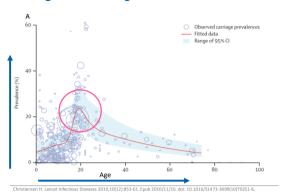


B Part of It study': Carriage of Neisseria meningitidis in first year university students in South Australia; a longitudinal study

McMillan M, Walters L, Turra M, Lawrence A, Sullivan T, Leong L, Rogers GB, Andrews R, Marshall H

seek LIGHT

Carriage of N. meningitidis



Background on testing for N. meningitidis carriage

- Oro-pharyngeal swabs direct plated on selective agar culture media is considered the gold standard method to detect meningococcal carriage.
- Freezing oro-pharyngeal samples prior to plating is necessary when direct plating is not practical.
- The time from swab collection to freezing is likely to be an important factor in the isolation of Neisseria species.
- No data exist for samples frozen later than 3 hours.
- The addition of saliva testing to carriage studies is being considered.

University of Adelaide

Aims/Objectives

Primary Objective

 Estimate the carriage prevalence of all genogroups of N. meningitidis in South Australian first year university students.

Secondary Objectives

- · Identify risk factors associated with carriage
- Estimate the change in carriage prevalence at baseline (first week of university) and 3 months later.
- Estimate any difference in culture and PCR positivity of isolates at different freezing times post swab collection.
- Estimate the reliability of saliva testing compared to throat swabs for the detection of *N. meningitidis*. (Add on study at visit 2)

University of Adelaide 4

Methods

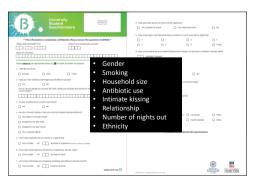
adelaide.edu.au

Visit 1

- Recruitment during orientation week (20th to 24th of February 2017), The University of Adelaide
- First year university students aged 17 to 25 were eligible to participate.
- Oro-pharyngeal swabs from the posterior pharynx.
- Swabs were placed in liquid transport medium skim milk, tryptone, glucose, and glycerin (STGG) for transport to SA Pathology.



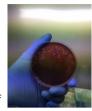
Methods



Based on UKMenCar4 study questionnaire http://www.ukmencar4.org/

Laboratory process

- All specimens were subjected to realtime PCR (rt-PCR) prior to freezing.
- Further rt-PCR analysis was used on positive specimens to determine the genogroup (A, B, C, W, X, Y).
- PCR samples were also thawed and cultured on selective agar.
- Whole genome sequencing analysis of N. meningitidis isolates was performed.



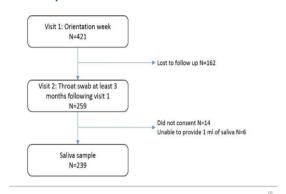
Visit 1 throat swab real-time PCR screening 421 samples each aliquoted into three cryovials frozen at -80°C at 6 hours frozen at -80°C at 48 hours Retesting of rt-PCR and culture for Neisseria species on selective agar

Methods

Visit 2

- Students were contacted via email and phone to return for a repeat swab after 3 months.
- At this visit students were also asked if they consented to providing a saliva sample.
- For those that consented, 1ml of saliva was drooled into an empty sterile container and immediately syringed into a vial containing 1ml of STGG transport media.

University cohort results



Results: Participant characteristics (visit 1)

Participant characteristics	N (%)
Age (years): mean (sd)	18.5 (1.4)
Female	237 (56.4%) In a 2016 SA
Previous verified Men B vaccination	6 (1.4%) survey for 15 to
Current cold or sore throat	54 (12.8%) 29 year olds, the
Current smoker	8 (1.9%) numbers smokir
E-cigarette use in the last week	1 (0.2%) was 10.5%
Water pipe use in the last month	14 (3.3%)
1 or more nights out in the last week	203 (49.5%)
1 or more people kissed in the last week	135 (33.2%)
Current partner	115 (28.2%)
Household size >=10	16 (3.9%)
Ethnicity	
Aboriginal	4 (1.0%)
Caucasian	269 (65.1%)
Asian	111 (26.9%)
Other	29 (7.0%)

Carriage prevalence at visit 1

Table: Proportion of N. meningitidis carriage at visit 1

	Visit 1 swab (n=4	Visit 1 swab (n=421)		
Genogroup	N (%)	(95% CI)		
Group Y	12 (2.9%)	1.6% to 5.0%		
Group B	7 (1.7%)	0.8% to 3.5%		
Non-groupable	6 (1.4%)	0.6% to 3.1%		
Group W	3 (0.7%)	0.2% to 2.2%		
Total	26*(6.2%)	4.2% to 8.9%		

• No A, C, or X genogroups were identified.

