

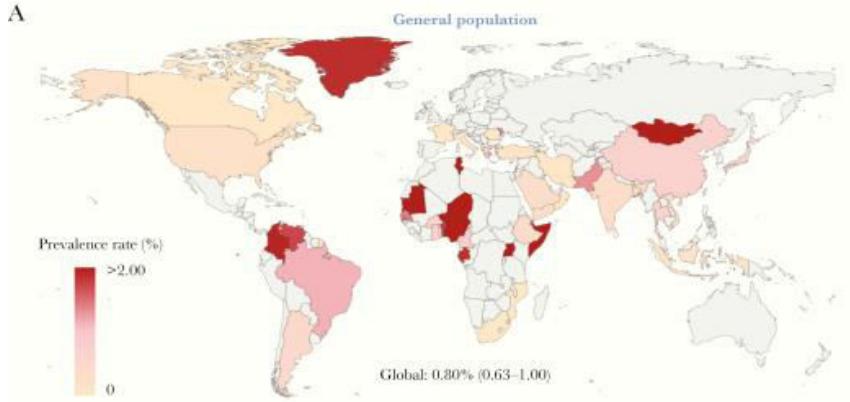
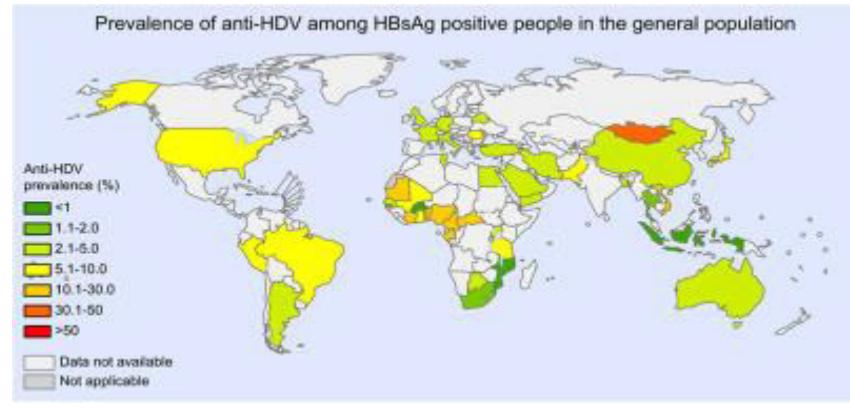
Diagnostics for HDV: what we have and what we need for improving diagnosis in low-and-middle income countries

I. Chemin



Delta Cure 2024 Milano

GLOBAL HDV PREVALENCE WORLDWIDE 2020



The global prevalence of hepatitis D virus infection:
Systematic review and meta-analysis

Alexander J. Stockdale • Benno Kreuels • Marc Y.R. Henrion • ... Catherine de Martel • Yvan Hutin •

Anna Maria Geretti A,✉ • Show all authors

Open Access • Published: April 23, 2020 • DOI: <https://doi.org/10.1016/j.jhep.2020.04.008> •

12 Millions

The Journal of Infectious Diseases

MAJOR ARTICLE



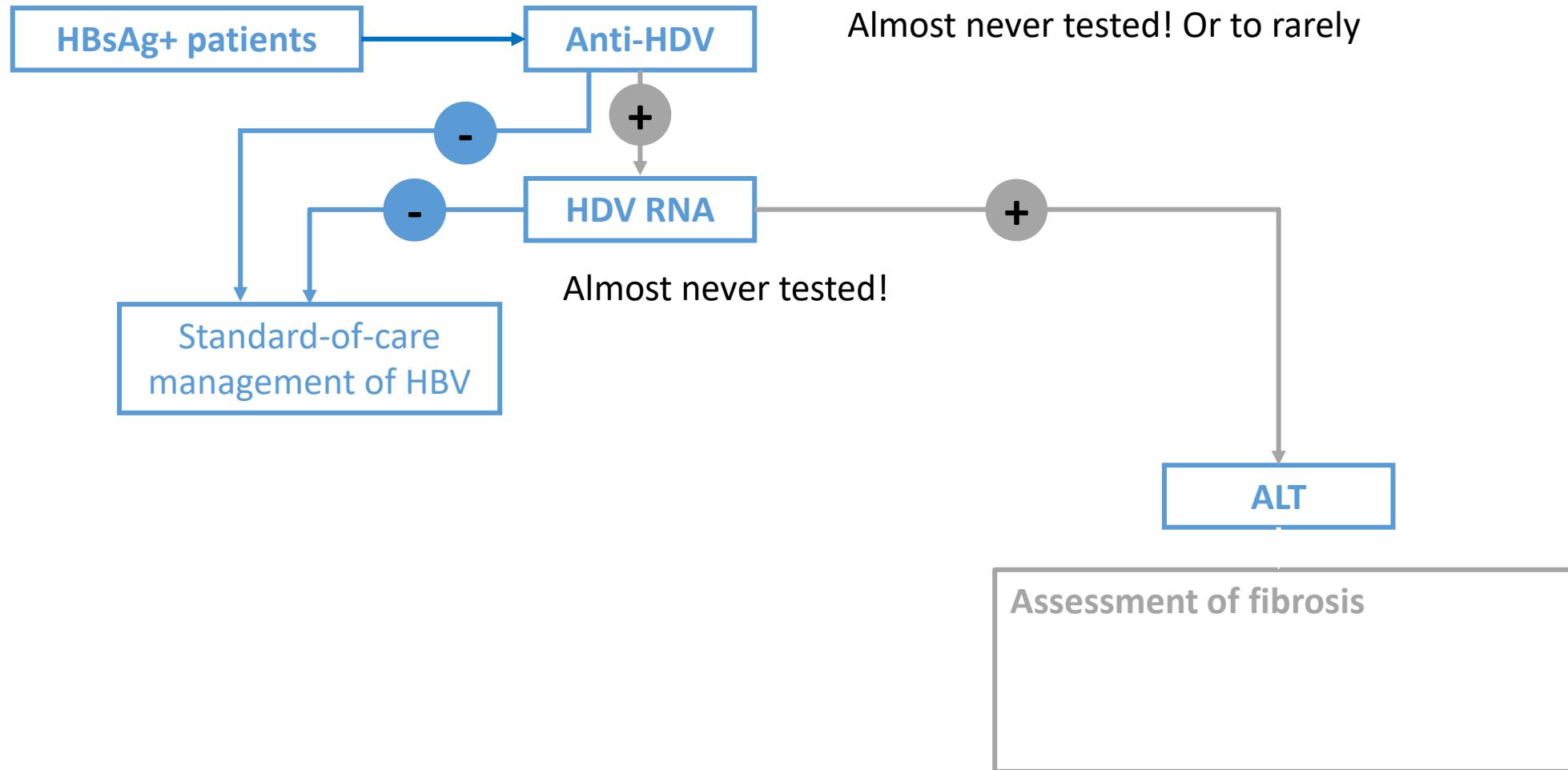
Estimating the Global Prevalence, Disease Progression,
and Clinical Outcome of Hepatitis Delta Virus Infection

Zhijiang Miao,¹ Shaoshi Zhang,¹ Xumin Ou,¹ Shan Li,^{1,2} Zhongren Ma,³ Wenshi Wang,^{1,4} Maikel P. Peppelenbosch,¹ Jiaye Liu,¹ and Qiuwei Pan¹

48-60 Millions

- Hepatitis D: a neglected disease
- Mongolia display the highest prevalence
- Amazonia? Africa?

