Point-of-care Workflow for Screening cCMV (Congenital Cytomegalovirus)

Anastasia Giyoun Kim¹, Lesley Chan², Xuanchang Hu³, Nuttada Panpradist⁴

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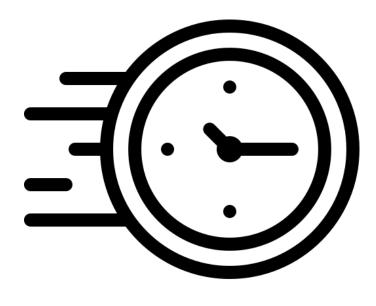
Background

Why cCMV?

- 6-14% in low- and middle-income countries [1]
- 20% of infants born to seropositive mothers affected [2]

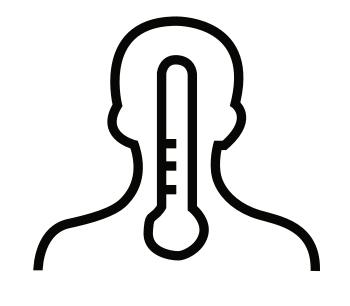
Why need our onsite, equipment-free testing?

- Delayed diagnosis \rightarrow higher incidence of disease and long-term complications (50% of infants develop complications including hearing loss, vision loss, and neurodevelopment delay.) [3, 4, 5]
- Traditional PCR method has long turnaround.



