

Reinventing serological diagnostic tests for tick-borne diseases.

Dr. Leona Gilbert
leona.gilbert@tezted.com

te?ted
www.tezted.com

TICKPLEX



Copyright Protected

Reinventing serological diagnostic tests for tick-borne diseases.

Dr. Leona Gilbert
leona.gilbert@tezted.com



TICKPLEX



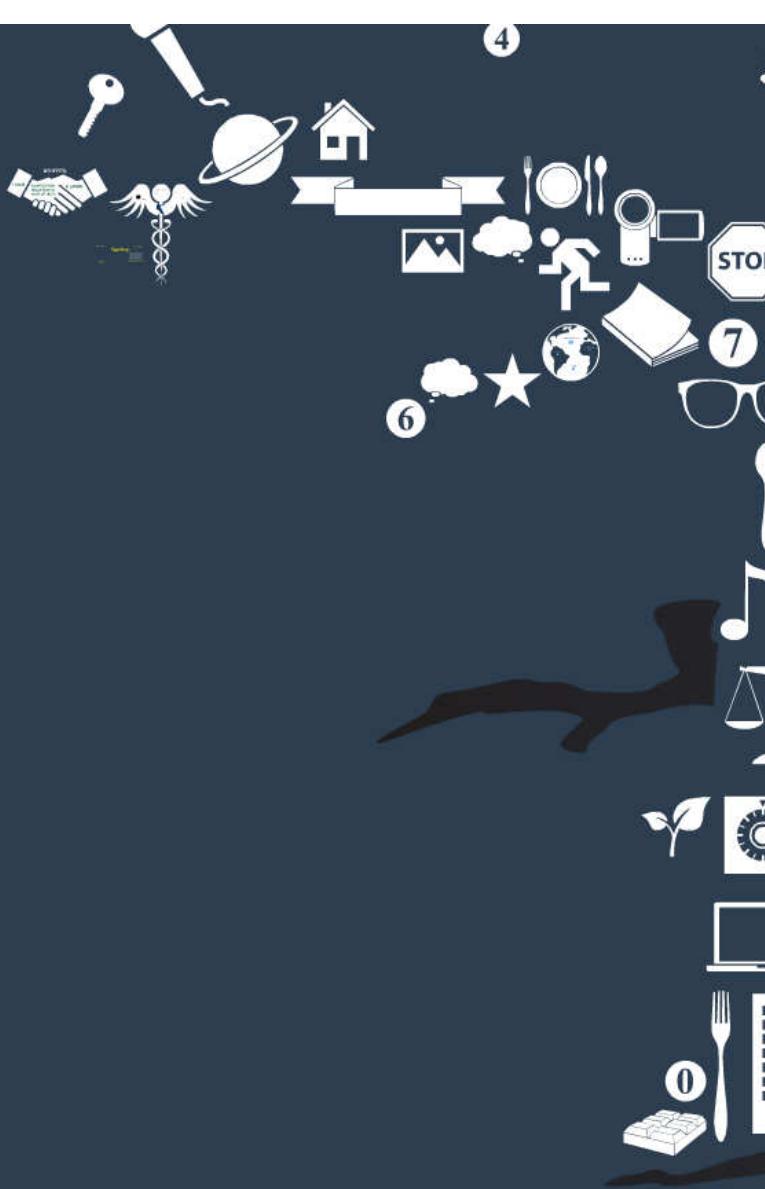
Copyright Protected

diagnostic tests for tick-borne diseases.

Dr. Leona Gilbert
leona.gilbert@tezted.com



TICKPLEX



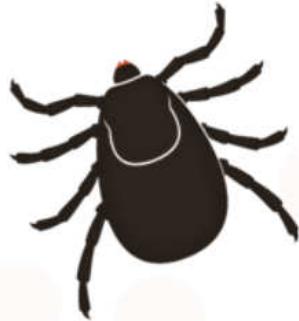


VISION AND MISSION

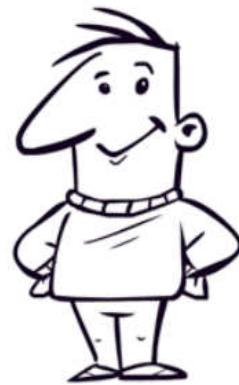
If the patient can be tested, the patient can be treated.



TICK-BORNE DISEASES (TBD)