Algorithm for the Evaluation of HDV



HDV serology

- [ETI-DELTA-IGMK-2 kit \(Dia.Pro Diagnostic Bioprobes srl, Sesto San Giovanni, Italy\)](#)
- LIAISON® XL MUREX Anti-HDV (CHU Limoges et autres)
- ARCHITECT HDV Ig assay (Abbott Laboratories)
- EIA-ANTI-HDV; Witech Inc., USA, ref# D-152/1.0
- [General Biologicals HDV Ab kit \(General Biologicals Corporation, Taiwan, China\)](#)
- For research use only: human Hepatitis D virus IgG, HDV IgG ELISA Kit (Clinisciences)

HDV RNA

Eurobioplex (CNR/CHU)

[In house](#) (several protocols)

HDV RNA test, m2000 RealTime HDV

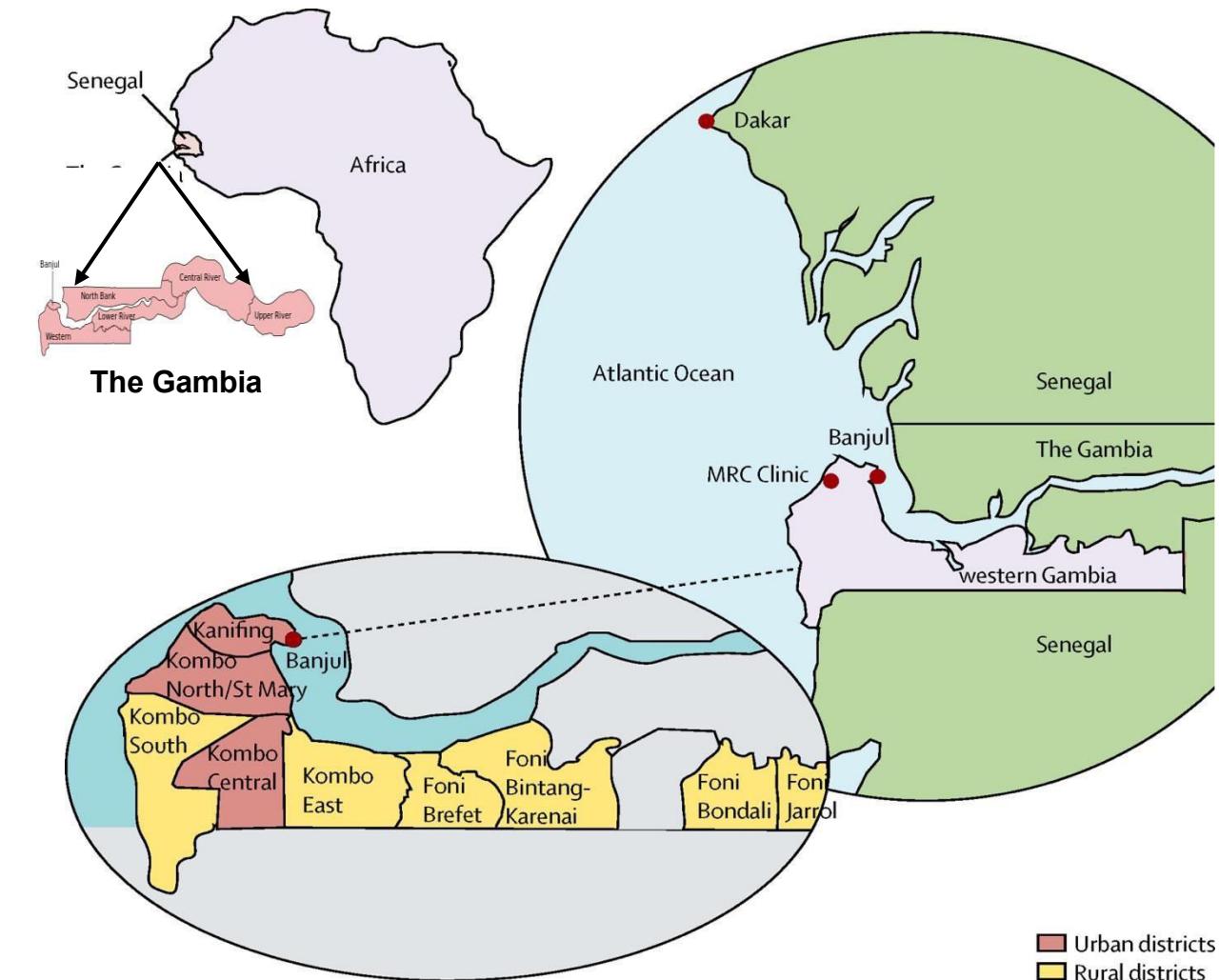
HDV Real-TM Quant (Sacace Biotechnologies, Como, Italy)

AmpliSens® HDV-FEP PCR (Russia)

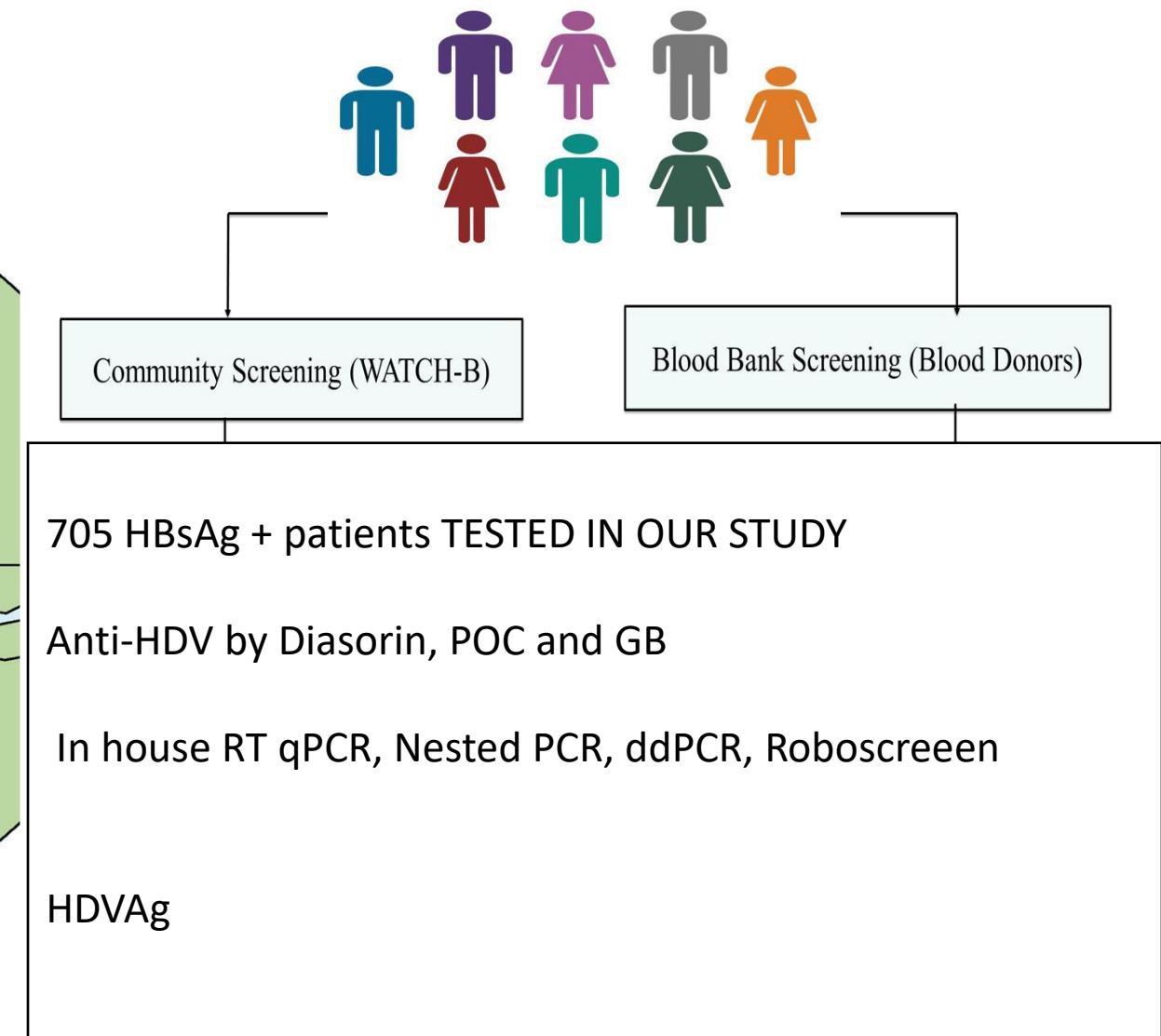
RealStar® HDV RT-PCR Kit 1.0; Altona, Germany