Quick Results

Visible in 30 min

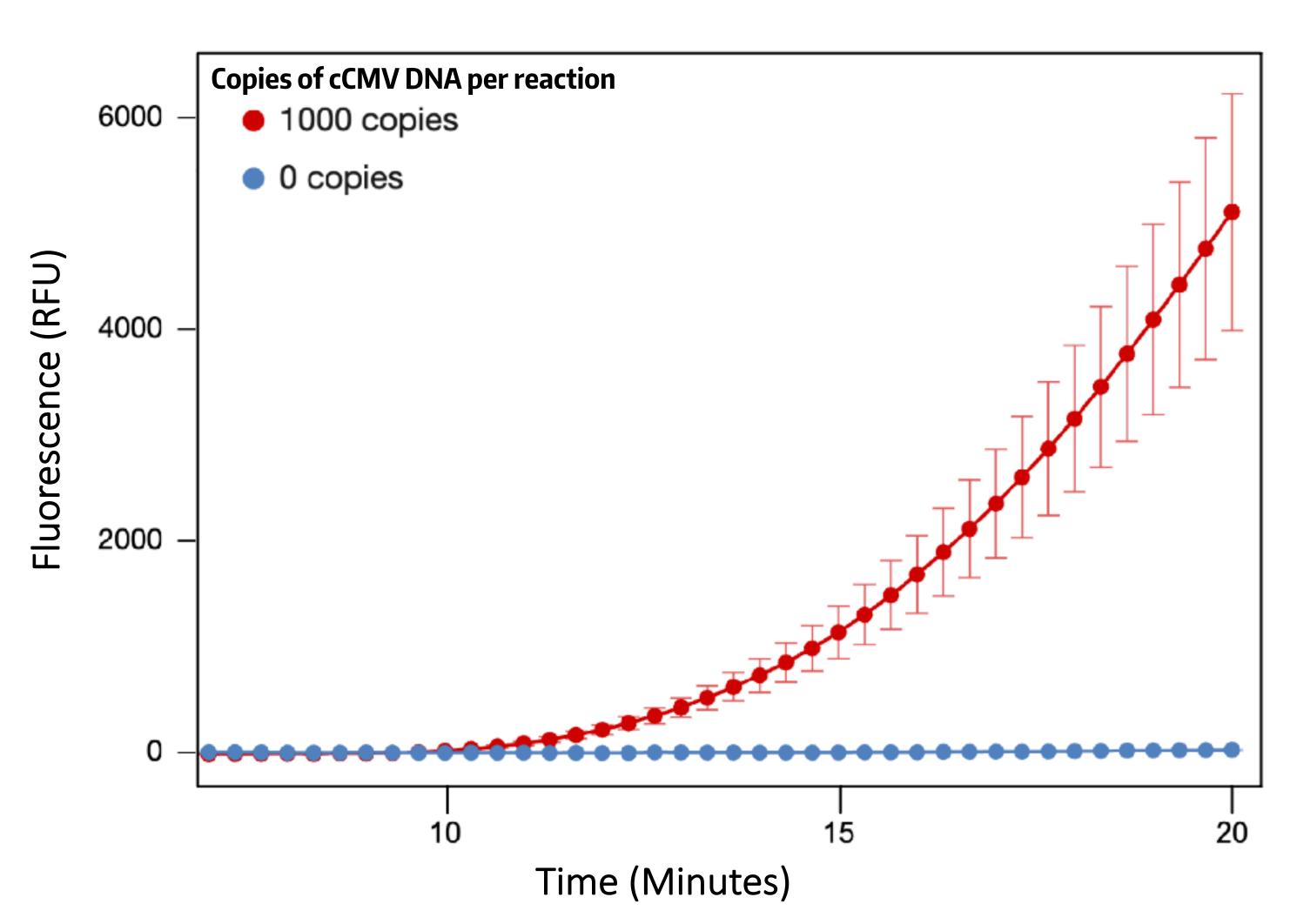




Body Heat Driven No equipment needed

Results and Discussion

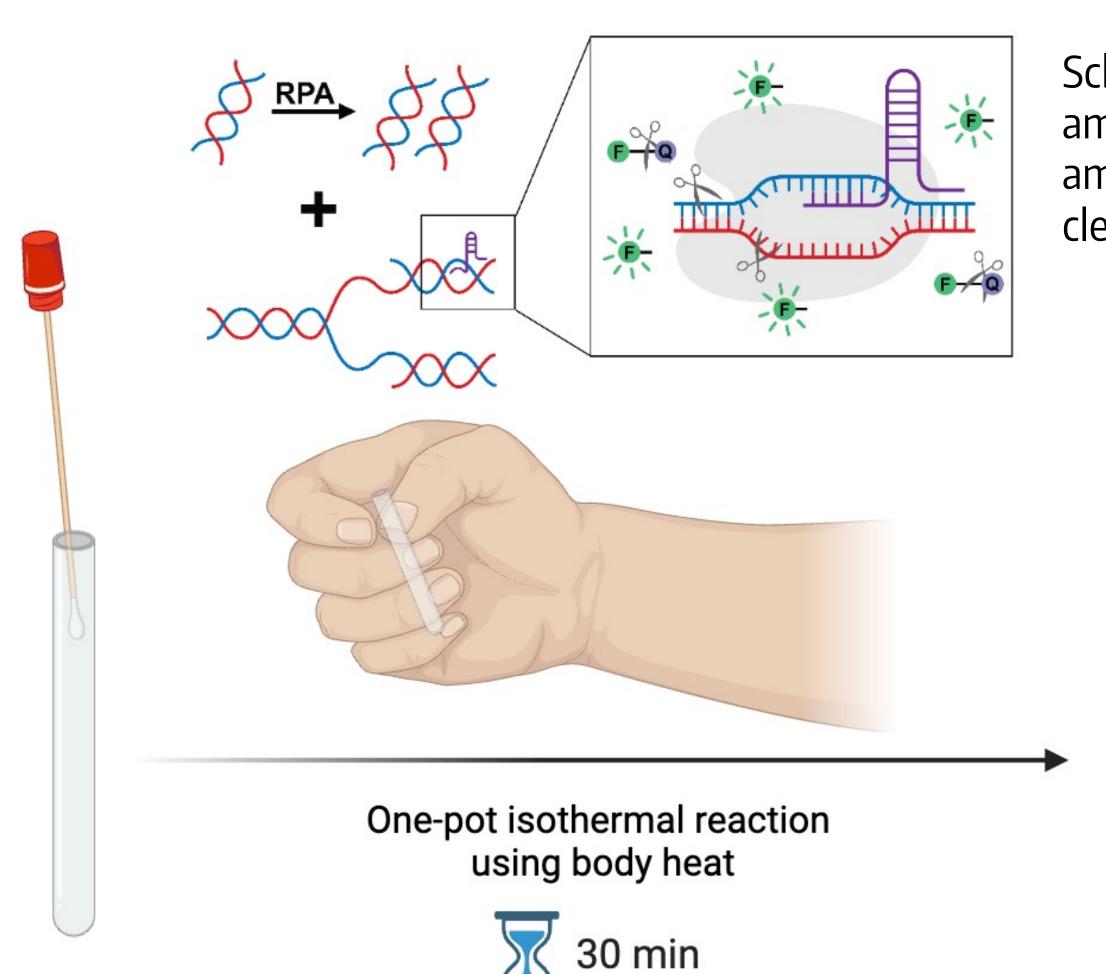
Application on body temperature Assay chemistry evaluated on the qPCR machine at 37 °C