Ticks



Bite
Humans



Causing
Multiple
Microbial
Infections



Tick-borne Disease Problem



80+ Countries

The Problem



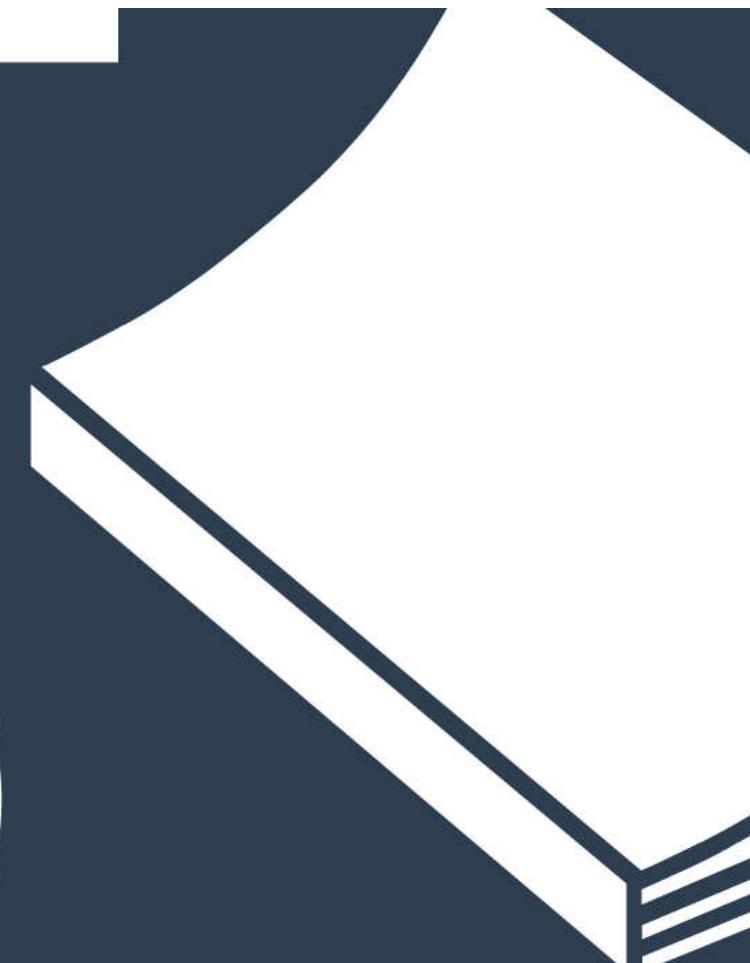
Misdiagnosis

The Problem



Highly Confusing

The Problem with Current Diagnostics



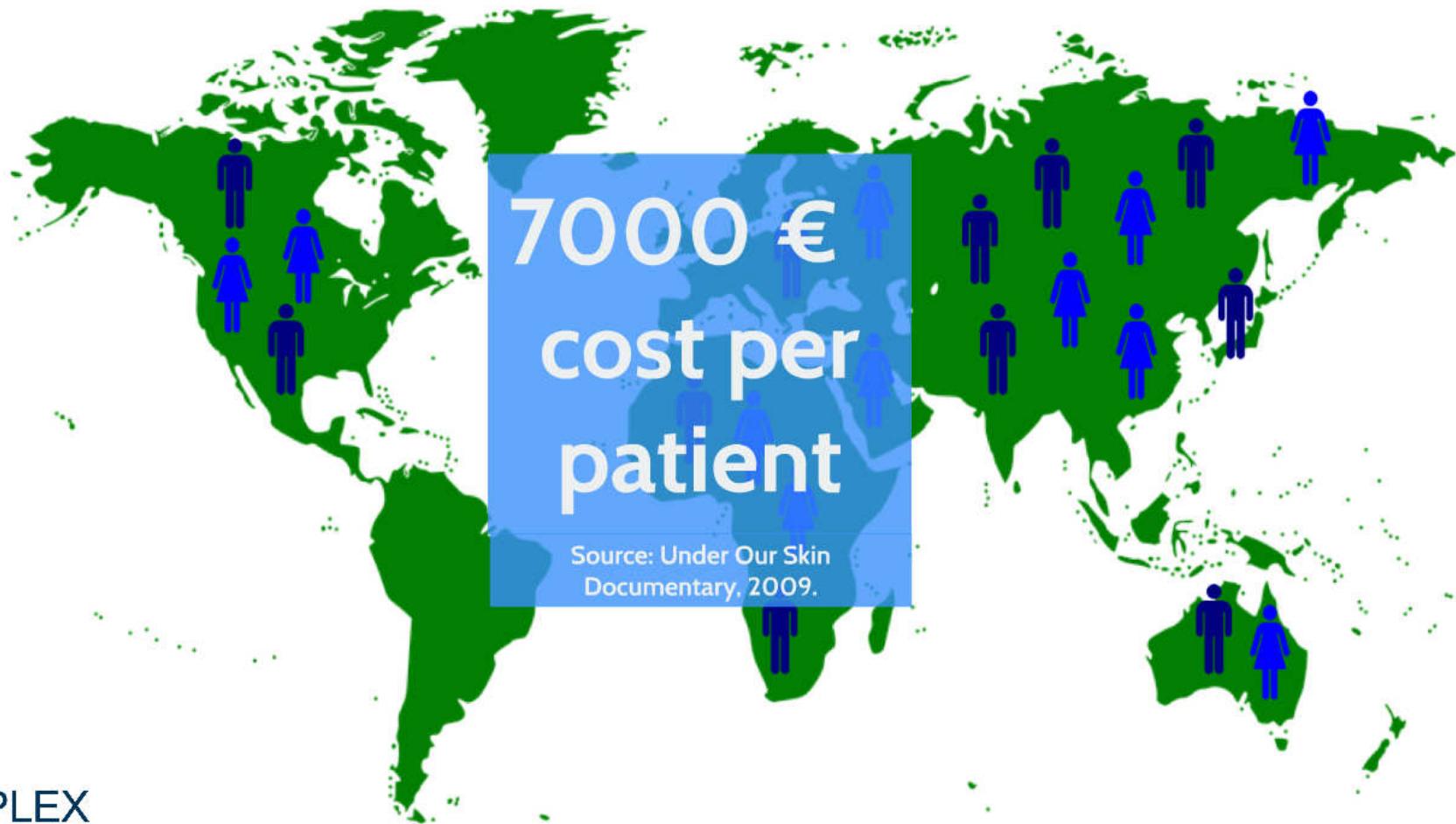
Tick-borne Disease Problem



The Problem



The Problem



The Problem with Current Diagnostics



Lyme Disease: A Multi-system Disease



Common symptoms:
Erythema migrans (20-70%),
Flu-like symptoms,
Headache, Malaise, Fatigue, Arthritis, Carditis, Neurological
symptoms, Gastrointestinal problems,
Urticaria, etc.

Disease can be divided by:
Acute stage (days-months)
Disseminated stage (months-year)
Chronic - autoimmunity stage (years?)

How Test Testing for Lyme Disease



Test-Then-Treat Testing Algorithm



Lyme Disease: A Multi-system Disease



Common symptoms:

Erythema migrans (50-70 %), Flu-like symptoms, Headache, Malaise, Fatigue, Arthritis, Carditis, Neuronal symptoms, Gastrointestinal problems...
· difficult to diagnose

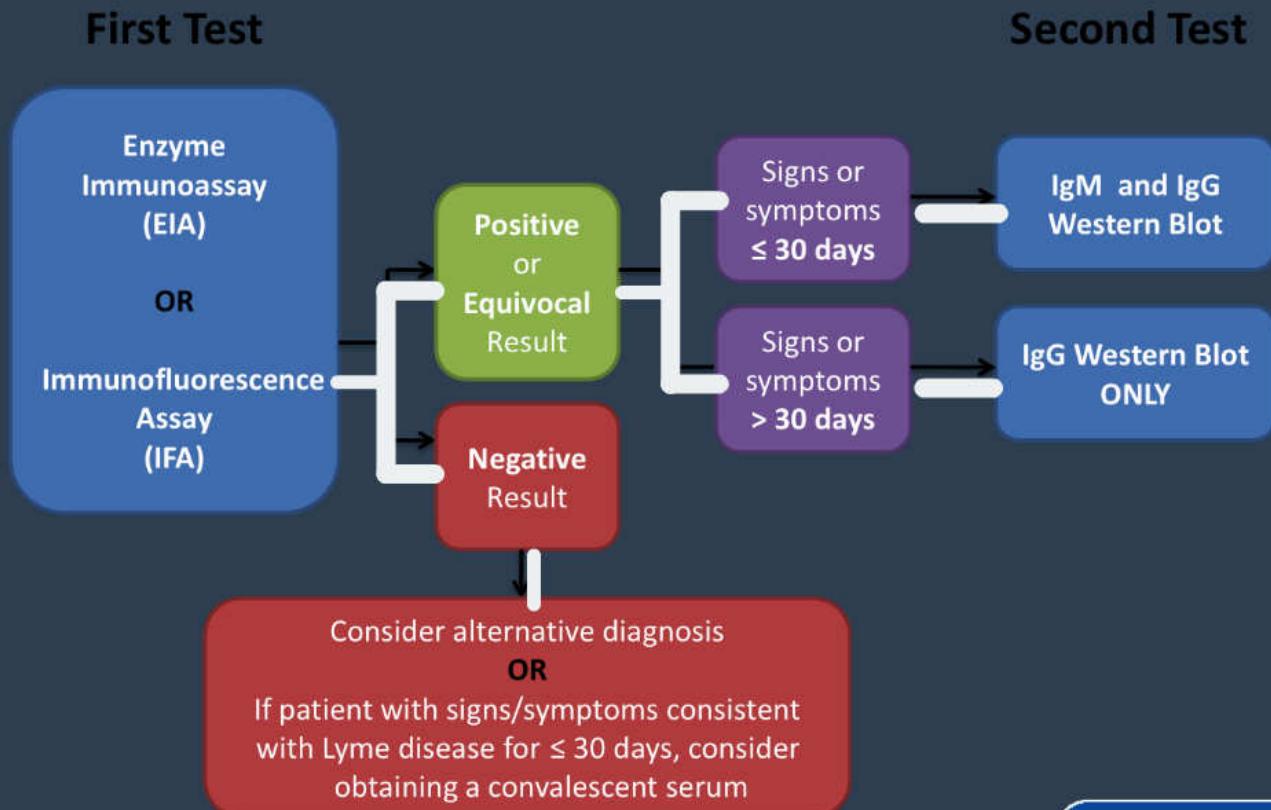
Disease can be divided to:

Acute stage (days-months)

Disseminated stage (months-years)

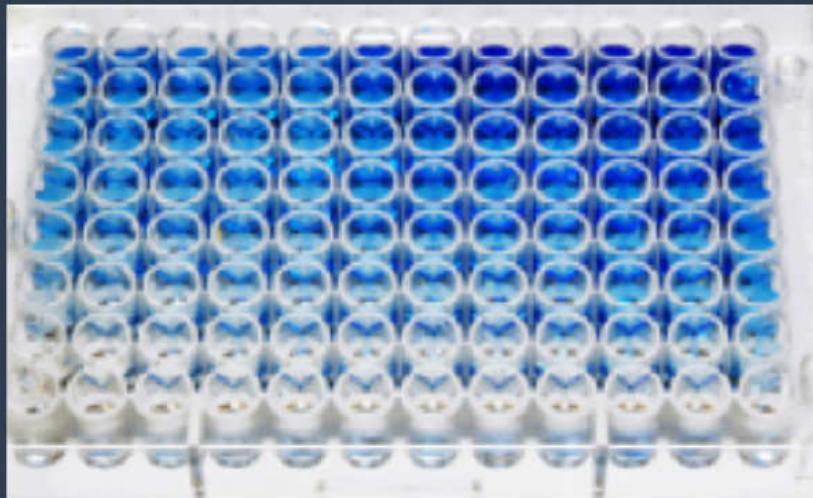
Chronic + autoimmune stage (years?)