[RoboGene HDV RNA Quantification Kit 3.0](#) - RUO- IvD labeled, Germany

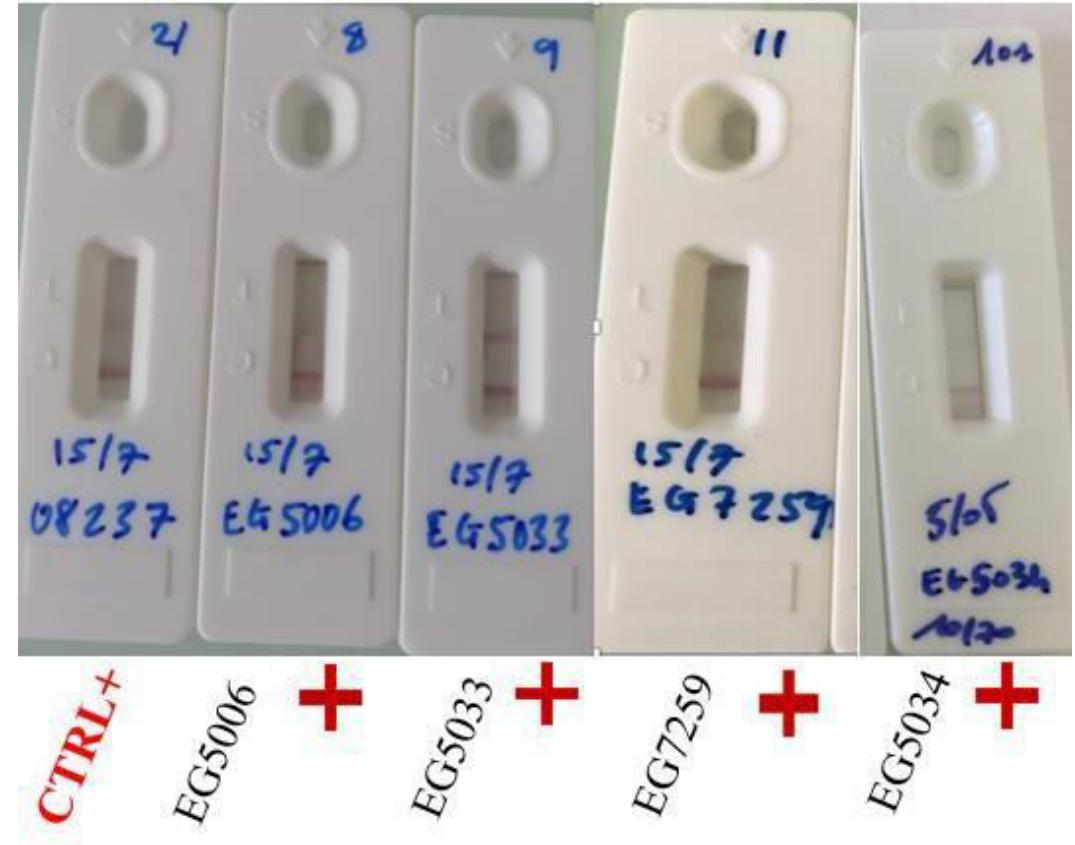
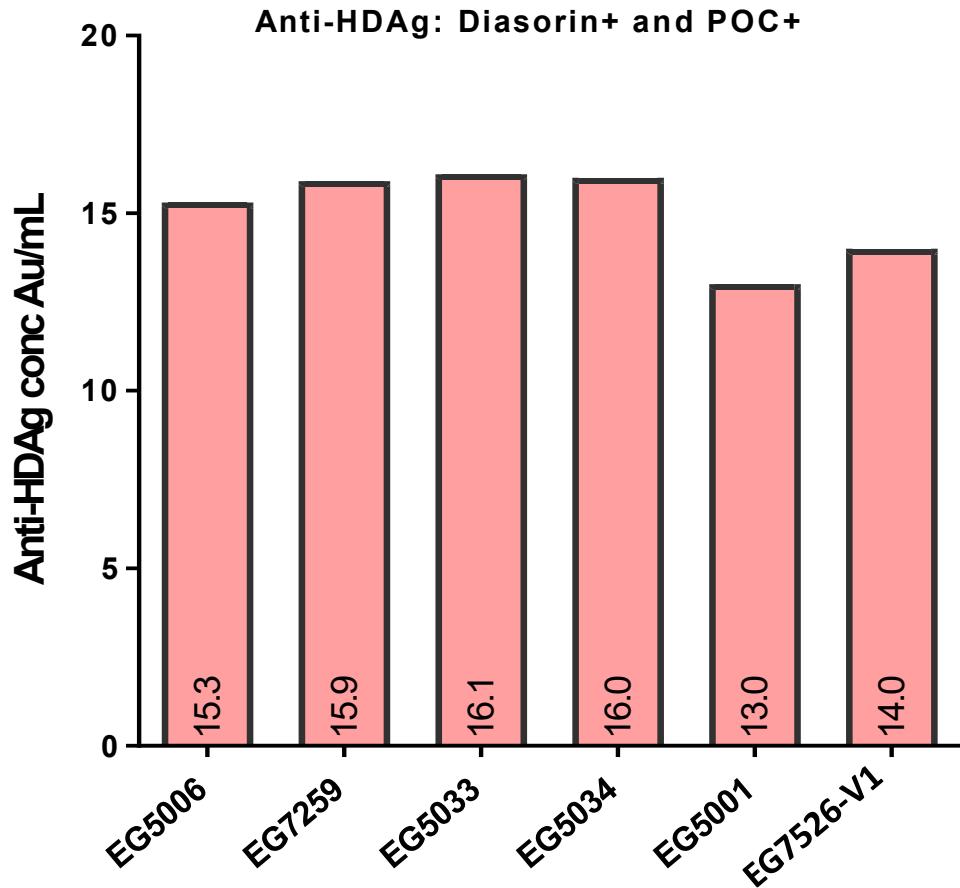
PROLIFICA: Study Population



