

### BACKGROUND

- Mpox is a double-stranded DNA virus belonging to the Orthopoxvirus genus. There are two pathogenic clades of the virus, denoted as clade I and II.
- In early May 2022, clade II Mpox was reported outside of Central/Western Africa for the first time since 2003, causing a global outbreak in which the United States led in cases as well as deaths.<sup>1,2,3</sup>
- CDC recommended the Non-variola Orthopoxvirus Generic **Real-Time PCR Test.**
- <u>Limitations</u>: low-volume, no clade specificity, and laborious.
- <u>Solution</u>: optimize and validate a clade II-specific PCR laboratory-developed assay (LDA) on the Hologic Panther Fusion<sup>®</sup> using the Open Access<sup>™</sup> System.<sup>4</sup>
- Clade II Mpox continues to circulate in the United States but at low levels.<sup>5</sup>
- Clade I Mpox has recently caused outbreaks throughout Central/Eastern Africa beginning in early 2024, and there have been several travel-associated cases from these outbreaks reported in various countries. The first travel-associated case in the United States was detected in November 2024.<sup>6</sup>
- <u>Previous Fusion<sup>®</sup> Assay Limitations</u>: only clade II-specific.
- <u>Current Challenges:</u> clade I Mpox is a select agent, and *confirmed* specimens cannot be handled outside of a BSL-3 registered space. Entities possessing, using, or transferring such agents must comply with the HHS Select Agent and Toxin Regulations.<sup>7</sup> Inactivation of all specimens in a BSL-3 registered space prior to running on the Panther Fusion<sup>®</sup> poses a significant barrier to high-volume testing in the event of an outbreak.
- Solution: optimize and validate an updated PCR LDA on the Hologic Panther Fusion<sup>®</sup> targeting both clade II Mpox as well as Non-variola Orthopoxvirus (NVO). The NVO target serves as a "catch-all" for Mpox clade I, clade II, or novel clade, but is not considered confirmatory for clade I.

#### References

1. Vivancos, R., Anderson, C., Blomquist, P., Balasegaram, S., Bell, A., Bishop, L., Brown, C. S., Chow, Y., Edeghere, O., Florence, I., Logan, S., Manley, P., Crowe, W., McAuley, A., Shankar, A. Gf., Mora-Peris, B., Paranthaman, K., Prochazka, M., Ryan, C., Simons, D., Monkeypox Incident Management Team. (2022). Community transmission of monkeypox in the United Kingdom, April to May 2022. Eurosurveillance, 27(22), 2200422. https://doi.org/10.2807/1560-7917.ES.2022.27.22.2200422 2. Perez Duque M, Ribeiro S, Martins JV, Casaca P, Leite PP, Tavares M, Mansinho K, Duque LM, Fernandes C, Cordeiro R, Spiteri G, Casal AS, Mendes D, Souto T, Pocinho S, Fernandes T, Firme A, Vasconcelos P, Freitas G. (2022). Ongoing monkeypox virus outbreak, Portugal, 29 April to 23 May 2022. Eurosurveillance, 27(22), 2200424. https://doi.org/10.2807/1560-7917.ES.2022.27.22.2200424 3. Centers for Disease Control and Prevention. 2022 U.S. map & case count. Centers for Disease Control and Prevention. December 28, 2022. Accessed January 3, 2023. https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html 4. Villa RD, Pentella MA, Benfer JL. A Laboratory-Developed Assay for Clade II Human Mpox Virus on the Panther Fusion Open Access System. The Journal of Infectious Diseases. 2023;229(Supplement\_2):S132-S136. doi:10.1093/infdis/jiad347 5. National Center for Emerging and Zoonotic Infectious Diseases. U.S. Case Trends: Clade II Mpox. Centers for Disease Control and Prevention. February 5, 2025. Accessed February 28, 2025. https://www.cdc.gov/mpox/data-research/cases/index.html 6. Centers for Disease Control and Prevention. Mpox in the United States and Around the World: Current Situation. Centers for Disease Control and Prevention. February 12, 2025. Accessed February 28, 2025. https://www.cdc.gov/mpox/situation-summary/index.html 7. Federal Select Agent Program. Biosafety Laboratory Guidance for Handling and Processing Mpox Specimens. Centers for Disease Control and Prevention. September 13, 2024. Accessed March 10, 2025. https://www.cdc.gov/mpox/hcp/laboratories/biosafety.html#cdc\_generic\_section\_3-select-agent-regulations 8. Li, Y., Hui, Z., Wilkins, K., Hughes, C., Damon, I.K. (2010). Real-time PCR assays for the specific detection of monkeypox virus West African and Congo Basic strain DNA. Journal of Virological Methods, 169(1), 223-227. https://doi.org/10.1016/j.jviromet.2010.07.012. 9. Li Y, Olson VA, Laue T, Laker MT, Damon IK. Detection of monkeypox virus with real-time PCR assays. J Clin Virol. 2006 Jul;36(3):194-203. doi: 10.1016/j.jcv.2006.03.012. Epub 2006 May 30. PMID: 16731033; PMCID: PMC9628957.