Two Tier Testing for Lyme Disease



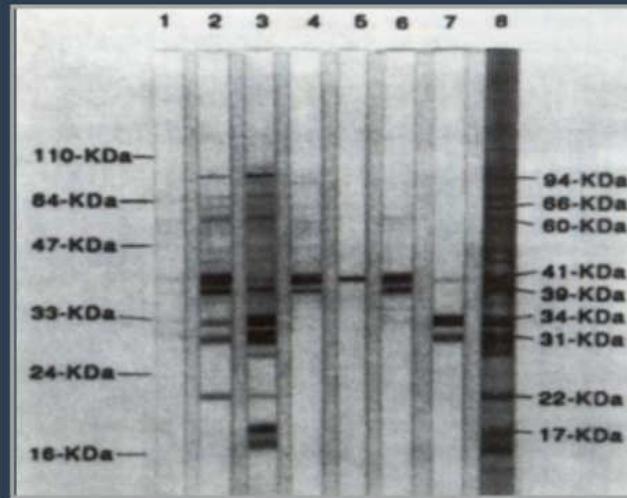
Two-Tier Testing Algorithm

ELISA



Quite sensitive
Automatable
Misses late/chronic cases

Western Blot



- Specific
- Lacks Sensitivity
- Labour intensive
- Difficult to interpret
- Not suitable for standardisation

Vidia anti-Borrelia recom. IgG + VlsE 95% 99 %

Vidia anti-Borrelia recomb. IgM 95% 99%

IBL International Borrelia + VlsE IgG ELISA 94% 98%

IBL International Borrelia 14kDa+OspC IgM ELISA 100% >95%

Euroimmun Anti-Borrelia-ELISA (IgM)

B. burgdorferi, B. afzelii, B. garinii IgM ELISA singlets 100% 96%

Euroimmun Anti-Borrelia-plus VlsE-ELISA (IgG)

B. burgdorferi (+VlsE), B. afzelii, B. garinii IgG ELISA singlets 100% 90 %

Novatec NovaLisaTM Borrelia burgdorferi IgG/IgM recombinant ELISA

98% (IgG) 93%(IgM) 100% (IgG) 98%(IgM)

Sekisui Diagnostics Borrelia afzelii IgM ELISA Testkit - VIROTECH >99% >98%

Sekisui Diagnostics Borrelia afzelii + VlsE IgG ELISA Testkit - VIROTECH 100,0 % 100,0 %

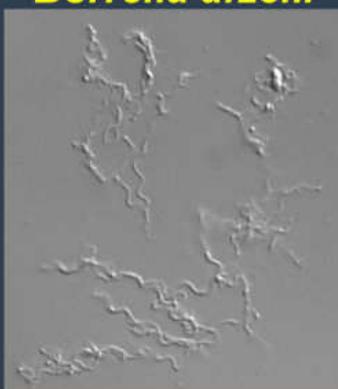


Co-infections and Secondary Infections



Co-infections and Secondary Infections

Borrelia afzelii



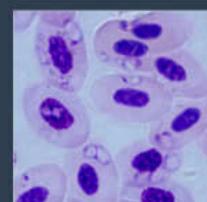
TBE



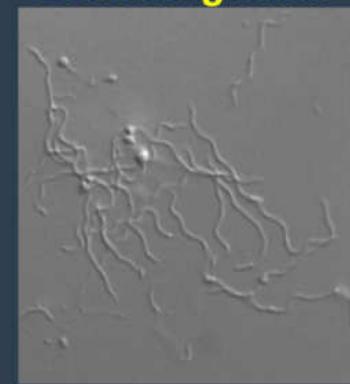
Ehrlichia ewingii



Babesia microti



Borrelia garinii

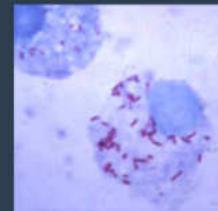


Bartonella henselae



[http://www.answers.com/search?
q=bartonella](http://www.answers.com/search?q=bartonella)

Rickettsia rickettsii

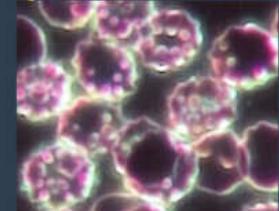


[http://textbookofbacteriology.net/
Rickettsia_2.html](http://textbookofbacteriology.net/Rickettsia_2.html)

