

Evaluation of a Diagnostic Screening ELISA for the Detection of

Giardia spp., Cryptosporidium spp. and E. histolytica in Human Fecal Specimens



Abstract #257

Janice D. Hencke<sup>1</sup>, William A. Petri, Jr.<sup>2</sup>, Rashidul Hague<sup>3</sup>, and Joel F. Herbein<sup>1</sup> <sup>1</sup>TECHLAB, Inc., Blacksburg, VA; <sup>2</sup>University of Virginia, Charlottesville, VA; <sup>3</sup>ICDDR,B, Dhaka, Bangladesh

## OBJECTIVE

Develop an ELISA test to screen for the three most prevalent enteric protozoan parasites.

## INTRODUCTION

The TRI-COMBO PARASITE SCREEN test is a diagnostic ELISA for the detection of Giardia spp., Cryptosporidium spp. and Entamoeba histolytica in human fecal specimens to aid in diagnosis of giardiasis, cryptosporidiosis and amebiasis. Identification of these parasites, the three most common enteric protozoan parasites worldwide, often involves microscopy which is labor-intensive, time-consuming and requires advanced training. Here we report results of a clinical evaluation of the TRI-COMBO PARASITE SCREEN test, a qualitative ELISA which offers a simple, highly sensitive and specific method of screening fecal specimens to identify those specimens positive for one or more of these parasites, eliminating the need for expensive, time-consuming diagnostic methods on the majority of specimens. Positive results are indicated by the presence of a vellow color in the wells that can be interpreted visually or analyzed spectrophotometrically. A positive result indicates the presence of cysts or antigen from Giardia spp., Cryptosporidium spp., and/or E. histolytica. For labs that receive large numbers of specimens requiring parasitology screening, negative specimens can be easily and efficiently eliminated from the pool requiring further testing by using the TRI-COMBO test to identify only positive specimens which require follow-up testing such as microscopy, individual ELISA or fluorescent assay. Because of the labor- and cost-intensive nature of microscopy, in particular the necessity of testing multiple specimens from a single patient for a definitive diagnosis, using the TRI-COMBO test as a first step will result in significant savings in time and cost

|                    |   | Individual EL  | ISA Tests   |
|--------------------|---|--|---|
|                    |   | +  | -   |
| TRI-COMBO          | + | 80   | 0   |
| PARASITE<br>SCREEN | - | 0  | 177   |
|                    |   | Sensitivity =<br>Specificity =<br>PPV =<br>NPV =<br>Correlation =<br>Total specimens =<br><i>GIARL</i> | 100.0%<br>100.0%<br>100.0%<br>100.0%<br>257<br>DIA II |
|                    |   | +  | -   |
| TRI-COMBO          | + | 51   | 0   |
| PARASTTE<br>SCREEN | - | 0  | 177   |
|                    |   | CRYPTOSPC  | RIDIUM II   |
|                    |   | +  | -   |

TRI-COMBO 15 0 + PARASITE 0 177 SCREEN

|           |   | E. HISTOLYTICA II |     |
|-----------|---|-------------------|-----|
|           |   | +                 | -   |
| TRI-COMBO | + | 14 0              | 0   |
| SCREEN    | - | 0                 | 177 |

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#### METHODS

257 specimens were tested in this study. All specimens were tested on the TRI-COMBO PARASITE SCREEN test and on FDA-cleared commercial ELISA tests specific for each parasite: GIARDIA II, CRYPTOSPORIDIUM II and E. HISTOLYTIC II tests. Specimens were tested fresh or upon thawing after frozen storage. Specimens were from children and adults and varied in consistency, being solid, semi-solid or liquid. 45% were from males and 55% were from females.

## RESULTS

80 specimens were found to be positive on the TRI-COMBO test and on the corresponding individual test (51 for Giardia, 15 for Cryptosporidium and 14 for E. histolytica), and 177 specimens were found to be negative on all tests. Sensitivity, specificity, positive predictive value, negative predictive value and correlation for the TRI-COMBO test compared to the individual tests were 100%.

# CONCLUSIONS

The TRI-COMBO test is a highly sensitive and specific ELISA that can be used as a cost-effective screening assay to eliminate negative specimens and identify positive specimens for Giardia, Cryptosporidium and/or *E. histolytica* requiring further parasitological analysis.

| Relative workload for 100 specimens tested by ELISA |                            |  |  |  |  |
|---|----------------------------|--|--|--|--|
| Prevalence rate                                     | Without the TRI-COMBO test | With the TRI-COMBO test                            |  |  |  |
| 10%   | 300 individual tests run   | 130 total tests (100 on TC + 30 individual tests)  |  |  |  |
| 20%   | 300 individual tests run   | 160 total tests (100 on TC + 60 individual tests)  |  |  |  |
| 50%   | 300 individual tests run   | 250 total tests (100 on TC + 150 individual tests) |  |  |  |