Pertussis (whooping cough) is a vaccine preventable disease caused by Bordetella pertussis with highest mortality seen in infants. Virulence factors for Bordetella include toxins and components that mediate adherence to ciliated cells of the respiratory tract. Infection with Bordetella parapertussis can mimic that caused by Bordetella pertussis, but symptoms tend to be milder. Pertussis infection results from contact with aerosolized droplets from infected coughing individuals. In infants and children, typical pertussis presentation follows catarrhal, paroxysmal, and convalescent stages (Graph 1). In older children and adults, pertussis infection tends to be atypical and may be unrecognized. Despite gains in vaccination, pertussis is endemic worldwide with sporadic outbreaks. In 2008, 16 million pertussis cases were reported worldwide resulting in 195,000 deaths. Culturing nasopharyngeal (NP) swabs is the gold standard for detecting pertussis, but has a long turnaround time and recovery is poor if samples are not collected during the catarrhal stage. We compared the workflow and performance characteristics of two molecular assays for diagnosing pertussis from NP swabs in universal transport media.

**Methods**

At the Cleveland Clinic, NP swabs for pertussis diagnosis are routinely tested by AmpliVue Bordetella Assay (Cliveden, Figure 1). The AmpliVue Bordetella Assay is a helicase-dependent amplification assay targeting the insertion sequence IS481 followed by detection in a lateral flow device.

Remnant samples (total = 112; 76 frozen at -70°C, 36 fresh) were tested using Diasorin Molecular’s Simplexa ™ Bordetella Direct PCR assay targeting IS481 and IS1001 for the detection of B. pertussis and B. parapertussis respectively. For Simplexa Bordetella Direct testing, samples were brought to room temperature and briefly vortexed. 50µL of Reaction Mix and 76.5µL of test sample were spotted into respective wells on the 8 well Direct Amplification Disc (DAD) (Figure 2). After re-sealing wells and tearing off tabs, the DAD was loaded onto the LIAISON® MDX (Figure 3) for analysis. Quality Control was performed on each day of testing following manufacturer recommendations. Testing and set-up areas were tested weekly for contamination.

The Simplexa Bordetella Direct assay and AmpliVue Bordetella Assay results were compared, and discordant B. pertussis results or positive results for B. parapertussis (a target not included in the AmpliVue Bordetella Assay) were arbitrated by sequencing performed by Diasorin Molecular. Sensitivity and specificity were determined for each assay’s detection of B. pertussis based on sequencing as the reference method for discordant samples.

**Results**

Positive results for B. pertussis were detected for 14 specimens by AmpliVue Bordetella Assay and 18 specimens by Simplexa Bordetella Direct (Table 1). Discrepancy analysis by sequencing confirmed 4 B. pertussis positive specimens detected only by Simplexa Bordetella Direct and one false positive result for each assay. The sensitivity of AmpliVue Bordetella Assay was 78.5% while that of Simplexa Bordetella Direct was 100.0%. The specificity of both assays was 98.9%.

**Conclusions**

Compared to the AmpliVue Bordetella Assay, the Simplexa Bordetella Direct assay required less hands on time and provided detection of more specimens containing B. pertussis.

The Simplexa Bordetella Direct assay was also able to detect one B. parapertussis specimen which was not possible with the AmpliVue Bordetella Assay since this target is not included in the AmpliVue Bordetella assay.

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**References**