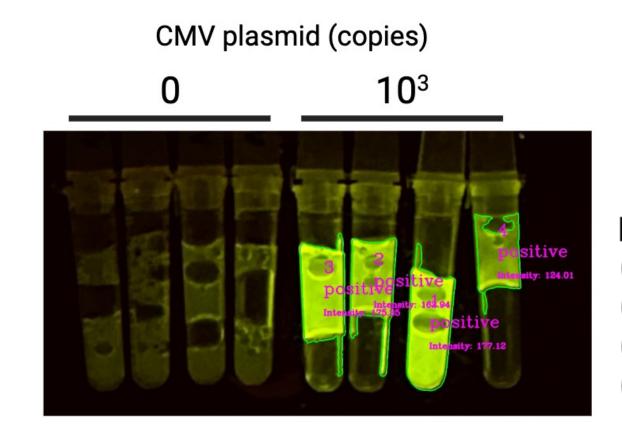
Materials and Method

Simple workflow from patient urine samples to analysis using software.

Simple Assay User friendly



0 and 1000 copies of CMV DNA were distinguishable by **naked eye** and **in**house software after 25-30 minutes.

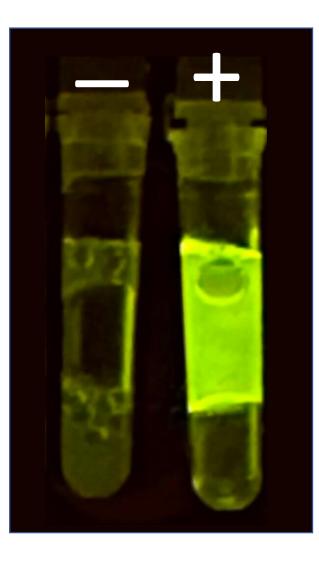


Numb Conto Conto Conto Conto

- Longer reaction time is needed due to the variability of body temperature from individuals and the fluctuation of body temperature within the palm.
- We aim to prevent false positives and false negatives by personalizing the reaction time according to individual body temperatures. Include a body temperature measuring unit, automatically providing the guide for the required reaction time based on user's body temperature.

Visit the website using the QR code on the top right corner to download poster after the BMES conference ends.

Schema of a **single-pot** reaction of **isothermal** amplification by **RPA** (recombinase polymerase amplification) and target-activated **Cas12a** transcleavage of reporter substrates by CRISPR Cas12a.



Examples of images of reaction tubes after 30 minutes under the blue light are captured by cell phone and analyzed using our inhouse python software

er d	of	contours: 4			
our	1	intensity:	177.12	_	positive
our	2	intensity:	162.94	-	positive
our	3	intensity:	175.35	-	positive
our	4	intensity:	124.01	-	positive

Conclusions

Acknowledgments

<u>Collaborators</u>: Drs. Jennifer Slyker, Bhavna Chohan, and Grace John-Stewart for their clinical insights from Global WACh.

Fund:

- grants.



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References

[1] TM Lanzieri, et. al. "Systematic review of the birth prevalence of congenital cytomegalovirus infection in developing countries". Int J Infect Dis. 2014. doi: 10.1016/j.ijid.2013.12.010

[2] S Manicklal, et. al. "The silent global burden of congenital cytomegalovirus". Clin Microbiol Rev. 2013. doi: 10.1128/CMR.00062-12.

US Centers for Disease Control and [3] Prevention. "Cytomegalovirus (CMV) and Congenital CMV Infection". April 28th, 2020.