Mycoplasma fermentans

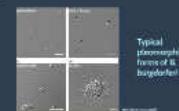


Chlamydia pneumoniae

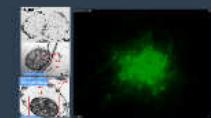


<http://www.cpnhelp.org/book/export/html/408>

Pleomorphic Forms of Borrelia



Typical plasmalemma forms of *B. burgdorferi* B31



IN VIVO



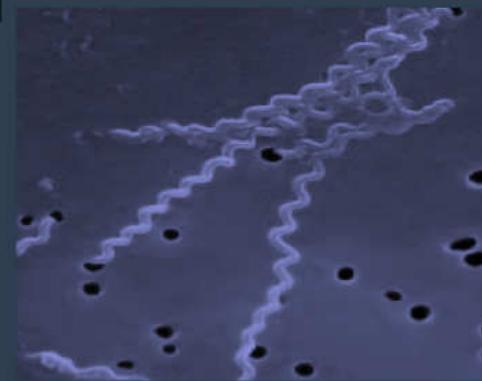
Pleomorphism



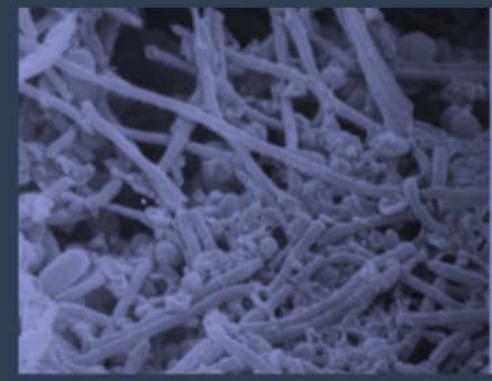
Coccoid



Rod



Spiral

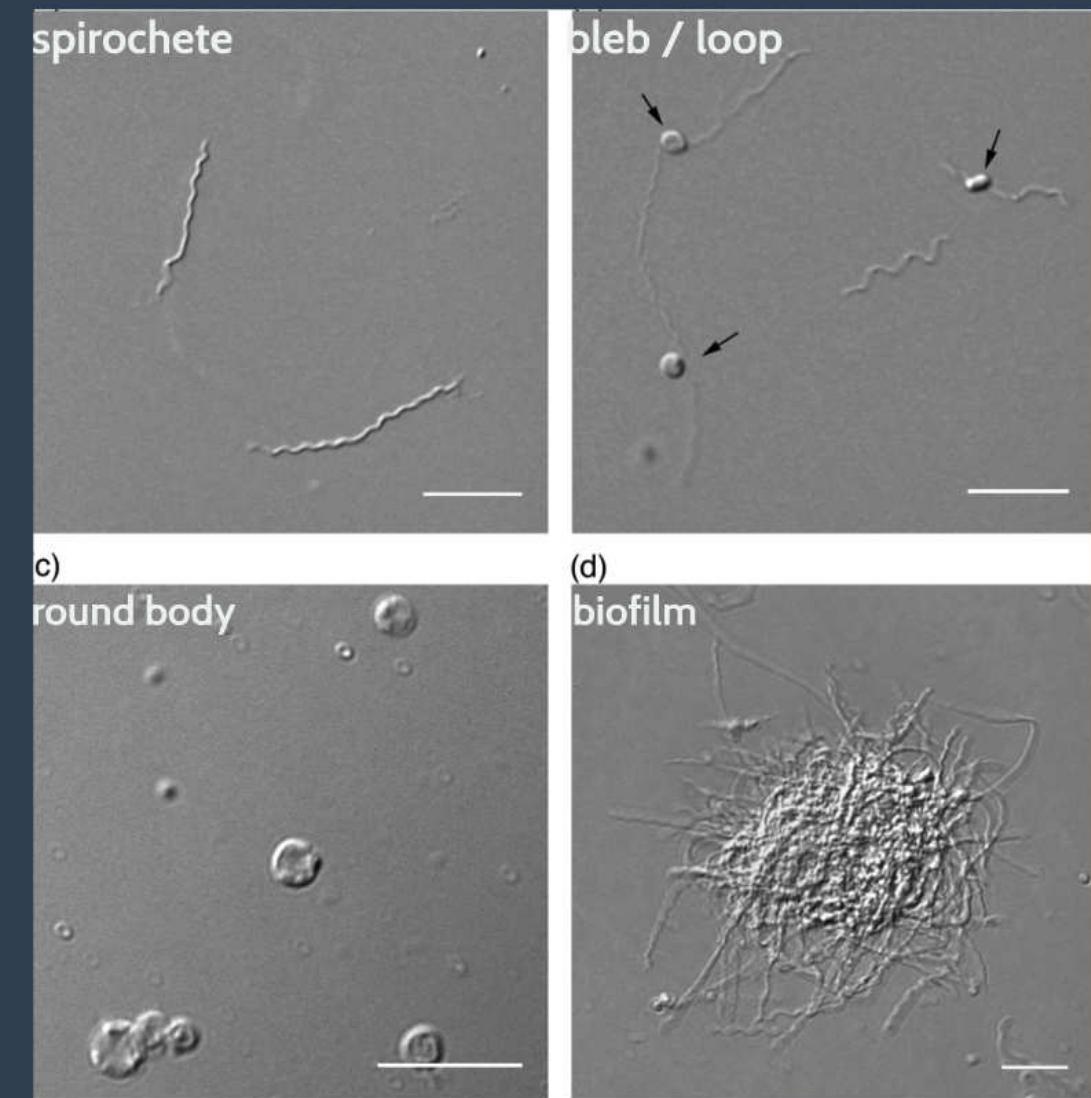


Biofilm

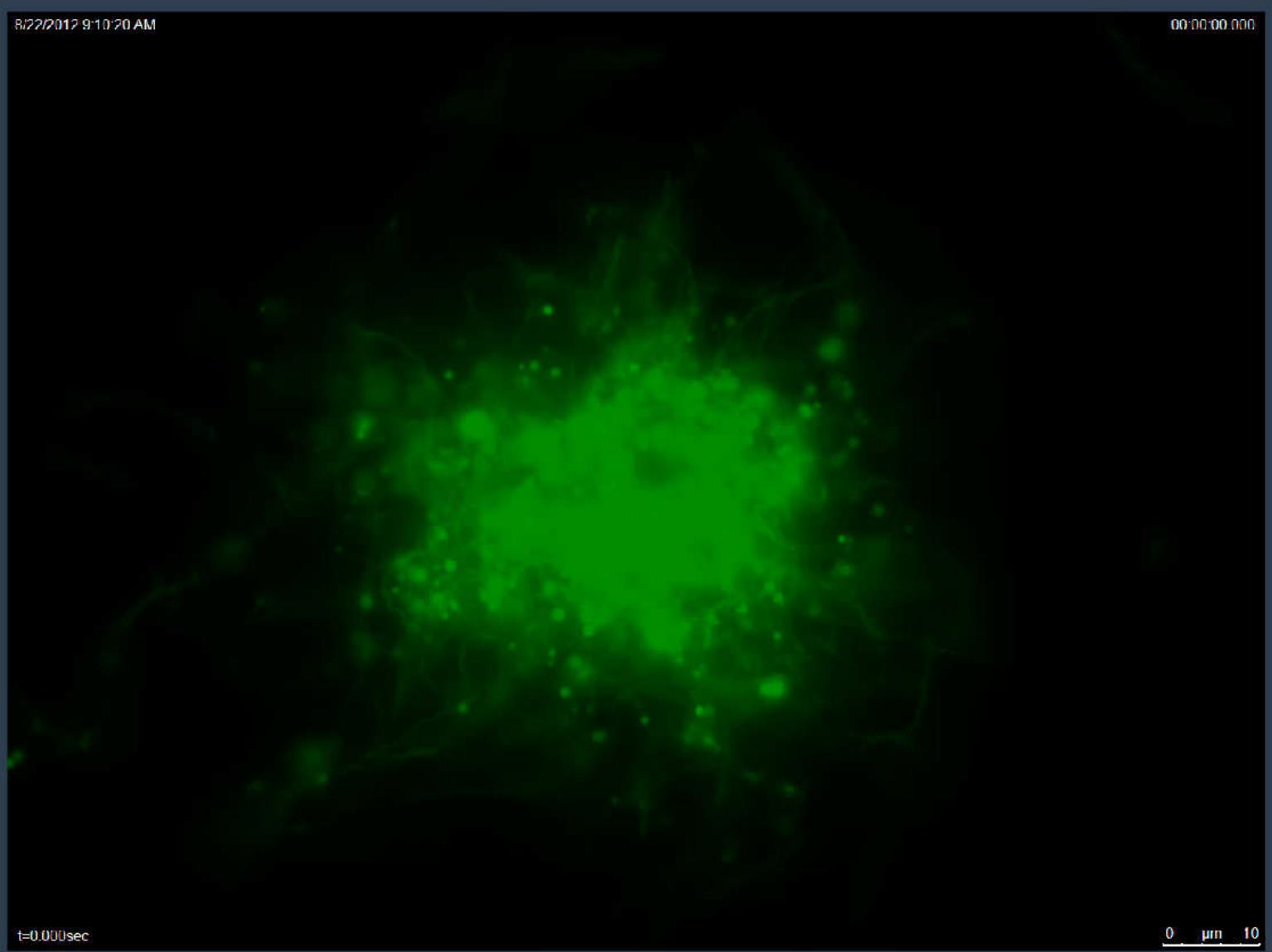
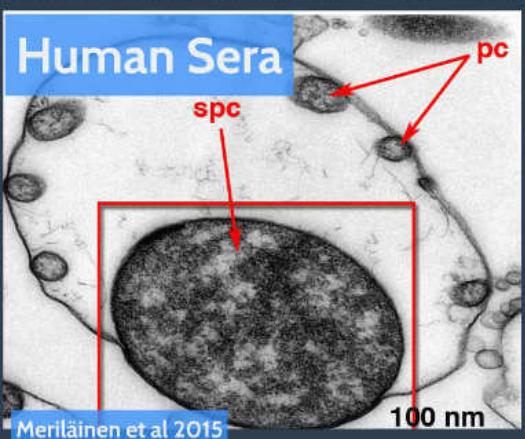
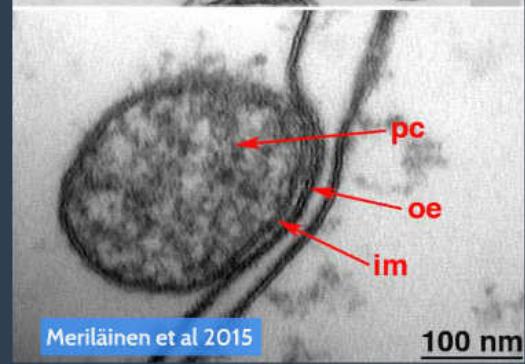
Occurrence of two or more structural forms during a life cycle

Term (Lantos et al 2015 reviewed)	Description (Allan et al 2009, Cagle 1974, Cocotl-Yanez 2011, Meriläinen et al 2015)	References for <i>Borrelia</i>
L-form	Phenotypic deficiency in rigid cell wall.	Allan et al 2009;
Alternative nomenclature Cell wall-deficient form L-variant L-phase L-organism	pH (Murgia & Cinco 2004); antibiotics (Barbour et al 1982, Schaller & Neubert 1994, Kersten et al 1995, Mursic et al 1996, Murgia et al 2002, Sapi et al 2011); water (Al-Robaiy et al 2010, Brorson & Brorson 1998, Murgia & Cinco 2004, Meriläinen et al 2015); without sera (Brorson & Brorson 1997, Alban et al 2000); mammalian culture media (Alban et al 2000, Al-Robaiy et al 2010, Dunham-Ems et al. 2012, Meriläinen et al 2015); human sera (de Taeye et al 2013, Meriläinen et al 2015).	
Subtypes Stable L-forms Unstable L-forms Spheroplast Protoplast	Permanent cell wall alterations. Cannot revert to parental form. Temporary induction of cell wall alterations by exposure to drugs and may revert back. L-form where some cell wall structure is retained. Stable or not. L-form where no cell wall structure is retained. Stable or not.	Alban et al 2000, Al-Robaiy et al 2010, Brorson & Brorson 1997, 1998a & b, 1999, 2001, 2004, 2006, 2007; Dunham-Ems et al 2012; Escudero et al 1997; Feng et al 2015; Gruntar et al 2001; Kawai et al 2014; Murgia et al 2002; Mursic et al. 1996; Oliver et al 2010; Preac et al 1996; Stricker and Johnson 2011.
Cyst	Differentiated structure that is resistant to desiccation or other noxious conditions. Encystment occurs by changes in the cell wall; the cytoplasm contracts and the cell wall thickens.	
Propagule / pearls / granules	Infectious “units” of material that transmit disease.	Aberer and Duray 1991; Barbour & Hayes 1986; Escudero et al 1997; Garon et al. 1989.
Round, coccoid, globular or spherical	Descriptive morphologic terms. Not biologically defined (Lantos et al 2015).	Brorson et al 2009; Feng et al 2015; Goc et al 2015; Meriläinen et al 2015.
Bleb / Loops	An irregular membrane bulge.	Barbour & Hayes 1986; de Taeye et al 2013; Dever et al 1993; Kersten et al 1995; Kraiczy et al 2001; Meriläinen et al 2015; Whitmire & Garon 1993.
Biofilm, biofilm-like	Group of microorganisms that have adherent cells and are frequently embedded within matrix of extracellular polymeric substance. Consists of more than 10 spirochaetes/blebs/RBs.	Barbour & Hayes 1986; Feng et al 2015, 2016; Kurtti et al 1987; Goc et al 2015; Meriläinen et al 2015; Sapi et al 2012; Srivastava & de Silva 2009. Timmaraju et al. 2015.

