Laboratory experience on the outbreak response to Chikungunya in the French territories of the Americas

CARPHA Consultation and Partners' Forum on Chikungunya in the Caribbean: Meeting today's challenge and preparing for the future Trinidad, Port of Spain, March 3-5, 2015

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1. IPG Virology Laboratory

3 National Reference Centers for the French Departments of the Americas (FDA):

French Guiana, Martinique, Guadeloupe, Saint-Barthélémy, Saint-Martin

- for Arboviruses
- for Hantaviruses
- for Influenzaviruses (= NIC)

EN NF ISO 15189: accreditation obtained in 2014

STAFF:

3 Scientists : Dominique Rousset (MD; PhD)

Séverine Matheus (PhD) – Arbo and Hantavirus

Antoine Enfissi (PhD) - Influenzavirus

3 Technicians : Bhetty Labeau

Laetitia Bremand

David Moua

1 Secretary: Norma Jean Thomas

1 Post – doc: Sophie De Decker (-> oct 2014)



French Departments of the Americas



2.1 Chikungunya : emergence in french caribbean islands

Mid november 2013:

Report of clusters of cases of fever + arthralgia in St.Martin / epidemic circulation of dengue

6 december 2013 :

- biological confirmation of chikungunya cases without travel history
- autochthonous circulation
- declaration of epidemic situation in St Martin
- -> implementation of enhanced surveillance (PSAGE-CHIK) additional autochthonous cases quickly reported in other french carribean islands (Martinique (18.12), Guadeloupe (24.12), St Barthelemy (30.12))



2.2 PSAGE-Chikungunya : Surveillance, Alert and Management of chikungunya outbreak Programme

Pre-outbreak phase: 1: reinforced surveillance without transmission

2: moderate transmission

Early detection of cases in order to prevent/limit the extension of the virus

Active surveillance of clinical suspected cases

- **Systematic report** by general practitioners and medical microbiologists
- Systematic biological investigations on all suspected cases

 (confirmed / probable case : positive RT-PCR /positive detection of IgM /IgG)
- Reporting of emergency and hospital admissions (severe cases)
- Monitoring of cases:
 - epidemiological and entomological investigations in the neighbouring environment of confirmed/probable cases
 - Implementation of vector control (patient house control: spatial in spraying, breeding sites removal or treatment (BTI))

2.3 PSAGE-Chikungunya: surveillance system and control measures

Outbreak phase 3: epidemic

3a: epidemic with local chains of transmission

3b : generalized epidemic

- Weekly notification of clinical suspected cases by the sentinel network of general practitioners

Biological investigations restricted to specific cases (pregnant woman, children, patient with comorbidity, severe case...)



2.3 PSAGE-Chikungunya: Coordination and communication

Regional coordination:

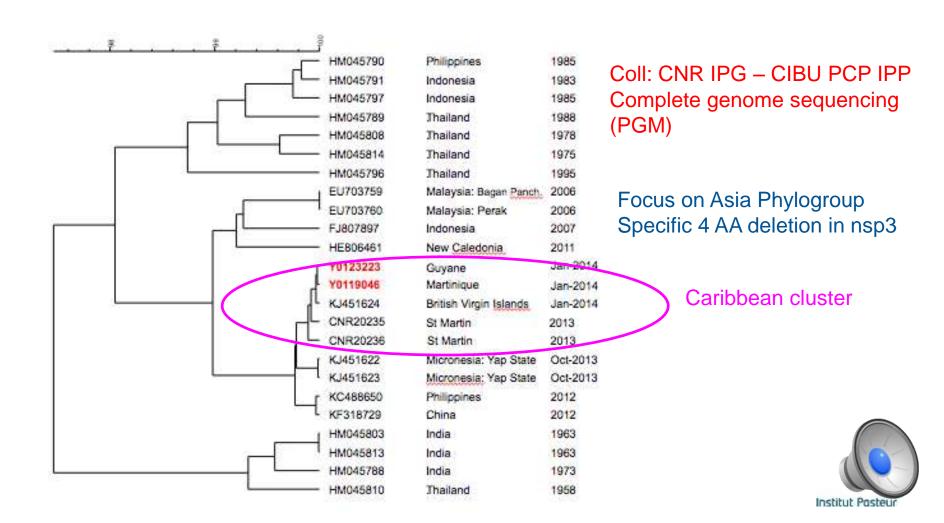
- data collection at the local level and further at the regional level in order to follow the progression of the virus in the different territories
- harmonization (/common tools) during the pre-outbreak and outbreak management phases.