[4] MR Schleiss. "Congenital cytomegalovirus infection: update on management strategies". Curr Treat Options Neurol. 2008. doi: 10.1007/s11940-008-0020-2.

[5] KB Fowler. "Congenital cytomegalovirus infection: audiologic outcome" Clin Infect Dis. 2013. doi: 10.1093/cid/cit609.

We have successfully demonstrated the development of a new isothermal amplification for cCMV DNA detection.

The rapid detection and equipment-free operation hold great promise for cCMV diagnostics in low-resource settings.

2022 Thrasher Early Career Award (PI: Dr. Panpradist) and 2023 UW ITHS Catalyst Award (PI: Dr. Panpradist).

Ana Kim thanks 2022 Mary Gates Research Scholarship. Ana Kim, Lesley Chan, and Xuanchang Hu thank 2023 Undergraduate Conference Travel



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al Health Science

Older Drafts:

Comments

- changes! Good job!
- I changed overall fonts to encode (UW font) as it has so many options for boldness (semi, light, thin, black, bold, etc).
- I added the affiliations. Please help me doublecheck.
- In the icon panel, there was the watermark on the middle icon so I redrew the new icon. Hope it looks okay.
- One request for correction contact (barcode) was originally linked to Ana's linkedin. Usually this should be for corresponding authors (PI or otherwise senior postdoc, etc).
- If we want to add for presenting authors we should have for Ana, Lesley, and Xuanchang but then it will be very crowded.
- Instead: I recommend putting it on the back of your name tag so it is even easier for people to scan and add you on their linkedin.