Lemoine , M et al 2016:
DOI: 10.1016/S2214-109X(16) The Lancet Global Health



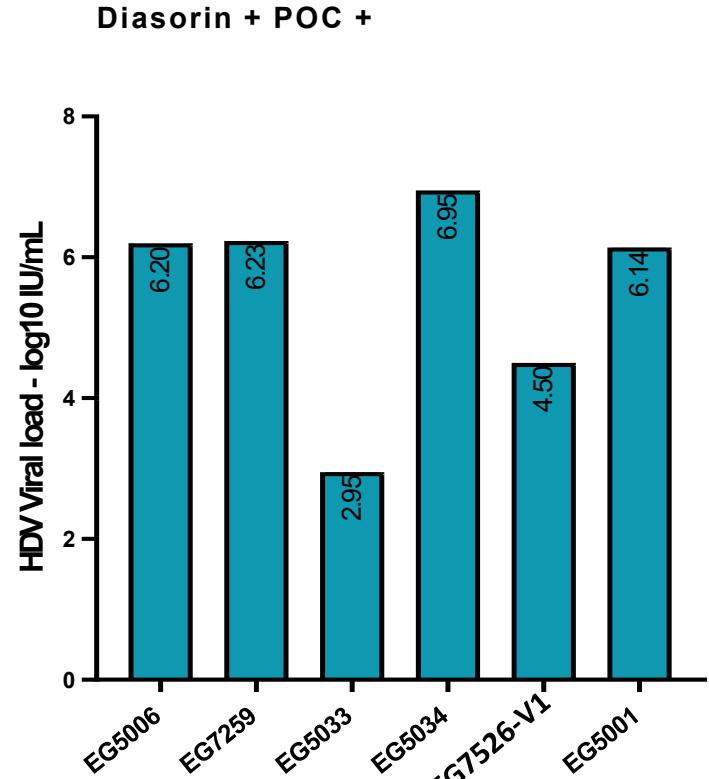
Anti-HDAg positive by both assays



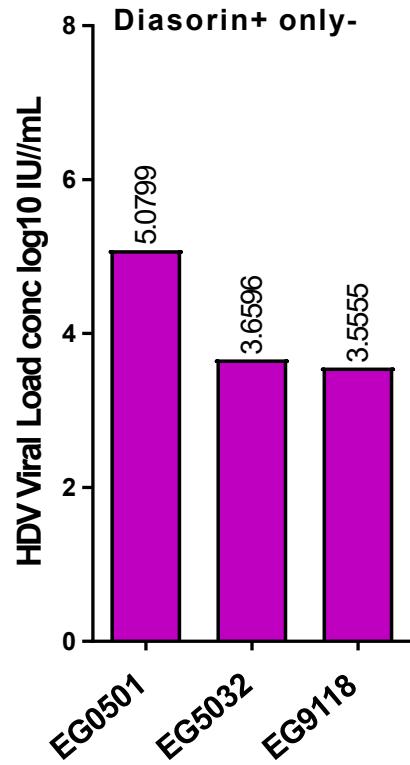
6/26 (DiaSorin) and 6/11 (POC) were **anti-HDAg positive** by both assays.

- ❖ The POC test detects high anti-HDV levels **13 AU/mL and above**
- ❖ **Overall, high anti-HDV level maybe an active infection**

Anti-HDV + by both tests tends to have higher viral loads

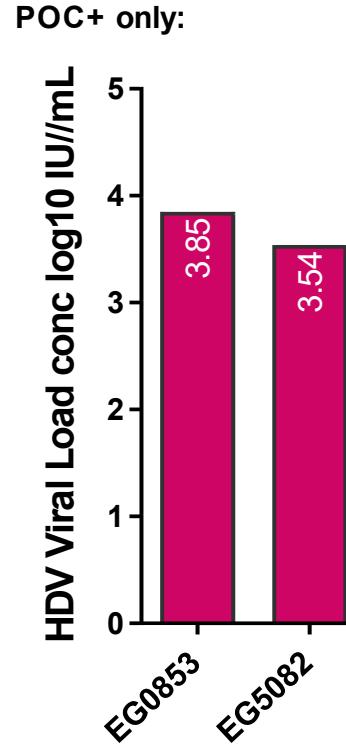
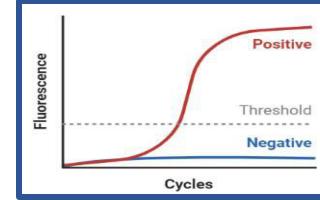


VL ranged \log_{10} 3 to 6 IU/mL



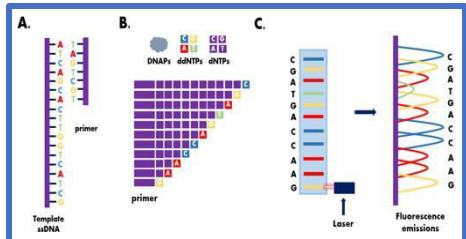
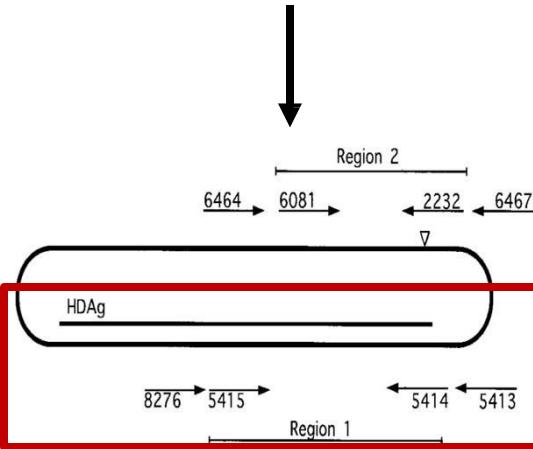
VL ranged \log_{10} 3 to 6 IU/mL

One step qPCR
Scholtes C.
et al. 2012:



VL \log_{10} 3 IU/mL

- Nested- PCR:
- Total: 11 samples
 - Targeting HDAg



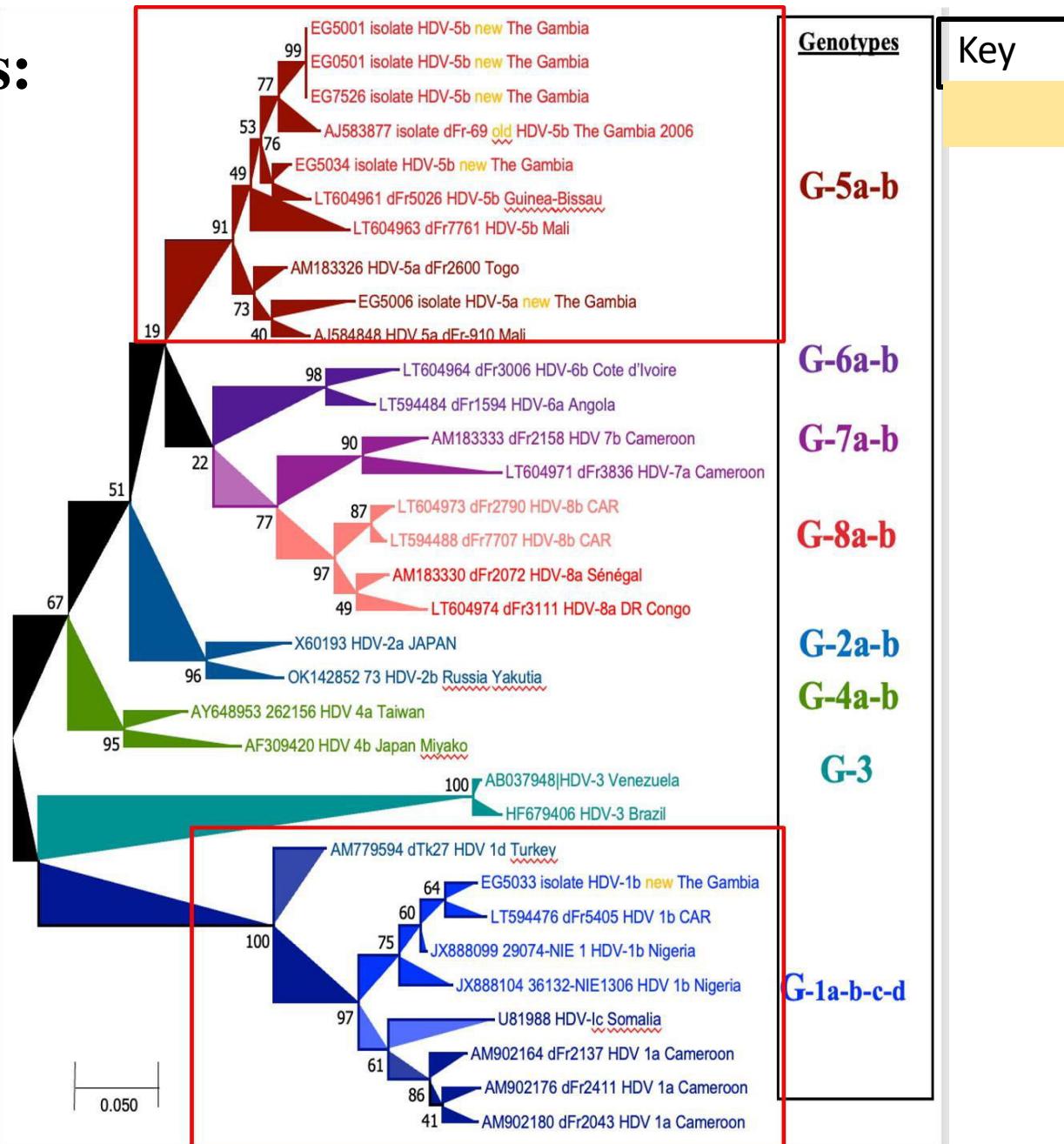
Sanger Sequencing

GRAZIAA Niro et, al. 1997; HEPATOLOGY Vol. 25, No. 3, 1997

Sequences Analysis:

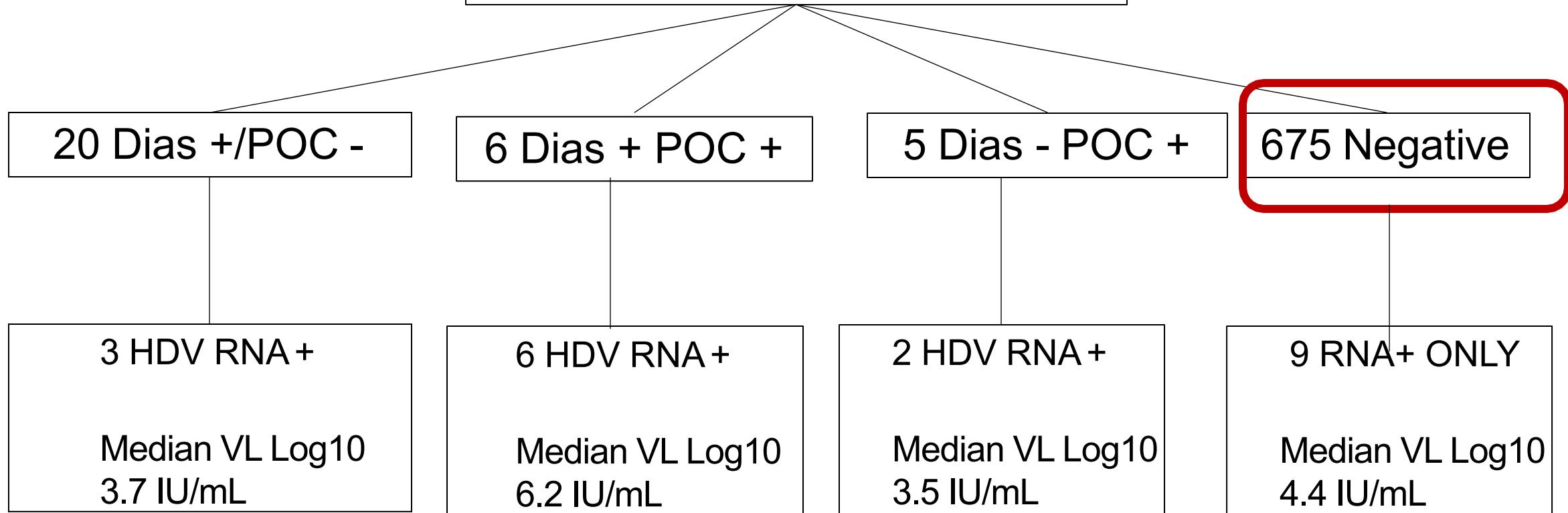
• Phylogenetic Tree:

Gambian isolates
[NEW]

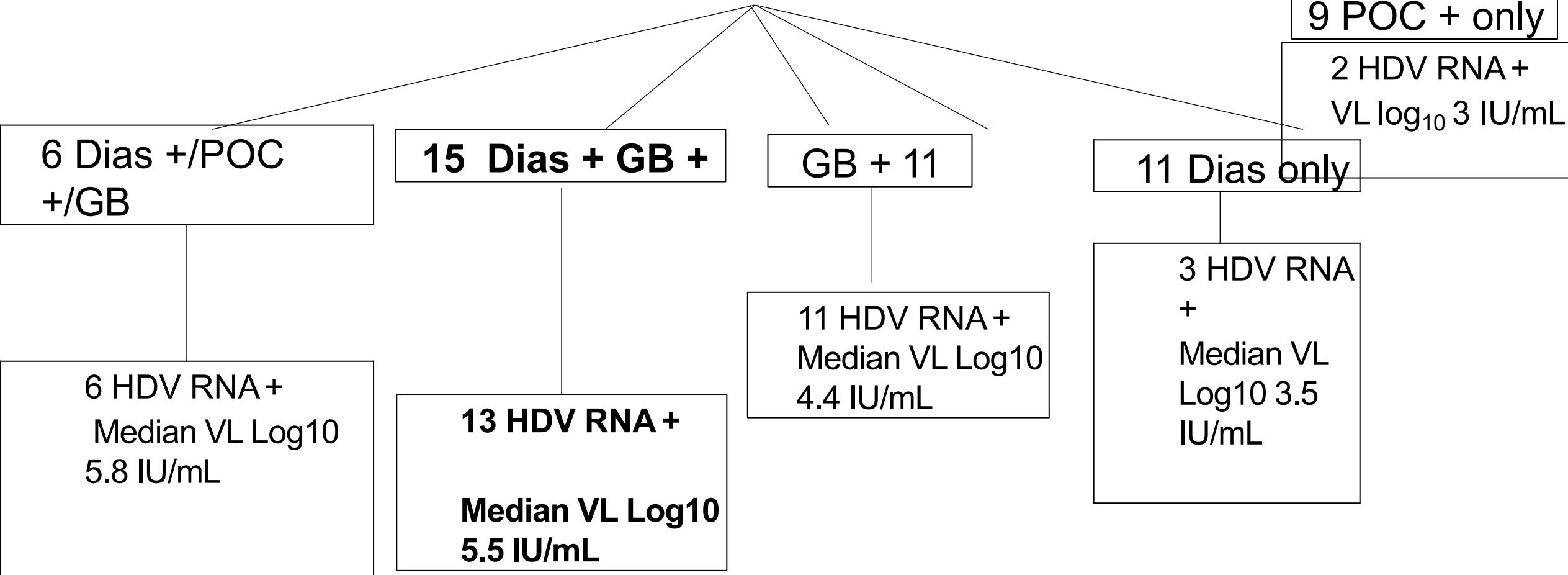


Summary

705 Diasorin tested



Focus on 52 sera with 3 antibody tests and 2 HDV RNA tests



None of the tests are perfect (estimated anti-HDV + 42/705 samples (6.0%))