Typical pleomorphic forms of *B.* *burgdorferi* B31



Meriläinen et al 2015



IN VIVO



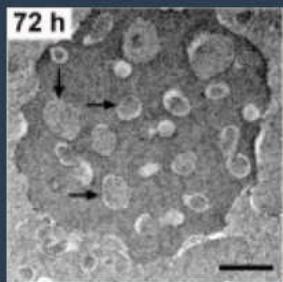
Dunham-Ems et al 2012
Embers et al 2012



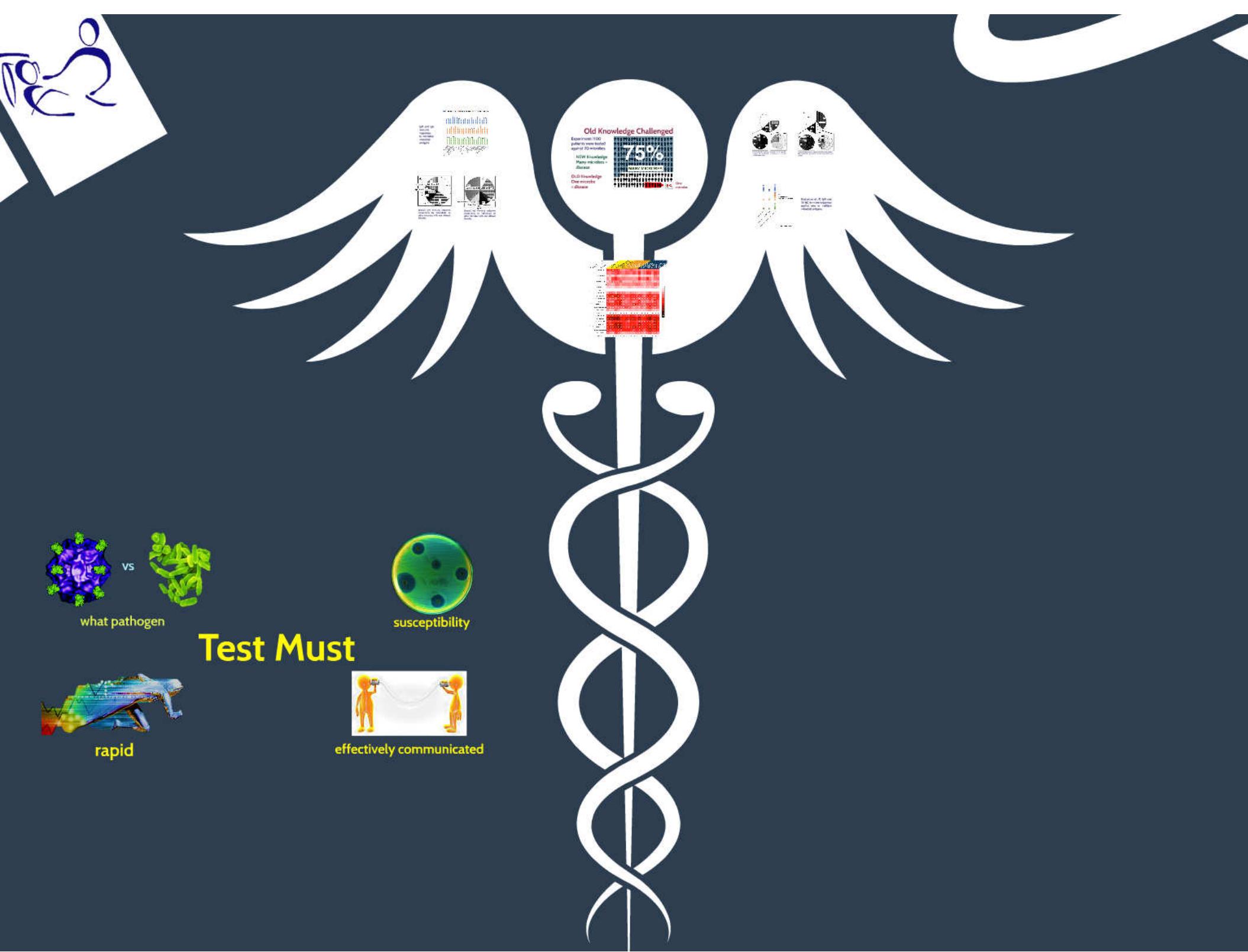
Lebech et al 1995

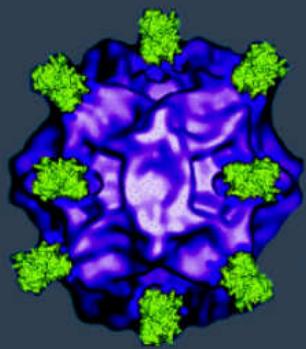


Janus et al 2014
Baneth et al 2016



Aberer et al 1996, 1997
Brorson et al 2001
Eisendle 2007a, b, 2008
Hulinska et 1989, 1994
MacDonald 1998, 2006
MacDonald & Miranda 1987
Miklossy et al 2008 Muehlenbachs et al 2006
Nanagara et al 1996 Phillips et al 1998
Sapi et al 2016 Waldo & Sidhu 1983
Yoon et al 2005 Zanconati et al 1994