Overall this looks beautiful and I only had to make minor

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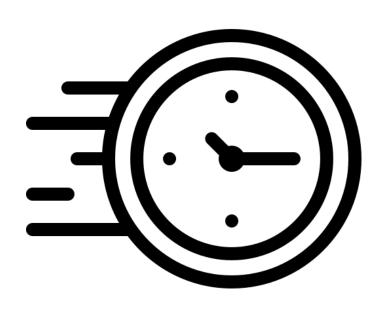
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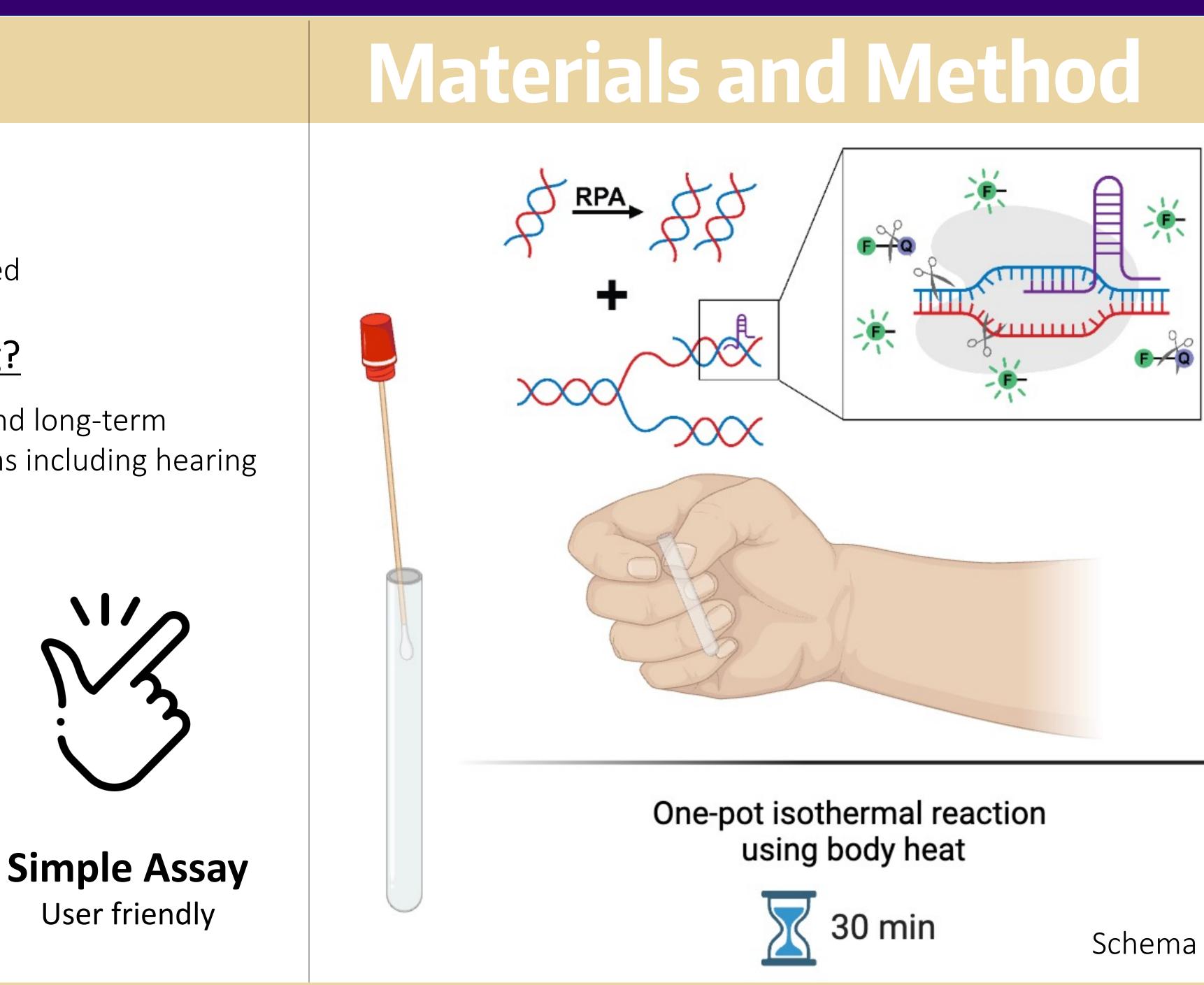
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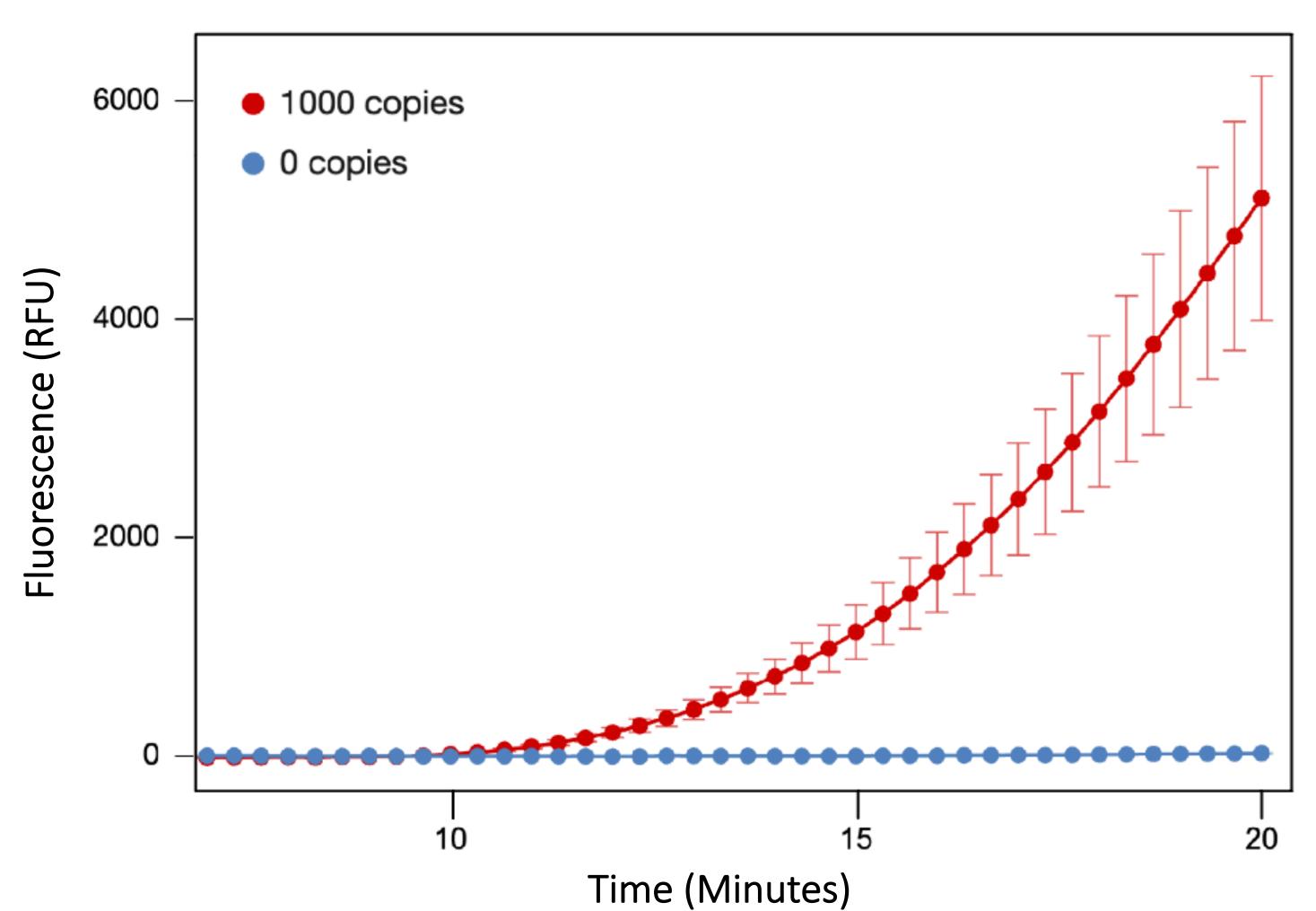




