups, the loss in specificity led to a 358 modification of the employed cut-off values and thus, a decrease in the sensitivity. This effect 359 is more noticeable for PPD than for R.

In retrospective studies, *i.e.* Ser and Spr studies, the totality of the assays could not be carried out with same delay after SITT. We did not take into account this variability in performing the test (3-10 days after SITT), even though the literature shows it may sometimes affect the results (Schiller et al., 2010).

On the whole, the values for individual sensitivity and specificity depend on the specific field conditions when applying the test (the total population or just the positive SITT population). As a result, their corresponding decisional cut-offs also vary. Subsequent to the choice of

- 367 decisional cut-off values, the result interpretation method (PPD \cap R or PPDUR method) is 368 selected according to a favorable or unfavorable epidemiological context.
- 369

To conclude, the present work made it possible to determine cut-off values of 0.02 and 0.01 for PPD and R respectively for the use of the modified IFN γ assay in parallel to SITT, in a particular region in Dordogne, *i.e.* in a population without previous SITT's non-specific reactions and with a low bTB prevalence context. Concerning the use of this IFN γ assay after positive SITTs and in a low prevalence area, we obtained cut-off values of 0.05 and 0.03 for PPD and R respectively. These cut-off values could also be suitable for other areas where cross reactions with environmental mycobacteria might occur.

The different data obtained show that, according to the region's infection status and the conditions of the test's application, it is necessary to study individual (PPD and R) sensitivities and specificities so as to define optimal decisional cut-off values for PPD and R. Moreover, the PPDUR interpretation method should be used when a bTB high-risk estimate is established (based on an unfavorable epidemiological context) whereas a PPD \cap R interpretation method should be used for a low-risk assessment (favorable epidemiological context).

Finally, adapting the analysis criteria (cut-offs & interpretation method) to the region's
infection status (for example low or high bTB prevalence, frequency of non-specific reaction,
etc.) and to the test application conditions (for example confirmation of previous SITT results,
total or partial depopulation, etc.), is essential for the appropriate use of our modified IFNγ
assay.

389

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399 Conflict of Interest Statement

400 The authors have not declared any conflict of interest.

401

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479 Tables

480 Table 1. Results (% - 95% CI) of individual Se_r, Sp and Sp_r of the IFNγ assay for different cut-off values, 481 obtained in Se_r (n=60), Sp (n=492) and Sp_r (n=547) studies: a. Results of PPD Se_r PPD Sp and PPD Sp_r

obtained in Ser (n=60), Sp (n=492) and Spr (n=547) studies: a. Results of PPD Ser, PPD Sp and PPD Spr (result calculation: $(OD_B-OD_A)/(OD_{PC}-OD_{NC})$); b. Results of R Ser, R Sp and R Spr (result calculation: $(OD_R-OD_N)/(OD_{PC}-OD_{NC})$).

	Cut-off	0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08
a. Results	PPD Se _r (i)	93% 84-98 (56)	93% 84-98 (56)	87% 75-94 (52)	83% 72-92 (50)	83% 72-92 (50)	75% 62-85 (45)	75% 62-85 (45)	75% 62-85 (45)
of PPD Se _r , PPD Sp and PPD Sp _r % - 95% CI (number)	PPD Sp (ii)	97.6% 95.8-98.7 (480)	98.0% 96.3-99.0 (482)	99.2% 97.9-99.8 (488)	99.4% 98.2-99.9 (489)	99.4% 98.2-99.9 (489)	99.4% 98.2-99.9 (489)	99.4% 98.2-99.9 (489)	99.4% 98.2-99.9 (489)
	PPD Sp r (<i>iii</i>)	61.1% 56.8-65.2 (<i>334</i>)	66.5% 62.4-70.5 (<i>364</i>)	70.4% 66.4-74.2 (385)	73.3% 69.4-77.0 (401)	75.5% 71.7-79.0 (413)	77.1% 73.4-80.6 (422)	79.5% 75.9-82.8 (435)	80.8% 77.2-84.0 (442)
b. Results	R Se _r (iv)	97% 89-100 (58)	88% 76-95 (53)	87% 75-94 (52)	80% 68-89 (48)	72% 59-83 (43)	68% 55-80 (41)	67% 53-78 (40)	62% 48-74 (<i>37</i>)
of R Se _r , R Sp and R Sp _r % - 95% CI (number)	R Sp (<i>v</i>)	95.9% 93.8-97.5 (472)	98.6% 97.1-99.4 (485)	99.4% 98.2-99.9 (489)	99.4% 98.2-99.9 (489)	99.6% 98.5-99.9 (490)	99.6% 98.5-99.9 (490)	99.8% 98.9-100 (491)	99.8% 98.9-100 (491)
	R Sp _r (vi)	60.9% 56.6-65.0 (333)	84.8% 81.5-87.7 (464)	90.7% 87.9-93.0 (496)	93.1% 90.6-95.0 (509)	94.5% 92.3-96.3 (517)	95.4% 93.3-97.0 (522)	96.0% 94.0-97.5 (525)	96.5% 94.6-97.9 (528)