#### **For More Information**

# **Time to Unbox a New Assay for Mpox**

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### **METHODS**

#### **Primer-Probe Mix (PPM) Optimization**

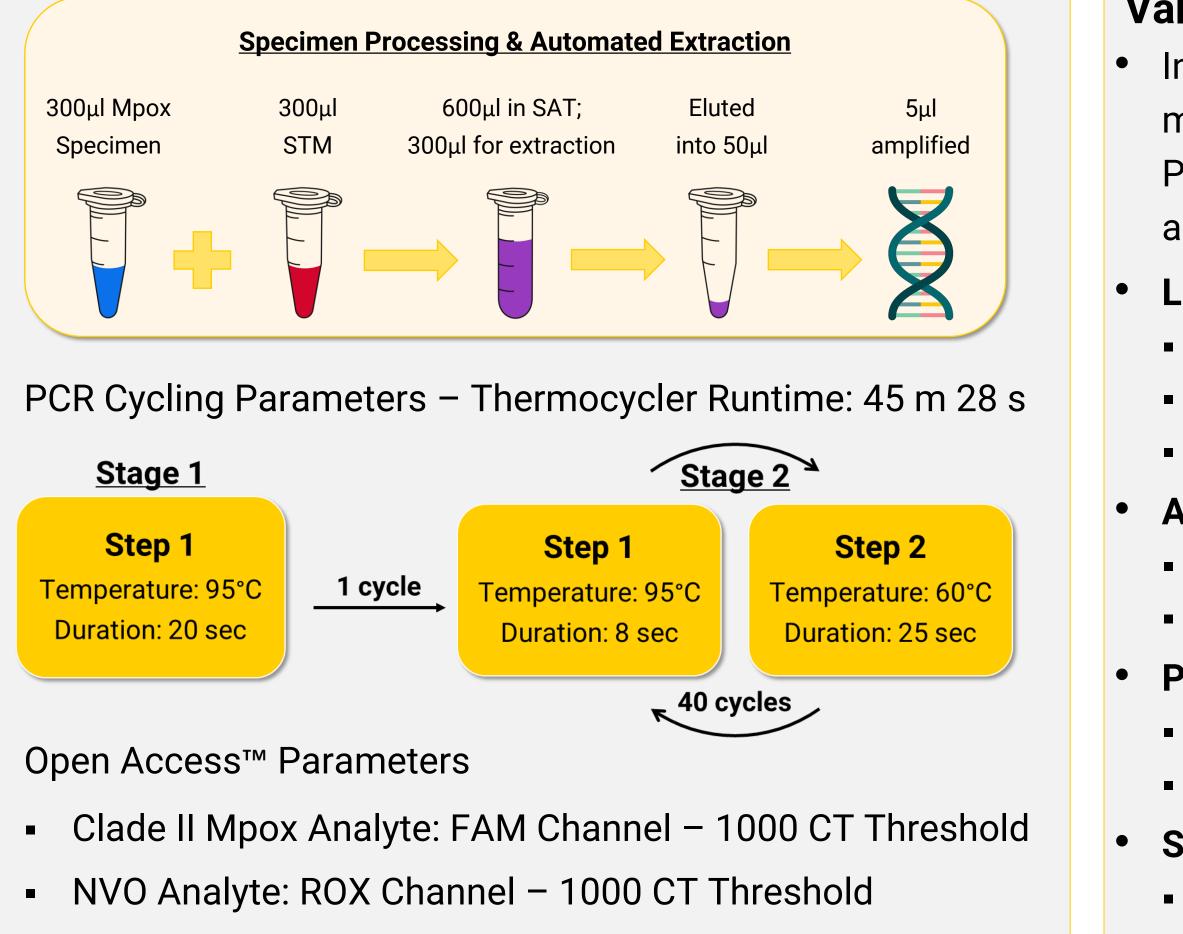
Various concentrations of reagents (clade II Mpox primers/probe, NVO primers/probe, Hologic's<sup>®</sup> IC-X primers/probe, KCl, MgCl<sub>2</sub>) were assessed using a gBlock from IDT designed for both clade II Mpox and NVO target sequences. PPM also contained Tris Buffer, nuclease-free water, and an oil overlay according to Hologic's® recommendations.