Clinical characteristics of patients depending on anti-HDV status

HDV Ab+ vs HDV Ab- / POC test in the general cohorts			
Characteristics	Negative =696 ¹ (0,N)	Positive = 11 ¹ (1,N),	p-Value ²
Age group (years), median (IQR)	40 (36,48)	36(31,37)	0.024
HBsAg, median	3,042 (1,337, 4,221)	2,560 (2,076, 3,980)	0.9
HBV DNA (IU/L), median (IQR)	213 (10, 2,560)	953 (89, 3,020)	0.3
HBV DNA categories IU/L			0.3
Jaundice	5/694 (0.7%)	1/9 (11%)	0.075
ALT (IU/mL)	23 (17, 31)	36 (20, 44)	0.067
AST (IU/mL)	27 (22, 35)	34 (25, 73)	0.12
GGT (IU/mL)	28 (20, 40)	61 (31, 195)	0.056
HBeAg	45 (122 (37%)	1/ 3 (33%)	>0.9
Liver stiffness (kPa), median (IQR)	5.30 (4.30, 6.60)	12.00 (4.70, 41.20)	0.11
METAVIR score, n/N (%)	5.30(4.30, 6.60)	12.00 (4.70, 41.20)	0.002
Ascites (Clinic), n/N (%)	3/694 (0.4%)	2/9 522%)	0.001
Us-Ascite n/N (%)	4 (694 (0.6%)	3/9 (33%)	<0.001
APRI score >2.0	26/667 (3.9%)	2/8 (25%)	0.04

Take-home Points

- All patients positive for HBsAg should be tested for hepatitis delta according to the screening algorithm
- Need to compare existing anti-HDV tests including the promising POC
- Anti-HDV testing is probably missing positive patients at least in African context, more studies to be performed
- Any HDV RNA test such as for HBV with GenXpert would be pivotal due to difficult access to molecular testing and HDV flares
- Patients coinfected with HBV and HDV harbouring the higher risks (viral loads) are seen by antibody testing and should be monitored since they experience more rapid progression vs those with HBV monoinfection
- Reflex anti-HDV testing and other strategies should be employed to increase HDV testing rates and reduce loss to follow-up in persons positive for HBsAg

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Pasteur Institute

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Many thanks to Stefan Urban for
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LOUSTAUD-RATTI for her precious
advices



Trying to go Forward with Hepatitis Viruses Enigmas



microorganisms

an Open Access Journal by MDPI

IMPACT
FACTOR
4.1

Indexed in:
PubMed

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7.4

Editorial Board Members' Collection Series: Hepatitis Viruses: Who They Are and Consequences

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Université de Lyon, Lyon, France

Prof. Dr. Flor Helene Pujol
Laboratorio de Virología
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Microbiología y Biología Celular
(CMBC), Instituto Venezolano de
Investigaciones Científicas (IVIC),
Caracas 1020A, Venezuela

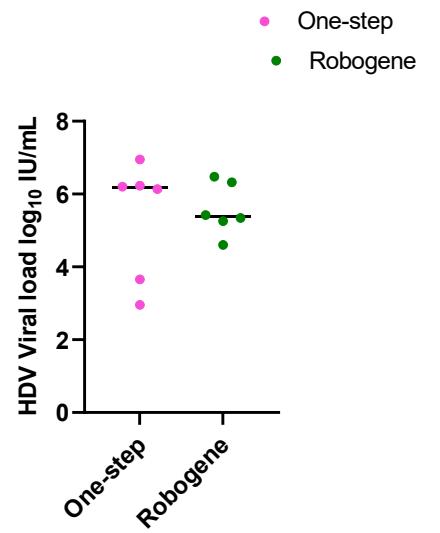
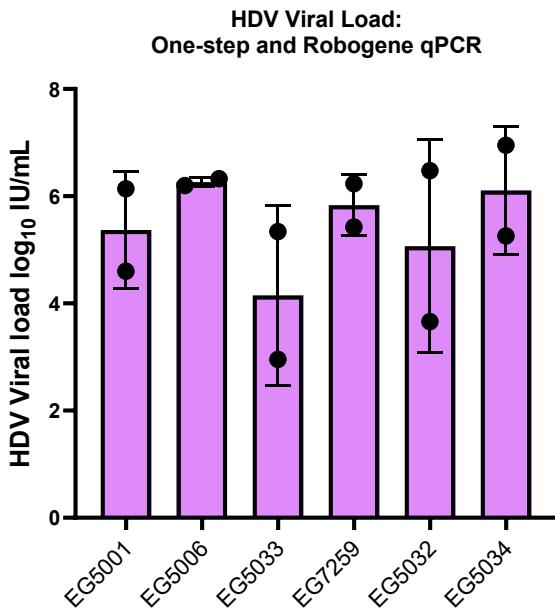
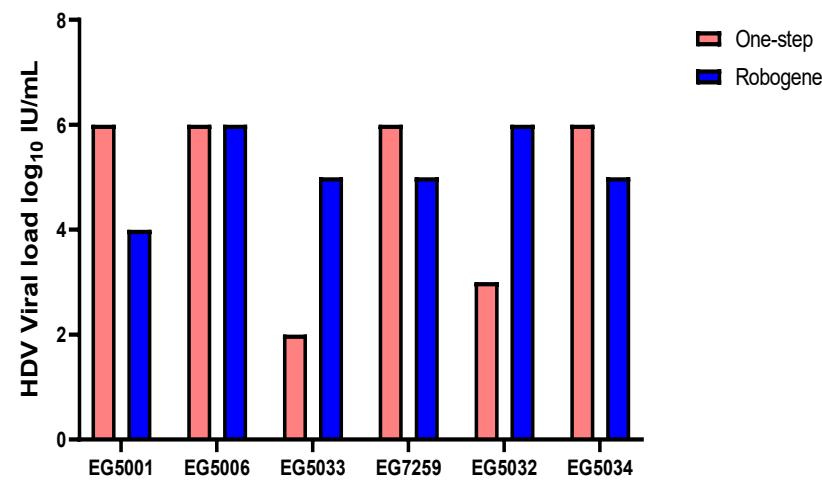
Deadline for manuscript
submissions:
30 November 2024

Message from the Guest Editors

Expected papers:

- Update on the use of the hepatitis A vaccine?
- What are the new data regarding hepatitis E?
- Where is the epidemiology of hepatitis C that can be cured?
- HCV infection and PWID
- Hemodialysis: an HCV redoubt.
- Illustration of the substantial disparities in HBV burden between countries and regions but also within a country or region, income, race or ethnicity, and other social and cultural factors.
- How to improve the management of cirrhosis and liver cancer HBV-related deaths, (acute flares and reactivation, extrahepatic complications, and social stigma)?
- Current programs regarding Universal infant vaccination with timely birth dose and peripartum antiviral prophylaxis in mothers with a high level of