2

Association with carriage (Univariable) at visit 1

Effect		Detected N (%)	Odds Ratio (95% CI)	P-value
Age	Reference: 17 year olds	5/66 (7.6%)		
	18 years	11/223 (4.9%)	0.63 (0.21 to 1.89)	0.41
	19 years	7/67 (10.5%)	1.42 (0.43 to 4.73)	0.57
	> 20 years	3/65 (4.6%)	0.59 (0.14 to 2.58)	0.48
Sex	Reference: Male	14/183 (7.7%)		
	Female	12/237 (5.1%)	0.64 (0.29 to 1.42)	0.28
Sore throat/Cold	Reference: No cold	20/367 (5.5%)		
	Current cold or sore throat	6/54 (11.1%)	2.17 (0.83 to 5.67)	0.11
Party, or bar	Reference: None last week	5/207 (2.4%)		
	One visit in the last week	8/118 (6.8%)	2.94 (0.94 to 9.20)	0.06
	Two or more in the last week	13/85 (15.3%)	7.29 (2.51 to 21.18)	<0.001
Kissing	Reference: No kissing last week	7/272 (2.6%)		
=	One or more person	17/135 (12.6%)	5.45 (2.20 to 13.50)	<0.001

Association with carriage at visit 1

Table: Prevalence N. meningitidis pharyngeal carriage from oro-pharyngeal swab, at visit 1, by kissing, and social visits per week.

	PorA PCR						
People kissed last week	Number of times going out to pubs and clubs in the last week	Not Detected	Detected	Total	P-value		
No kissing	No going out	152 (98.7%)	2 (1.3%)	154			
	Went out once	71 (97.3%)	2 (2.7%)	73			
	Went out two or more times	42 (93.3%)	3 (6.7%)	45	0.134		
	Total	265 (97.4%)	7 (2.6%)	272			
Kissing >=1 person	No going out	50 (98.0%)	1 (2.0%)	51			
	Went out once	38 (86.4%)	6 (13.6%)	44			
	Went out two or more times	30 (75.0%)	10 (25.0%)	40	0.004		
	Total	118 (87.4%)	17 (12.6%)	135			

Multivariable logistic regression

- out to a bar or pub one night a week two or more nights a week

OR 4.14 [95% CI, 1.06 to 16.15], p=0.04 OR 9.26 [95% CI, 2.51 to 34.08], p=0.001

- one or more persons kissed in the last week OR 4.13 [1.63 to 10.45], p=0.014

Carriage prevalence at visit 1 and visit 2

Table: Proportion of N. meningitidis carriage at visit 1 and visit 2



compared to those that returned. The carriage prevalence in the 259 students who did return after 3 months increased

Multiple imputation was performed to impute carriage at visit 2. Visiting pubs and clubs, and kissing were included in the model.

• Visit 1 (6.2%) vs Visit 2 (8.6%), OR 1.42 (95% CI 0.91 to 2.20), p = 0.12.

Changes between visit one and two

- Seven out of the 10 students who were PCR positive at visit one were positive again at visit two. All carrying the same genotype:
 - 2 Y
 - 3 B
 - 1 W
- 1 non-groupable.
- · Three students were PCR positive at visit one were negative at visit 2, all were genogroup Y.
- · Nine students who were negative at visit one were positive at visit 2:
 - 4 Y
 - 5 non-groupable

Visit 2 saliva sample

from 3.9% to 6.2%.

Table: Proportion of N. meningitidis carriage from visit 2 saliva sample.

	Visit 2 saliva sample (n=239)			
Genogroup	N (%)	95% CI		
Group B	3 (1.3%)	0.4% to 3.8%		
Group W	0 (0%)			
Group Y	5 (2.1%)	0.9% to 5.0%		
Non-groupable	6 (2.5%)	1.1% to 5.5%		
Total	13 (5.4%)	3.2% to 9.2%		

Saliva testing vs throat swab

Table: Cross tabulation of N. meningitidis carriage identified by throat swab vs saliva sample.