Analyte Name	Sequence	Gene Target	
Clade II Mpox F Primer	CAC ACC GTC TCT TCC ACA GAT A	Clade II Mpox TNF Receptor Gene	
Clade II Mpox R Primer	GAT ACA GGT TAA TTT CCA CAT CGA		
Clade II Mpox Probe	/56-FAM/AAC CCG TCG TAA CCA GCA ATA CAT TT/3BHQ_1/		
NVO F Primer	TCA ACT GAA AAG GCC ATC TAT GA	DNA Polymerase Gene	
NVO R Primer	GAG TAT AGA GCA CTA TTT CTA AAT CCC A		
NVO Probe	/56-ROXN/CCA TGC AAT ATA CGT ACA AGA TAG TAG CCA AC/3IAbRQSp/		
Hologic <sup>®</sup> IC-X Primers	N/A	N/A	
Hologic <sup>®</sup> IC-X Probe	N/A		

Table 1. Primer and probe sequences.<sup>8,9</sup>

#### Panther Fusion<sup>®</sup> – Extraction, PCR, & Open Access™

#### Extraction Reagent-X: Low – Viral/Bacterial



IC-X Analyte: Quasar 705 Channel – 1000 CT Threshold

## RESULTS

#### **Final Multiplexed PPM**

• The PPM was optimized to achieve the most robust, reliable, and accurate assav.

inu accurate assay.							
Component	Stock Concentration	Units	Final Concentration	Concentration for 1.25X PPM	Volume (µl) for PPM		
Water					818.75		
KCI	1000	mM	60	75	75		
MgCl <sub>2</sub>	1000	mM	3	3.75	3.75		
Tris Buffer	1000	mM	10	12.5	12.5		
CLII Mpox F Primer	100	μM	0.6	0.75	7.5		
CLII Mpox R Primer	100	μM	0.6	0.75	7.5		
CLII Mpox Probe	100	μM	0.4	0.5	5		
NVO F Primer	100	μM	0.6	0.75	7.5		
NVO R Primer	100	μM	0.6	0.75	7.5		
NVO Probe	100	μM	0.4	0.5	5		
IC-X Primers	37.5	μM	0.75	0.9375	25		
IC-X Probe	25	μM	0.5	0.625	25		
Total					1000		

Table 2. Final optimized PPM for 30 tests of the clade II Mpox/NVO/IC-X multiplexed LDA on the Panther Fusion<sup>®</sup>. PPM also includes a 400  $\mu$ l oil overlay. Calculation format provided for use by Hologic<sup>®</sup> Open Access<sup>™</sup> training.