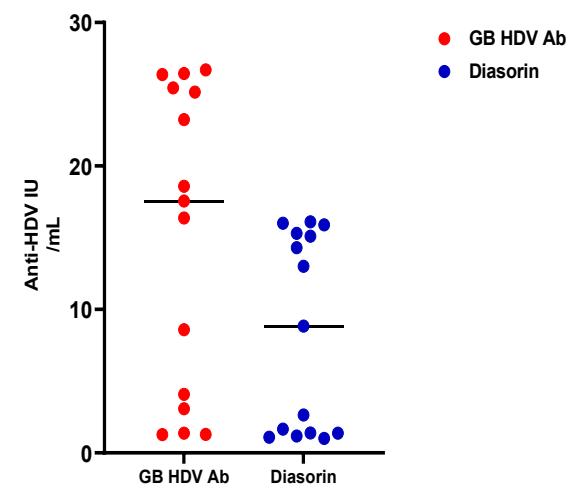
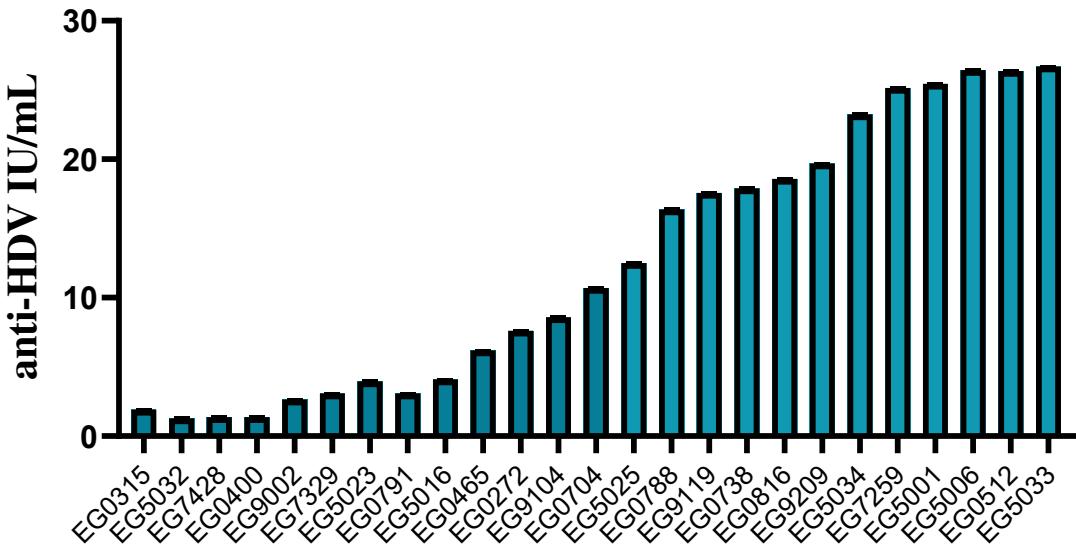
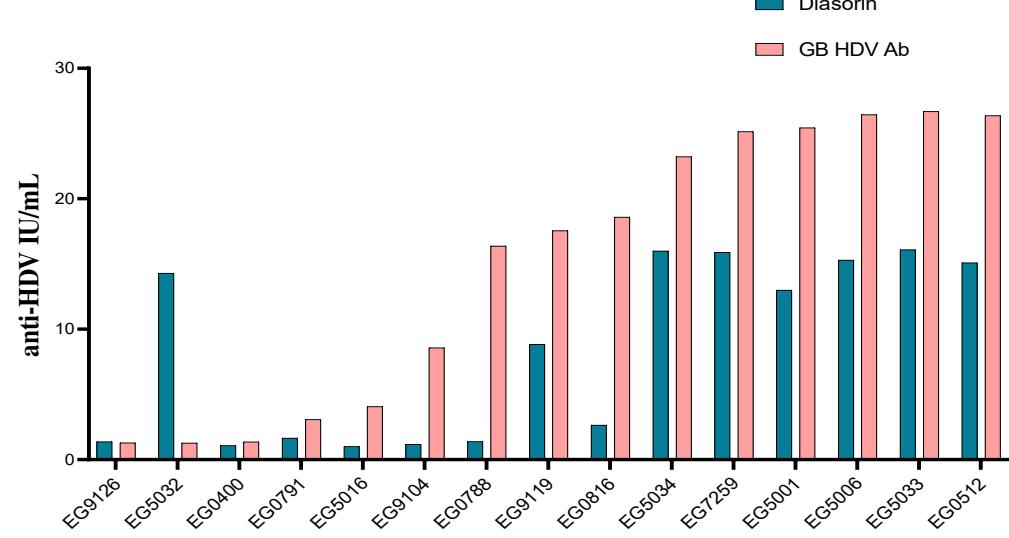
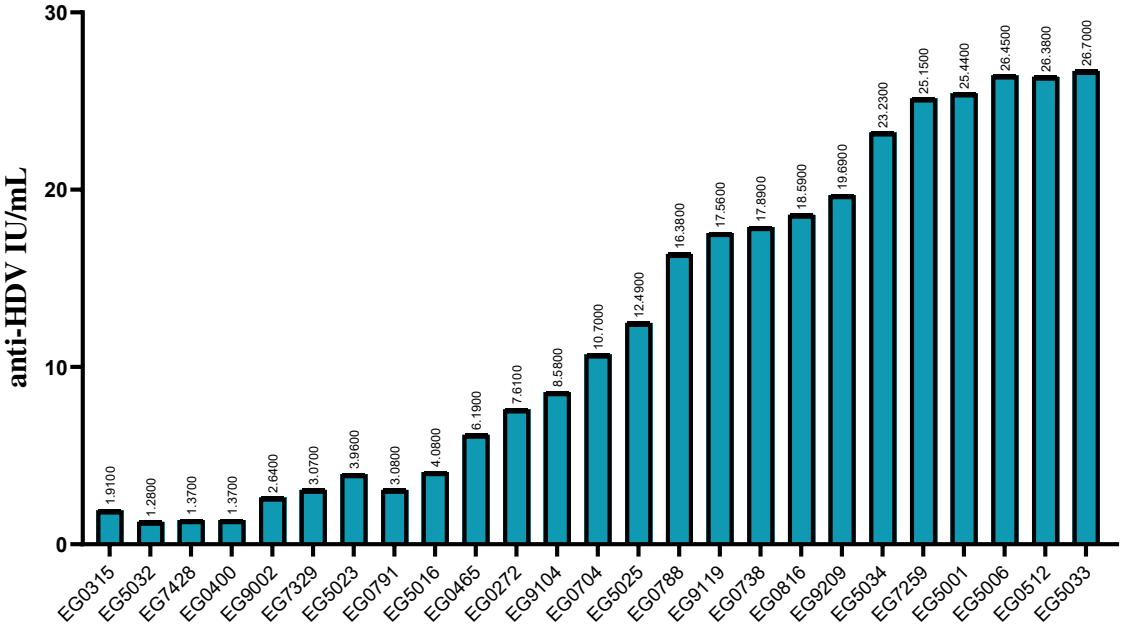
SPECIAL ISSUE EDITORS