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Results and Discussion

Assay validation on PCR machine at 37 °C



Application on body temperature

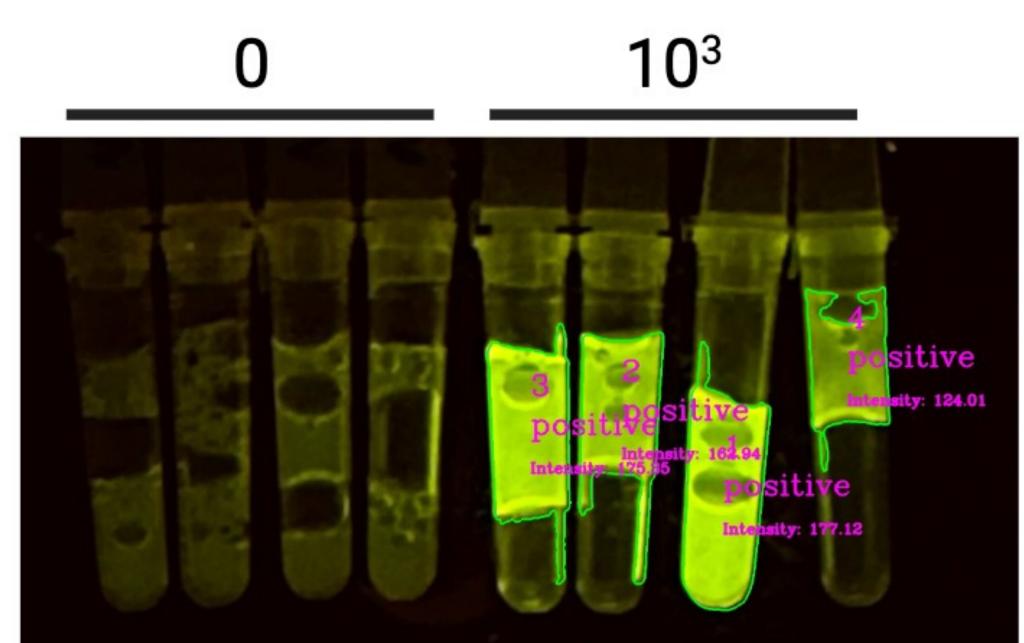
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CMV plasmid (copies)

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Schema of a single-pot reaction of Isothermal amplification by RPA (recombinase polymerase amplification) and target-activated Cas12a trans-cleavage of reporter substrates by CRISPR Cas12a.



Schema of our developing simple workflow from patient samples to software detection.



Number of	contours: 4	4	
	intensity:		•
Contour 2	intensity:	162.94 -	positive
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Conclusions

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Acknowledgments

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