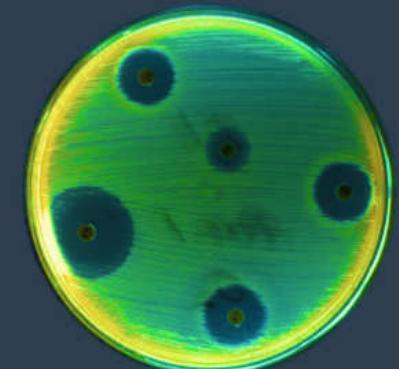




VS



what pathogen



susceptibility

Test Must



rapid



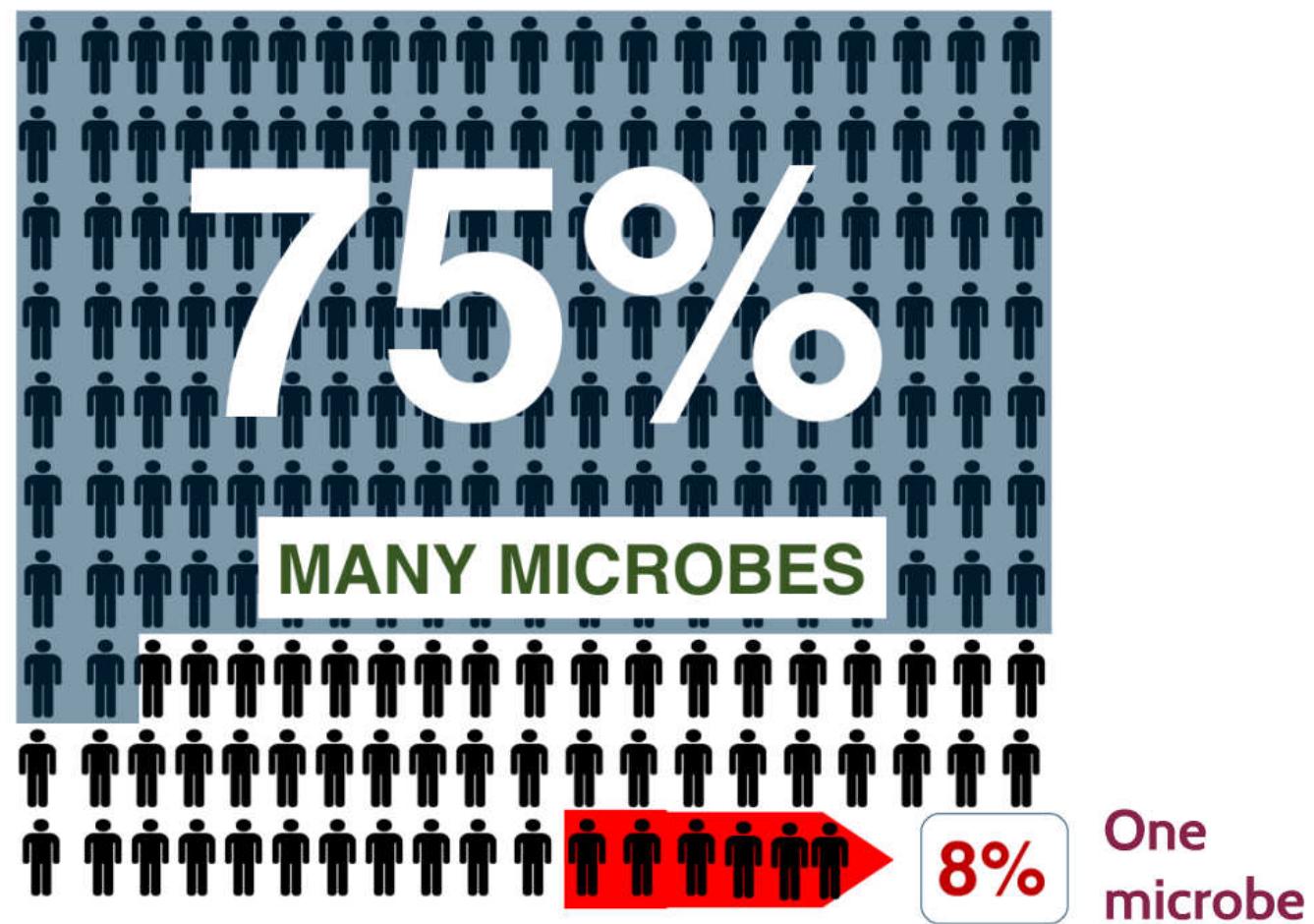
effectively communicated

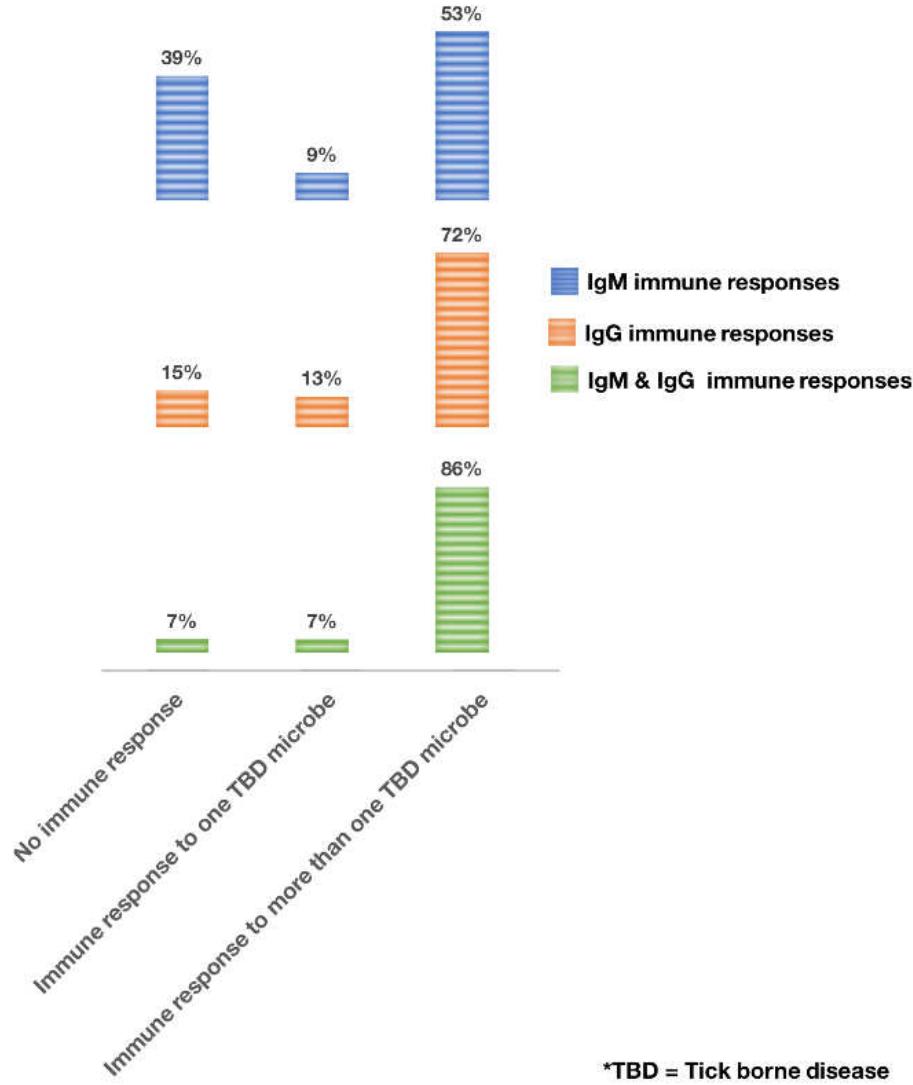
Old Knowledge Challenged

Experiment: 1100 patients were tested against 20 microbes

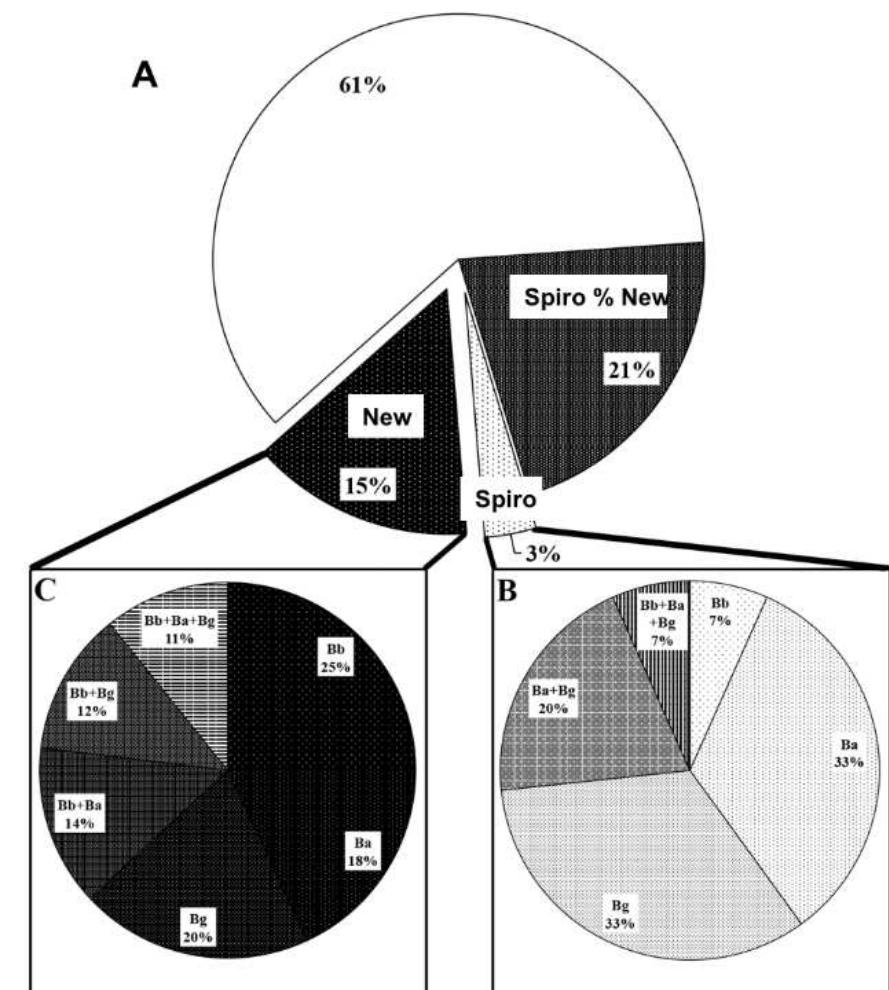
NEW Knowledge
Many microbes = disease

OLD Knowledge
One microbe = disease

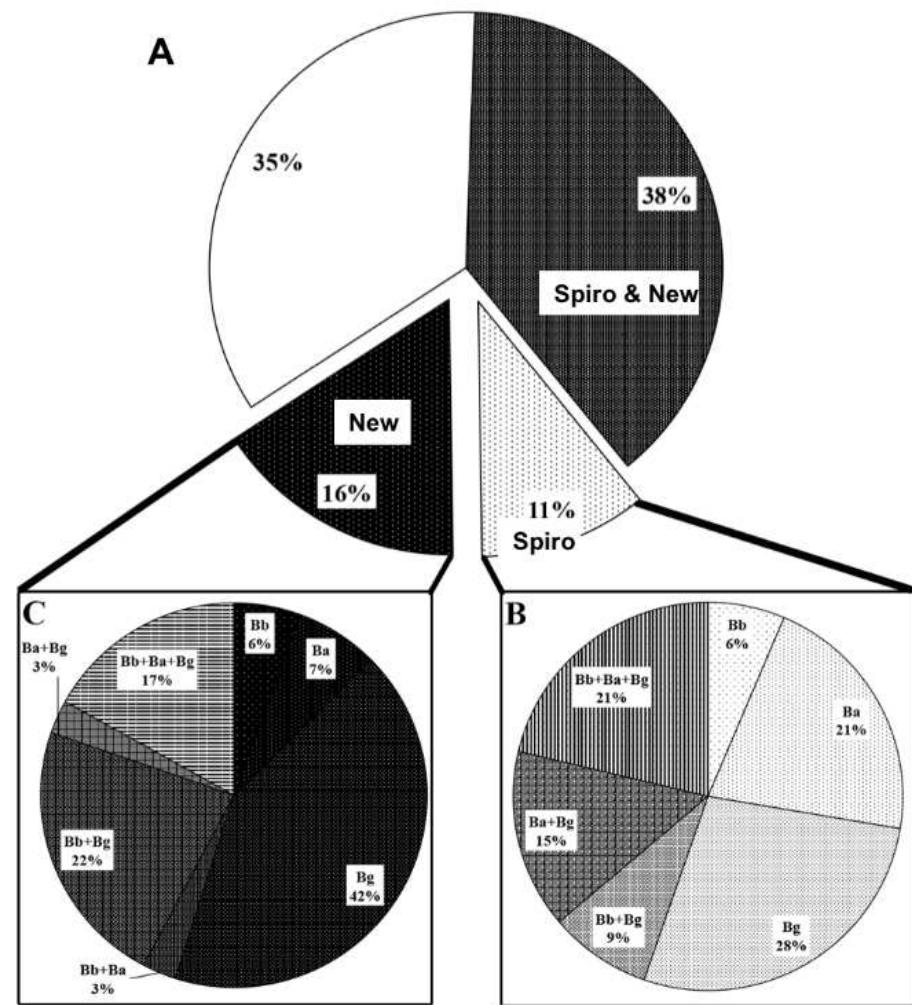