Communication through radio spots, television, flyers and posters prevention messages in public areas, airports, private practitioner's offices, hospitals and clinics



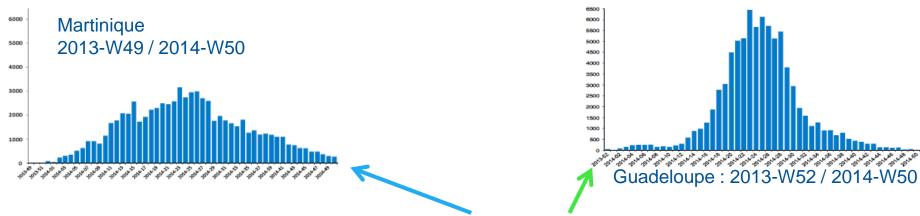
2.4 Chikungunya : emergence in french caribbean islands

The virus belongs to the Chikungunya Asian genotype

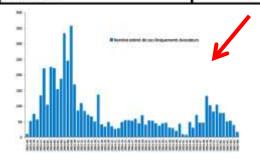


2.5 Chikungunya: FTA epidemiological situation

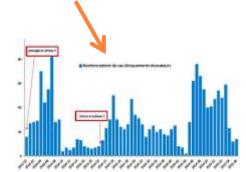
(from CIRE Antilles Guyane)



	Saint Martin Feb 8, 2015	Saint Barthélémy Feb 8 2015	Martinique Dec 14, 2014	Guadeloupe Dec 14, 2014	French Guiana Feb 8, 2015
Population	36 992	9 171	398 864	411 507	250 109
Epidémic phase (3)	from 2013-W48 22 weeks + strengthening dec 2014	from 2013-W52 22 weeks + strengthening dec 2014	from 2014-W02 > 50 weeks	from 2014-W13 to 2014-47 35 weeks	phase 2 since 2014-W08 phase 3 from 2014-W42
Suspected cases	5280	1690	72 200	81 200	12 308
Estimated incidence	14% *	18%	18%	20%	5%
Fatal cases	3	0	83	67	1



St Martin: 2013-W46 / 2015-W06



St Barth: 2013-W52 / 2015-W06



3.1 Lab experience technics used : « in house » technics

- qRT-PCR multiplex Chikungunya and Dengue
 - from Panning et al, EID 2008 for chikungunya
 - and Callahan et al., J.Clin.Microbiol 2001 for dengue

Primers ChikS TGATCCCGACTCAACCATCCT 241-261 ChikAS **GGCAAACGCAGTGGTACTTCCT** 323-302 DenF1 AAGGACTAGAGGTTAKAGGAGACCC 10589-10613 DenR1 GGCGYTCTGTGCCTGGAWTGATG 10699-10677 Probes ChikP TCCGACATCATCCTCCTTGCTGGC 300-277 DenProb1-3 AACAGCATATTGACGCTGGGAGAGACC 10610-10636 DenProb2-4 AACAGCATATTGACGCTGGGAAAGACC 10616-10642

Serology:

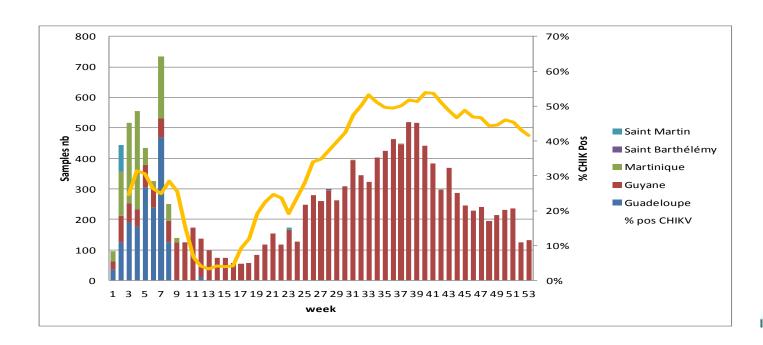
In house MAC- and GAC-ELISA (for IgM and IgG anti-CHIKv)