#### Validation

 Inactivated clade I Mpox, clade II Mpox, and Vaccinia virus material used in this validation was provided by the CDC Poxvirus Branch. HSV1, HSV2, and VZV material used was acquired from in-house testing.

#### Limit of Detection (LOD) & Sensitivity

- Plan: Accept LOD if 19/20 (95%) of replicates are positive. Result: LOD = 13 copies/µl
- PCR Efficiency: Clade II Mpox 99.26% / NVO 83.05% Accuracy
- Plan:  $\geq$ 90% specimens must agree w/ Poxvirus Branch. Result: 100% accuracy between instruments and days.

#### Precision

 Plan: Positive specimens must be within +/- 3 CTs. • Result: 100% precision between instruments and days.

#### Specificity

 Plan: HSV1, HSV2, and VZV must be negative. • Result: 100% specificity between instruments and days.

#### Limitations

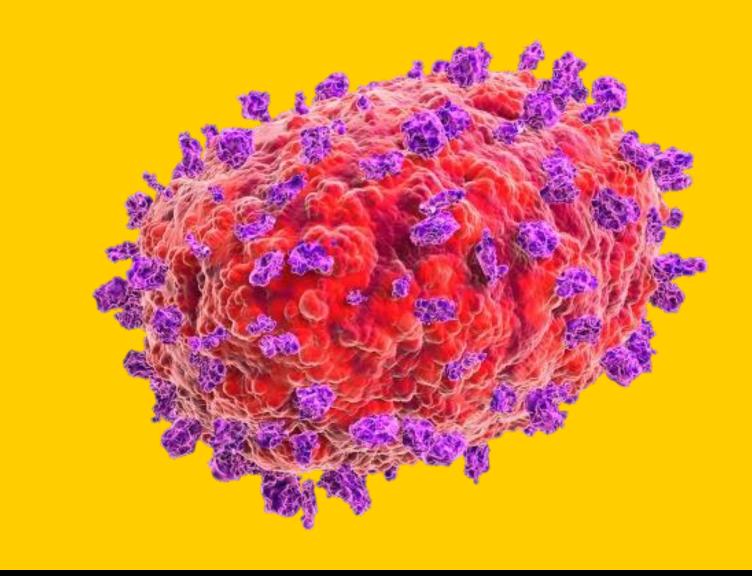
- **Next Steps**

### Acknowledgments

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## **State Hygienic Laboratory**



### CONCLUSION

 There are several benefits of this updated clade II Mpox/NVO multiplexed PCR LDA compared to previous testing methods:

 Automated extraction and PCR saves labor, costs, and time and increases both capacity and reproducibility of results.

Capability for bi-directional interfacing with LIMS.

 Detection of clade II Mpox as well as NVO, serving as a "catch-all" for all Mpox.

• No initial processing and inactivation required in a BSL-3 registered space, removing the largest barrier for highvolume testing in the event of an outbreak.

 Mpox testing in Iowa no longer requires epidemiologists' prior approval, improving testing accessibility and outbreak response.

 The methods outlined here can be applied to the development of numerous PCR LDAs on the Panther Fusion<sup>®</sup> for other pathogens of public health significance.

Specimens resulting positive for NVO but negative for clade II Mpox, i.e., presumptive clade I Mpox or novel clade, will need to be sent to CDC for confirmatory testing.

 The State Hygienic Laboratory at the University of Iowa plans to develop additional PCR LDAs on the Panther Fusion<sup>®</sup>, which will improve workflow efficiencies during future public health emergencies in which rapid, highvolume testing may be necessary.

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Hologic<sup>®</sup> for providing Open Access<sup>™</sup> training.

 CDC Poxvirus Branch for providing material used in this validation.