Evaluation of (A) IgM and (B) IgG immune responses against one or multiple microbial antigens.

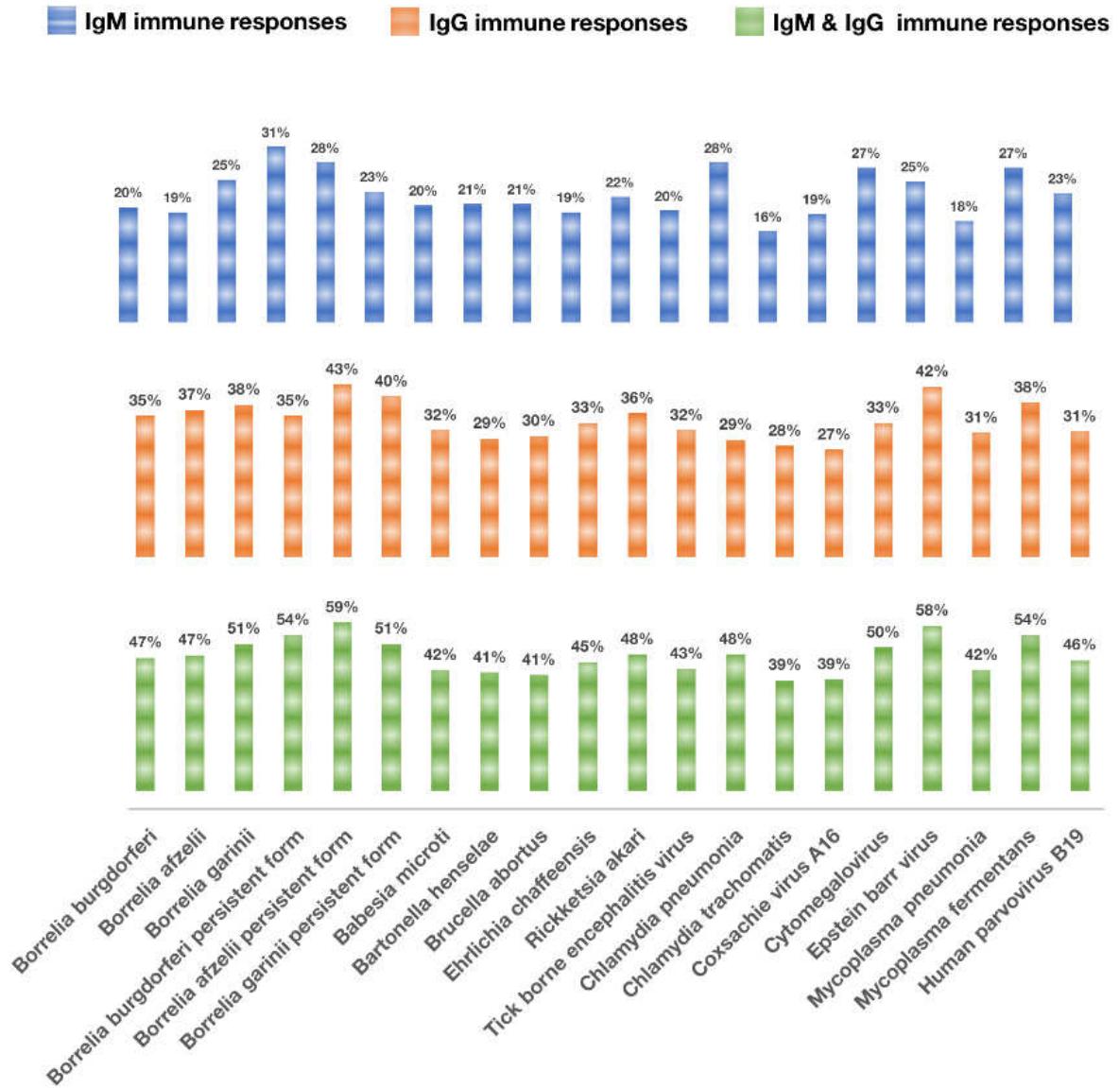


(A) Overall IgM immune responses to all Borrelia antigens, (B) only Borrelia spirochetes, and (C) only Borrelia new antigen.

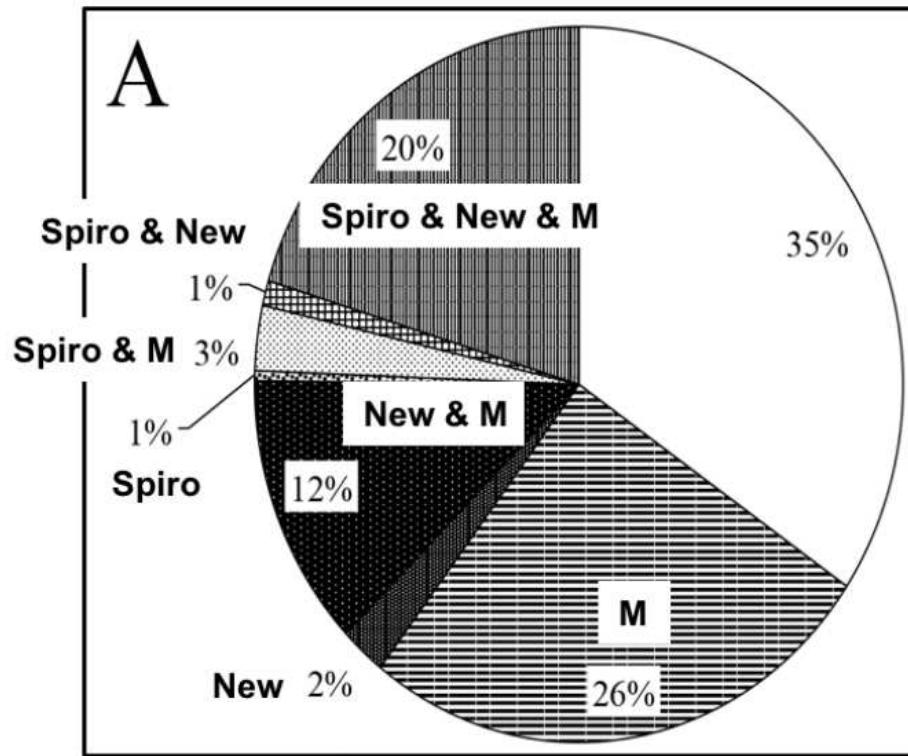


(A) Overall IgG immune responses to all Borrelia antigens, (B) only Borrelia spirochetes, and (C) only Borrelia new antigen.

