LASSA Fever

Brief instructions for handling and transport of samples from suspected cases and exposed contacts, including referral for diagnostic confirmation

EMERGE Network (Work Package 5)

<table>
<thead>
<tr>
<th>Guidance for local laboratories for selection, preservation and local transport of samples from suspected cases and exposed contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred specimen: blood (serum, plasma or whole blood). Other possible specimens: urine, saliva, post-mortem biopsy, others.</td>
</tr>
<tr>
<td>Although a comprehensive analysis of laboratory data is still to be completed, some preliminary observations can be drawn based on experience in LASV endemic countries.</td>
</tr>
<tr>
<td>• Blood samples (serum, plasma and whole blood) are the first choice for testing. The results from these specimens show the best correlation with both infectivity and clinical course.</td>
</tr>
<tr>
<td>• Reverse Transcription-Polymerase Chain Reaction (RT-PCR) can be used in the early stage of disease. No commercial assays are available, even if some are in an advanced phase of development; the high degree of sequence divergence of Lassa genomes is the major problem affecting the development of molecular diagnostic tests.</td>
</tr>
<tr>
<td>Different PCR protocols are available in the literature, although most are not quantitative:</td>
</tr>
</tbody>
</table>
Lassa fever can be diagnosed using enzyme-linked immunosorbent serologic assays (ELISA) or IFA, which detect IgM and IgG antibodies and/or Lassa antigen. The virus can be cultured in 7 to 14 days, after which virus can be detected by RT-PCR and/or IFA, c.p.e. is not always detected. Viral culture must be performed only in a high containment BSL4 laboratory. Immunohistochemistry, performed on formalin-fixed tissue specimens, can be used to make a post-mortem diagnosis.

http://www.cdc.gov/vhf/lassa/diagnosis/index.html

- For differential diagnosis of suspected patients other viral haemorrhagic fever (VHFs) should be considered (according to epidemiological data) as well as malaria, enteric fever, tuberculosis and any specific pathogens with similar symptoms that are currently associated with outbreaks in the geographical region where the infection originated.

For all the reasons previously reported is really important that LASV diagnostic tests must be performed in specialized laboratories (at least BSL3) with consolidated experience in VHF inactivation and diagnosis.

**Bed-to-local laboratory transport**

- Plastic air-tight and leak-proof containers are obligatory. The external surface of the container should be disinfected with 3% sodium hypochlorite. If the specimen container is a tube, it must be tightly capped. All samples should be labelled with a unique patient ID. Specimens should be accompanied with a documentation sheet (packaged separately from the sample) including the patient’s unique ID, date/time/place of sampling, type of specimen, test requirements, clinical data including travel history and exposure to a suspected or confirmed case. For the transport of the primary container from the patient bed to the lab a hard-sided/impact resistant outer secondary container is recommended.

**Preservation**

Mainly depends on the type of testing for which the sample is intended. Please contact your referral laboratory for specific guidance.

As a general guide:

- Unfixed/fresh solid samples (e.g. swabs) should never be allowed to dry. These samples should be placed either in viral transport medium (preferable) or 0.9% NaCl solution.
- Samples for histopathology and/or electron microscopy (e.g. glutaraldehyde fixed) do not need additional preservation measures and can be transported at room temperature
- Specimens expected to arrive at referral laboratory within 2 hours should be stored at room temperature
- Specimen that can be sent to a referral laboratory within 24 hours should be transported either on dry ice or at +4°C
- Sample which cannot be transported within 24h should be stored at -70°C

**Handling**

Detection of Arenaviruses can be safely performed in a proficient BSL-3 reference laboratory. For viral culture of LASV a BSL-4 facility is required. In any case we strongly suggest that the diagnostic confirmation should be performed in laboratories with specific and consolidated expertise in
differential diagnosis for VHF. A BSL-4 is required for animal infections as well. We recommend contacting a referral laboratory before undertaking any procedure. In all cases an approach based on a “risk stratification” is advisable, as described in “Management of Hazard Group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence”, available at: https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients. Criteria for risk stratification analysis can differ among the European member states (EU MS) and the appropriate local guidance should be consulted.

Referral inactivation procedures are described in the following documents:


### Transport

Samples for primary diagnostic procedures must be sent to national referral VHF laboratories according to national rules. It is necessary that the transfer of samples to EMERGE laboratories (for primary diagnosis or confirmation) is organized well in advance and detailed information exchange by phone or by e-mail is taking place between the sender and the receiving Laboratory. If the Material Transfer Agreements (MTAs) are already in place, these should be used and disseminated. For further details about procedures for the transport of highly pathogenic infectious substances, please consult WHO guidelines: http://www.who.int/ihr/publications/who_hse_ihr_2012.12/en/index.html.

The Coordinators of the Viral Network of the EU joint Action EMERGE, can support EU MS in facilitating the contact with the appropriate laboratory and with courier information, and may be contacted as follow: Giuseppe Ippolito, Scientific Director, e-mail: giuseppe.ippolito@inmi.it; Antonino Di Caro, Director Biocontainment labs, email: antonino.dicaro@inmi.it

### Biosafety issues


Other relevant WHO laboratory biosafety and biosecurity guidelines are:

Additional resources

- Germany http://www.rki.de/DE/Content/InfAZ/L/Lassa/Lassavirus-Infektion.html
- Efficient response to highly dangerous and emerging pathogens at the EU level (EMERGE project): www.emerge.rki.eu

Disclaimer: This document has been produced with the support of the European Commission's Consumers, Health, Agriculture and Food Executive Agency (CHAFEA). Its content is the sole responsibility of Robert Koch-Institut, Centre for Biological Threats and Special Pathogens, and can in no way be taken to reflect the views of the CHAFEA or any other body of the European Union.