Reagents: hyperimmune ascitic fluids and chik Ag (new born mice brains)

- dditional MAC-ELISA routinely performed: Dengue, SLE, YF, Tonate, Mayaro.
- EQA: Chik Serology and Chik-PCR EQA organized by European Network for Diagnostics of "Imported" Viral Diseases (ENIVD). Oct 2014 (43 laboratories involved)

3.2 Lab experience in chikungunya diagnosis algorithm and results

- Algorithm used for chikungunya diagnosis: according to delay from onset:
 - Between D0 and D4 : qRT-PCR chikungunya
 - Between D5 and D7 : qRT-PCR + serology (IgM and IgG anti-CHIKv)
 - After D7 : serology only
- Samples and results :
 - > 14000 samples in 2014 from the FTA
 - 45% pos for Chikungunya (qRT-PCR and/or serolgy)

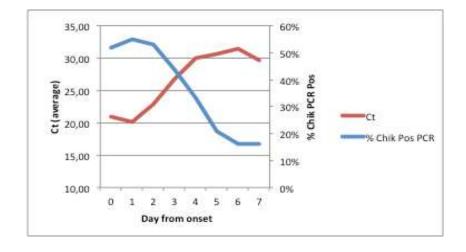




3.3 Lab experience in chikungunya diagnosis some comments

qRT-PCR Chik results:

In favor of high but short viral load...



Serology results :

In French Guiana reactivation of IgM anti TONv and/or MAYv in Chinkungunya infection..

Serology	% Chik pos IgM	other alphavirus reactivity (TONv, MAYv)
French Carribean Islands	29%	1%
French Guiana	21%	14%



3.4 Lab experience in other lab support

For FTA:

- First part : Direct analysis of samples (2 months)
- Second part : for Martinique and Guadeloupe reference lab
 - Technology transfert
 - Production and furniture of reagents (Chik ag and ascitic fluid for serology)

Others countries:

- Furniture of reagents (DENv and CHIKv serology) :
 Central Laboratory / BOG Suriname
- Panel of reference sera :
 Instituto Carlos Chagas/Fiocruz -Brazil

Often very difficult and time consuming.... due to international (and/or national) regulations

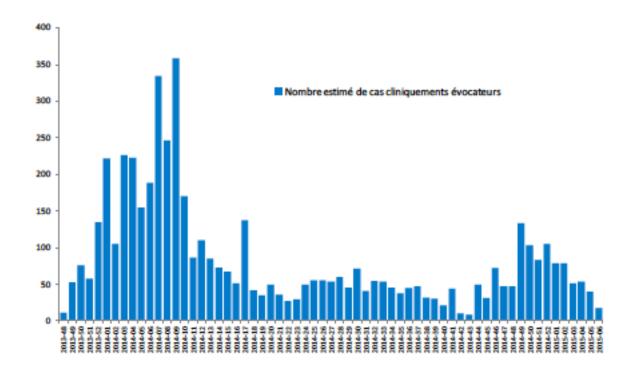
(shipment of biological or infectious samples, dual use agents, ethical considerations....)

Impossible to find a solution for a shipment to Cuba...

4.2 SAINT-MARTIN: Evolution since July....

Continuation of viral circulation with strengthening in the end of 2014.

3540 reported clinical cases as of Jun 29, 2014 / 5280 as of Feb 2, 2015







IP Guyane

- Virology lab / NRC arboviruses (associated lab for FDA)
- Direction of IPG
- Medical analysis laboratory
- Entomology unit
- Epidemiology unit

IP Guadeloupe

IP Paris

- PGP-CIBU!
- NRC coordination
- M. Vignuzzi unit
- AB Failloux unit

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- CHU Martinique
- CHU Guadeloupe
- CHAR Cayenne
- CMC Kourou
- CH de Saint Laurent



... Saint Martin laboratory

General and specialized practitioners

NRC lab. coordinator IRBA
Marseille

CIRE

ANTILLES

GUYANE











INSTITUT DE VEILLE SANITAIRE