484i. Number of PPD positives in Ser study; ii. Number of PPD negatives in Sp study; iii. Number of PPD negatives485in Spr study; iv. Number of R positives in Ser study; v. Number of R negatives in Sp study; vi. Number of R486negatives in Spr study.

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489 Table 2. Final results (number of POS, DIV and NEG), at cut-off values 0.02 and 0.01 for the PPD and R

490 calculation method respectively, in the Se_r study (n=60) and the Sp study (n=492) of the IFNγ assay and 491 then the Se_r (% - 95% CI) and the Sp (% - 95% CI) of the IFNγ assay from the PPD∩R or PPDUR 492 interpretation method.

	Cut-offs: 0.02 PPD & 0.01 R									
Number of	Final results in Sp study	Final results in Se _r study								
POS	0	54								
DIV	30	6								
NEG	462	0								
Interpretation method	Final Sp % - 95% CI (number of negative animals)	Final Se_r % - 95% CI (number of positive animals)								
PPD∩R	100% [99.2-100] (492)	90% [82-98] (54)								
PPDUR	93.9% [91.4-95.8] (462)	100% [95-100] (60)								

493 **Sp PPD∩R:** 1 - % (POS) = % (NEG + DIV); **Sp PPDUR:** 1 - % (POS + DIV)= % (NEG);

494 $\hat{Se_r} PPD \cap R: \% (POS); Se_r PPDUR: \% (POS + DIV).$

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- 500 Table 3. Final results (number of POS, DIV and NEG), at cut-off values 0.05 and 0.03 for the PPD and R
- 501 calculation method respectively, in the Ser study (n=60) and the Spr study (n=547) of the IFN γ assay and
- 502 then the Se_r (% 95% CI) and the Sp_r (% 95% CI) of the IFN γ assay from the PPD \cap R or PPDUR 503 interpretation method.

	Cut-offs: 0.05 PPD & 0.03 R									
Number of	Final results in Sp _r study	Final results in Se _r study								
POS	31	46								
DIV	123	10								
NEG	393	4								
Interpretation method	Final Spr % - 95% CI (number of negative animals)	Final Se_r % - 95% CI (number of positive animals)								
PPD∩R	94.3% [92.0-96.1] (516)	77% [64-87] (46)								
PPDUR	71.8% [67.9-75.6] (393)	93% [84-98] (56)								

504 $Sp_r PPD \cap R: 1 - \% (POS) = \% (NEG + DIV); Sp_r PPDUR: 1 - \% (POS + DIV) = \% (NEG);$

505 $\hat{Se_r} PPD \cap R: \% (POS); Se_r PPD \cup R: \% (POS + DIV).$

506 Figure



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Figure 1. (A): ROC curve of PPD $[(OD_B-OD_A)/(OD_{PC}-OD_{NC})]$ from PPD Se_r & PPD Sp. The optimal cutpoint of this calculation method at 0.02, yielding a Se_r of 0.93 and a Sp of 0.98, is shown (arrow); (B): ROC curve of R $[(OD_R-OD_N)/(OD_{PC}-OD_{NC})]$ from R Se_r & R Sp. The optimal cut-point of this calculation method at 0.01, yielding a Se_r of 0.97 and a Sp of 0.96, is shown; (C): ROC curve of PPD $[(OD_B-OD_A)/(OD_{PC}-OD_{NC})]$ from PPD Se_r & PPD Sp_r. The optimal cut-point of this calculation method at 0.05, yielding a Se_r of 0.83 and a Sp_r of 0.76, is shown; (D): ROC curve of R $[(OD_R-OD_N)/(OD_{PC}-OD_{NC})]$ from R Se_r & R Sp_r. The optimal cutpoint of this calculation method at 0.03, yielding a Se_r of 0.87 and a Sp_r of 0.91, is shown.

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