PCR throat swab	PCF Not detected	R saliva Detected	Total
Not Detected	220	4	224
Detected	6	9	15
Total	226	13	239

unweighted Kappa = 0.62 (95% CI, 0.39 to 0.85).

In this relatively small sample (n=239) saliva collection, identified an additional four participants with carriage; one group B, and 3 non-groupable.

N. meningitidis identification after freezing at 6, 16, and 48 hours

N. meningitidis identification after freezing at 6, 16, and 48 hours

Table: Proportion of N. meningitidis isolates grown on selective agar from samples frozen at 6 hours, 16 hours, and 48 hours

Freeze time (hours)	N (%)		P-value
6hrs	24/26	92.3%	
16hrs	23/26	88.5%	0.56
48hrs	14/26	53.9%	0.007

Table: PCR Cycle thresholds in samples frozen at 6, 16, and 48 hours compared to pre-freezing, using a linear mixed effects model.*

Freeze time	n	Mean	SE	P-value
Baseline	26	31.18	0.77	
6hrs	26	31.00	0.89	0.51
16hrs	26	31.44	0.74	0.08
48hrs	26	31.87	0.83	0.01

^{*} One sample was allocated a Ct of 46 (threshold +1) as it was not detected in the 6 and 48 hr frozen samples

Whole genome sequencing

Serogroup(s) (% of isolates)	Clonal complex (CC)	Number of isolates	MLST (% of isolate)	PorAtype (% of isolates)	FetA	fHbp	BAST
W (100)	11	3 (ST-11 (33) ST-1287 (67)	P1.5,2 (100)	F1-1 (100)	22 (100)	2 (100)
Y (100)	23	13	ST-23 (62)	P1.5-1,10-1 (38)	F4-1 (92)	25 (100)	221 (38)
			ST-1655 (38)	P1.5,2 (23)	F5-12 (8)		427 (23)
				P1.5-2,10-1 (31)			228 (31)
				P1.5-2,10-29 (8)			1212 (8)
B (100)	32	1	ST-32 (100)	P1.7,16-26 (100)	F3-3 (100)	224 (100)	U (100)
B (83)	41/44	6	ST-44 (50)	P1.18,25-19 (33)	F1-5 (83)	19 (100)	315 (33)
NG (17)		$\overline{}$	ST-1097 (17)	P1.18-1,34 (33)	F1-7 (17)		U (67)
			ST-6058 (17)	P1.17-1,1 (17)			
			ST-13605 (17)	P1.19-1,26-4 (17)			
B (100)	213	1	ST-213 (100)	P1.22,14 (100)	F5-36 (100)	45 (100)	U (100)
E (100)	1157	1	ST-1157 (100)	P1.21-7.16 (100)	F5-36 (100)	13 (100)	U (100)

- One MenW with sequence type 11 was identified. This is the most common W isolate
- None of the most common disease causing serogroup B PorA type was identified (P1.7-2,4).3

Conclusion

- Overall rates of carriage (6.2%) were lower than anticipated (8%), possibly due to low rates of smoking.
- · Risks of carriage were similar to overseas studies and were driven by social behaviour.
- Freezing of oro-pharyngeal samples within 16 hours is an acceptable timeframe if direct plating or freezing within 6 hours is not possible.
- Saliva sampling in addition to oropharyngeal swabs improves sensitivity in meningococcal carriage studies.

Acknowledgements

PhD Supervisors

Professor Helen Marshall, Dr Tom Sullivan, and Professor Ross Andrews

B Part of It Team

- The VIRTU team
- · Ms Sarah Scott, University of Adelaide

- GSK for providing the 'B Part of it' study funding.
- Women's and Children's Health Network for providing funding for saliva testing.
- Women's and children's Hospital Foundation Population Health PhD Scholarship.

Advice about association with carriage design

- Dr Jenny MacLennan, Clinical Researcher Virology, Microbiology, Immunology, University of Oxford.
- Professor Martin Maiden, Professor of Molecular Epidemiology, University of Oxford.

Advice on saliva sampling

SA Pathology

 Professor Adam Finn, Professor of Paediatrics and President ESPID, University of Bristol. International Scientific Advisory Committee - Chair: A/Prof Peter Richmond

THE UNIVERSITY of ADELAIDE

4