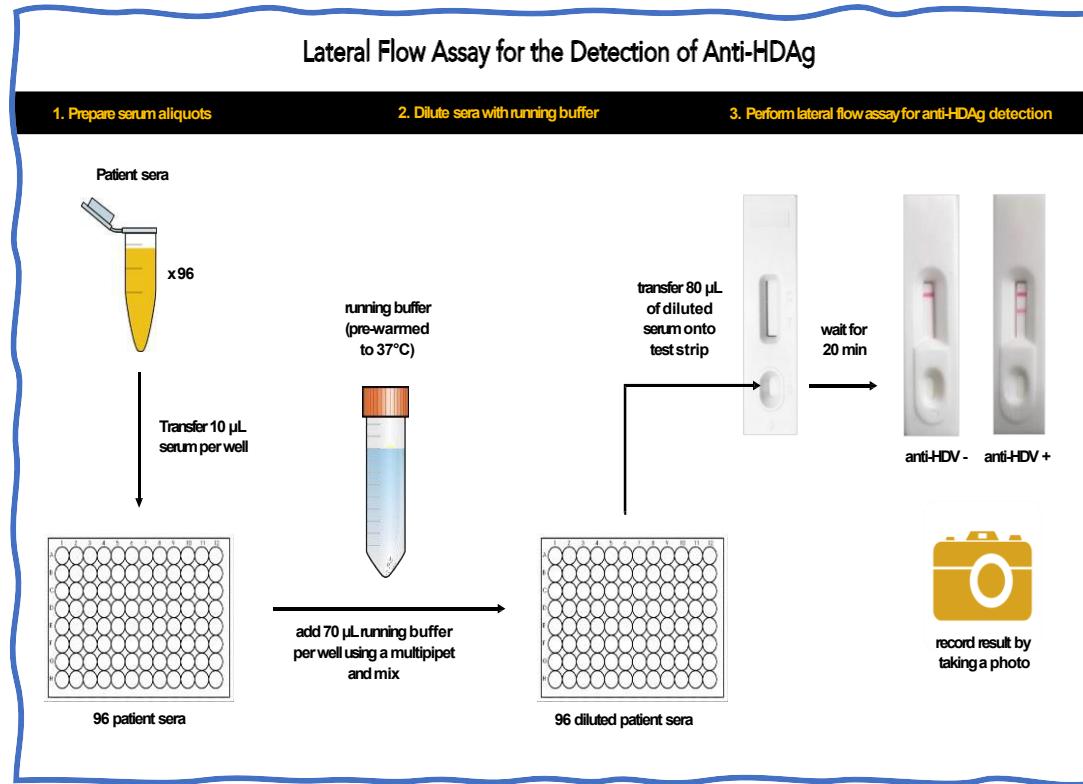
HDV RNA+ vs RNA- /HDV Ab+ by Diasorin

Characteristics	Negative =17¹ (0,N)	Positive = 8¹ (1,N),	p-Value²
Age group (years), median (IQR)	42 (40, 43)	43 (33,46)	>0.9
HBsAg, median (IQR)	1,696 (32, 3,337)	2,275 (1,541, 4,057)	0.5
HBV DNA (IU/L), median (IQR)	10 (10, 755)	3, 020 (10, 37,715,100)	0.2
HBV DNA categories IU/L			0.03
Jaundice	0 / 16 (0%)	1 / 7 (14%)	0.3
ALT (IU/mL)	20 (16, 29)	44 (38, 153)	0.003
AST (IU/mL)	28 (20, 38)	73 (43, 94)	0.007
GGT (IU/mL)	26 (22, 34)	178 (86, 226)	0.002
HBeAg	1 / 1 (100%)	2 / 4 (50%)	>0.9
Liver stiffness (kPa), median (IQR)	5 (5, 6)	12 (10, 41)	>0.001
METAVIR score, n/N (%)			>0.001
Ascites (Clinic), n/N (%)	0/16 (0%)	2 / 7 (29%)	0.083
Us-Ascite n/N (%)	0/16 (0%)	3/41 (43%)	0.02
APRI score >2.0	0/16 (0%)	3/7 (43%)	0.02
Viral load (median)		log10 5.5 IU/mL	

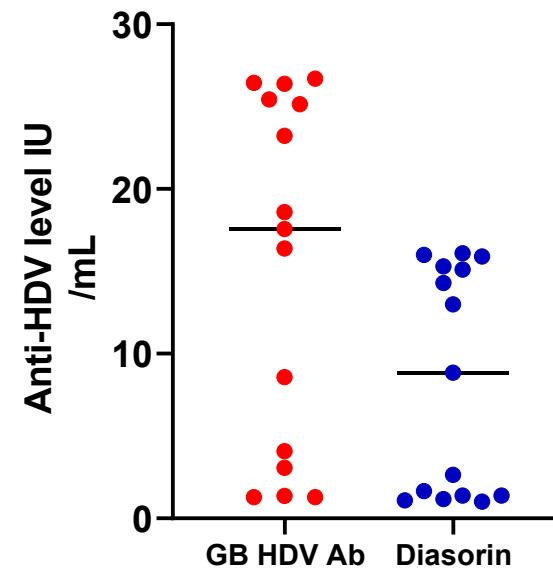
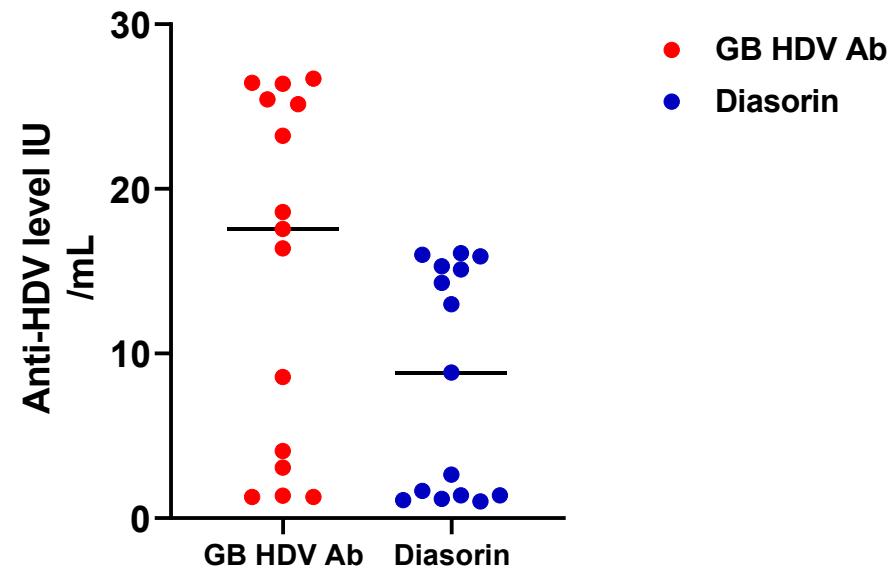
HDV Ab + vs HDV Ab- /Diasorin Assay in the general cohorts			
Characteristics	Negative =682 ¹ (0,N)	Positive = 25 ¹ (1,N),	p-Value ²
Age group	40 (36, 48)	42(38,44)	0.5
HBsAg, median	3,074 (1,529-4,323)	1,987 (161,- 3,912	0.13
HBV DNA (IU/L), median (IQR)	214 (10, 2,560)	10 (10, 4,175)	0.8
HBV DNA categories IU/L			0.7
Jaundice	5/680 (0.4%)	1/23 (4.3%)	0.2
ALT (IU/mL)	23 (17,31)	22 (19, 39)	0.3
AST (IU/mL)	27 (22,35)	35 (24, 46)	0.073
GGT (IU/mL)	28 (20, 40)	32 (25, 61)	0.062
HBeAg	43/ 120 (36%)	3/5 (60%)	0.4
Liver stiffness (kPa), median (IQR)	5.3 (4.3, 6.60)	5.70 (4.75, 8.40)	0.2
METAVIR score, n/N (%)			0.061
Ascites (Clinic), n/N (%)	3/680 (0.4%)	2/23 (8.7%)	0.01
Us-Ascite n/N (%)	4/680 (0.6%)	3/23 (13%)	<0.001
APRI score >0.65	122/ 652 (19%)	9/23 (39%)	0.027
Anti-HDV level (median)		12 IU/mL	
HDV Viral Load		Log10 5.5 IU/mL	



Pan-Genotypic HDAg POC



Lempp, F.A. et, al. 2021
<https://doi.org/10.3390/v13122371>



● GB HDV Ab
● Diasorin

