Multiplex assay for the detection of syphilis and other pathogens associated with genital lesions using PlexPCR™

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Background

Syphilis, caused by Treponema pallidum subsp. pallidum (T. pal), is responsible for lesions at a variety of body sites

Herpes simplex virus 1 (HSV-1) & herpes simplex virus 2 (HSV-2) cause lesions at a variety of cutaneous and mucocutaneous sites

Primary infection with Varicella zoster virus (VZV) causes chickenpox, and reactivation later in life produces shingles

Skin & genital lesions have similar clinical presentation for all four organisms1,2

- In Australia, population estimates are 85% carrying HSV-1 and 20% carrying HSV-23
- Up to 3% of genital swab samples are VZV⁴
- VZV requires different treatment/therapeutic intervention to HSV-1 & HSV-24
- After hitting lows in 2001, the rate of syphilis infections is increasing

Identification of organism is crucial for correct clinical management of genital lesions

Clinical Evaluation PlexPCR[™] vs Westmead In-house Assay

The performance of the assay was evaluated using clinical samples obtained from Pathology West, Sydney, in a retrospective study comparing the SpeeDx and in-house assays. Samples were from a range of anatomical sites, including genital lesions.

HSV-1 detection		In-house qPCR			
		+	-	Total	
ă	+	34	2	36	
ee	-	2	66	68	
ŝ	Total	36	68	104	
Sensitivity 94 4% (95% CI 81 9-98 5%)					

Specificity 97.1% (95% CI 90.0-99.2%)

vzv		In-house qPCR		
detection		+	-	Total
ă	+	40	1	41
ee	-	1	33	34
ŝ	Total	41	34	75
Sensitivity 97.6% (95% CI 87.4-99.6%)				

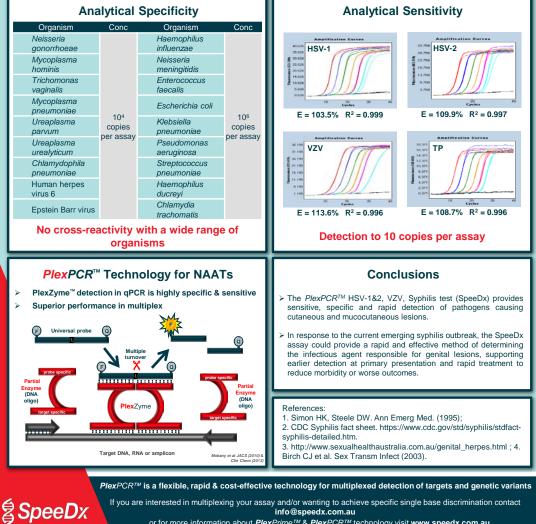
HSV-2 detection		In-house qPCR		
		+	-	Total
ă	+	23	0	23
Speel	-	0	81	81
	Total	23	81	104
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tivity 100.0% (95% CI 85.7-100%) Specificity 100.0% (95% CI 95.5-100%)

T. Pal		In-house qPCR		
detection		+	-	Total
ă	+	87	0	87
ee	-	5	11	16
s	Total	92	11	103
Sensitivity 94.6% (95% CI 88.0-97.7%)				

Specificity 97.1% (95% CI 85.1-99.5%) Specificity 100.0% (95% CI 74.1-100%)

High sensitivity and specificity with clinical samples



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