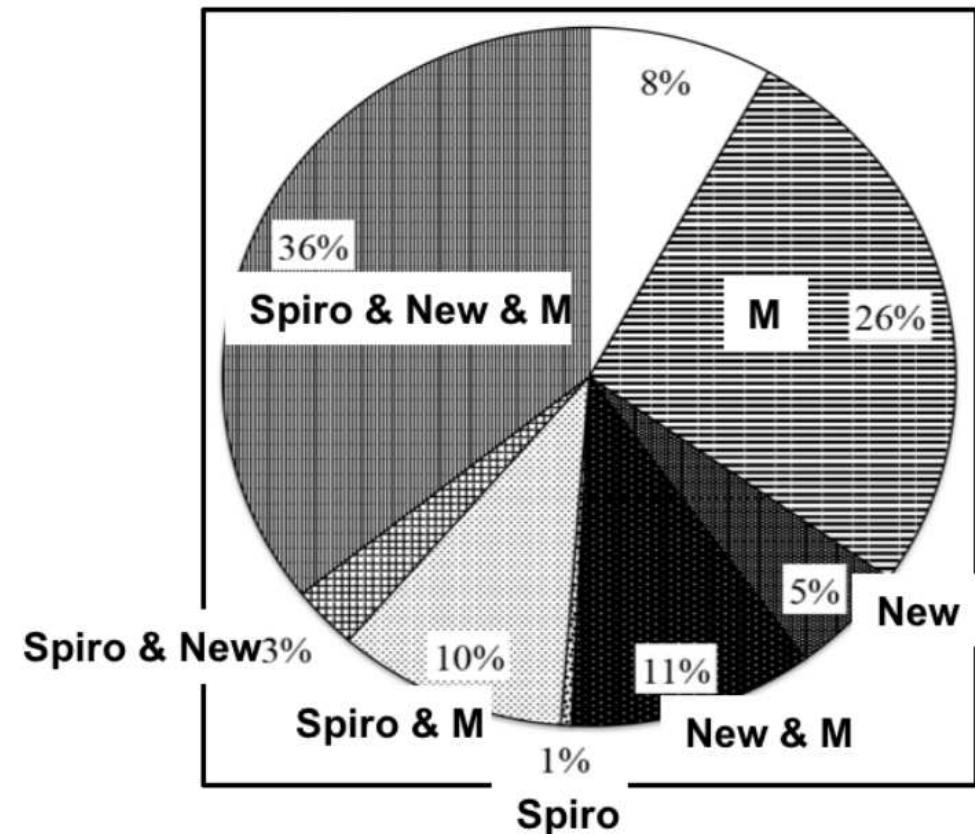
IgM and IgG immune responses to individual microbial antigens.



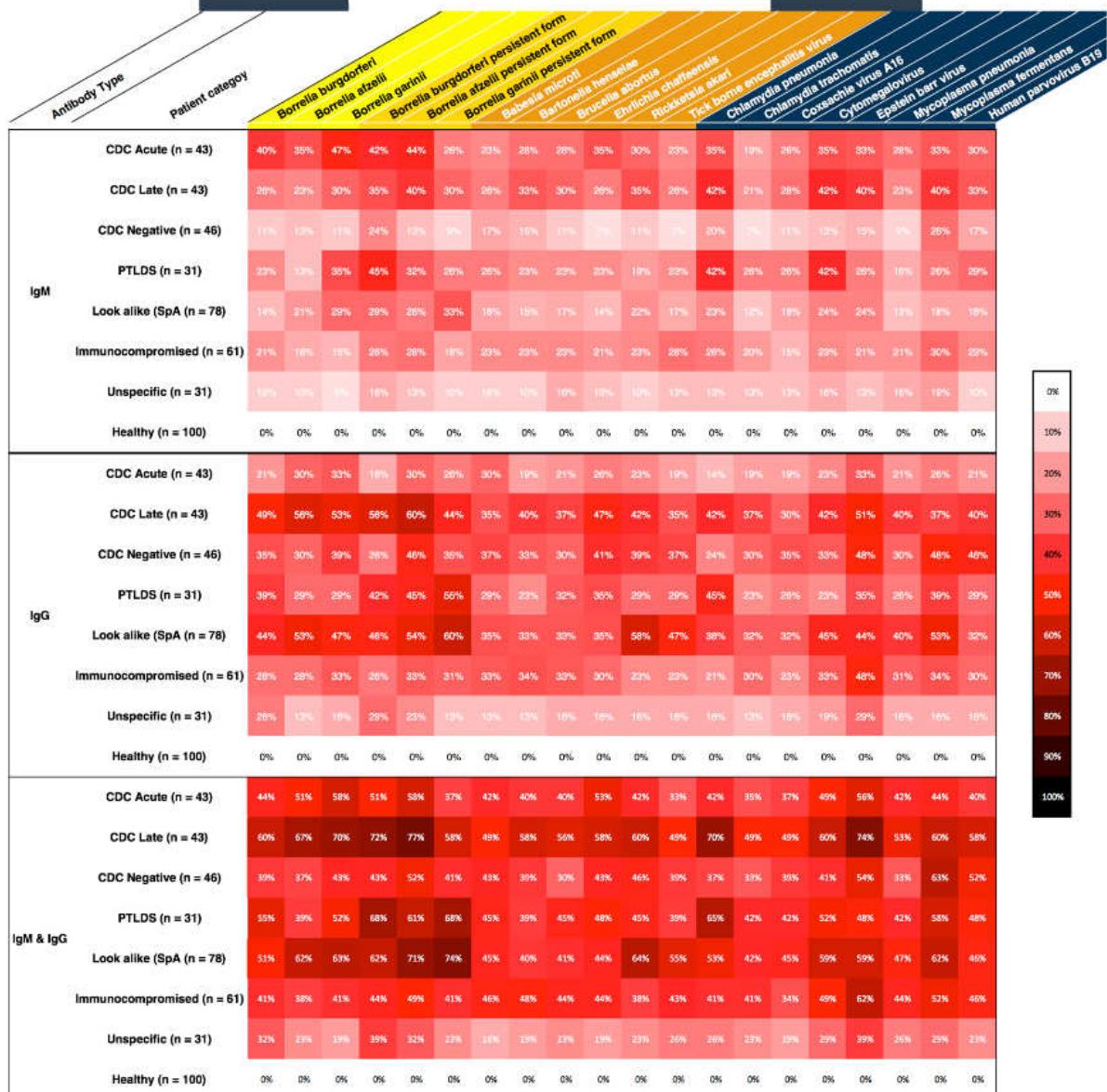
A



Overall IgM immune response proportions by individuals to other microbes with and without Borrelia.



Overall IgG immune response proportions by individuals to other microbes with and without Borrelia.



Our Solution: A Complete Diagnostic Platform for Tick-borne Diseases



SOLUTION

TICKPLEX PREMIUM Coming Soon!

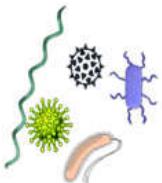
TICKPLEX PLUS

TICKPLEX PLUS test provides a quantitative and qualitative detection assay for the four most prevalent tick-borne diseases (Babesia microti, Babesia microstigma, and Borrelia genovensis infection). The test includes participant analysis of the different tick-borne species.

TICKPLEX BASIC

TICKPLEX BASIC test provides a quantitative and qualitative detection assay for the four most prevalent tick-borne diseases (Babesia microti, Babesia microstigma, and Borrelia genovensis). The test includes participant analysis of the different tick-borne species.

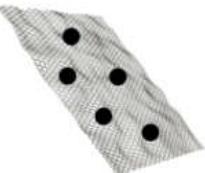
Our Solution: A Complete Diagnostic Platform for Tick-borne Diseases



Tests Multiple Microbes



Tests Multiple Disease Stages



With Higher Sensitivity



Access Anytime and Anywhere



3 Patents Filed &
Trademark

Sensitivity: 95%

Specificity: 98%

False positive: 0.6%

False negative: 3%

PPV: 99%

NPV: 99%

95% Confidence Interval





TICKPLEX PREMIUM

Coming Soon!!



TICKPLEX PLUS

TICKPLEX® PLUS test provides a quantitative and qualitative *in vitro* assay for human IgM and IgG antibodies against *Borrelia afzelii*, *Borrelia burgdorferi*, and *Borrelia garinii* infections. The test includes persistent antigens of the different borrelia species.



Tests for co-infections (*Babesia*, *Bartonella*, *Ehrlichia*, *Rickettsia*), and opportunistic infections (Coxsackievirus, Epstein-Barr virus, Human parvovirus B19, *Mycoplasma fermentans* and *Mycoplasma pneumoniae*) associated with tick-borne diseases.



TICKPLEX BASIC

TICKPLEX® BASIC test provides a quantitative and qualitative *in vitro* assay for human IgM and IgG antibodies against *Borrelia afzelii*, *Borrelia burgdorferi*, and *Borrelia garinii* infections. The test includes persistent antigens of the different borrelia species.

BENEFITS

1 VISIT

SIGNIFICANT
REDUCTION IN
COST OF TESTS

€ SAVED







Tekes

Finnish Innovation Funding Agency

Schwartz Foundation

Reinventing serological diagnostic tests for tick-borne diseases.

Dr. Leona Gilbert
leona.gilbert@tezted.com



TICKPLEX



Copyright Protected



Thank You!

Reinventing serological diagnostic tests for tick-borne diseases.

Dr. Leona Gilbert
leona.gilbert@tezted.com



TICKPLEX

