

Public Health England

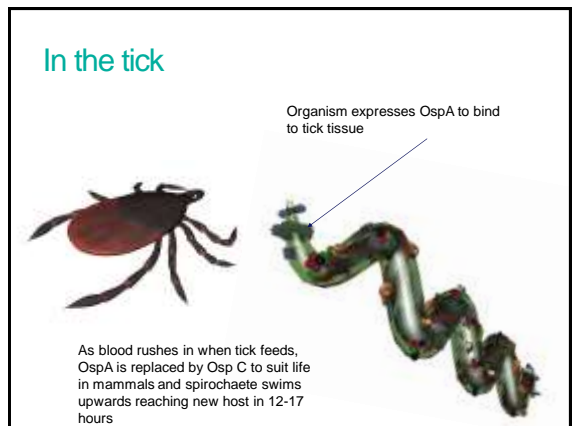
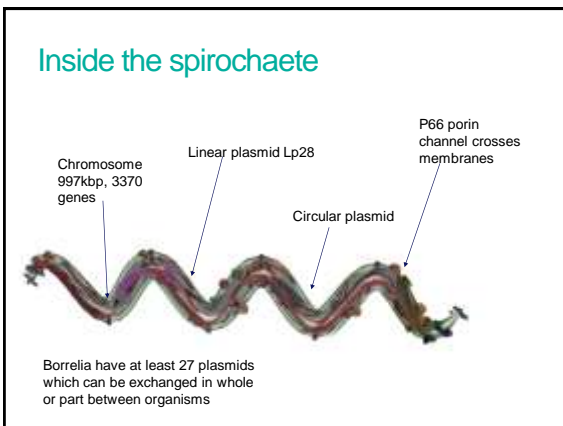
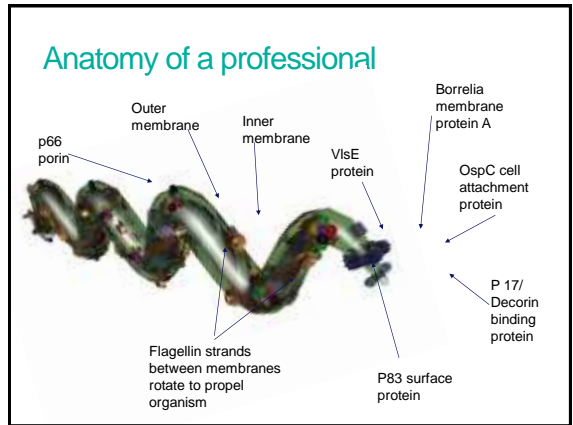
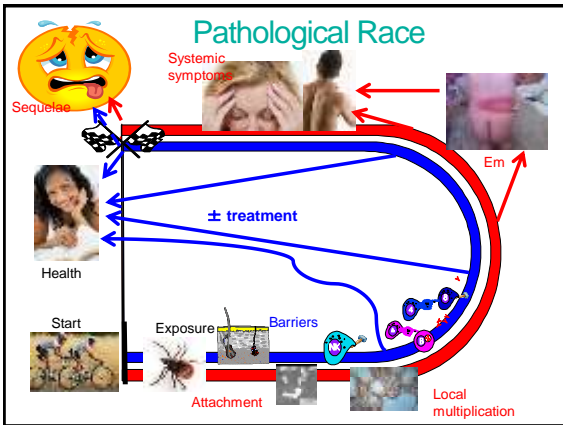
# Update on Lyme Disease

Tim Brooks

Public Health England

## Overview

- Infection, the host response, antibodies and diagnosis
- Test performance & quality assurance
- New test strategies:
  - Early detection & predictors of disease activity
  - PhD studentships
- Ticks & Borrelia in the UK
- Policy decisions
- Summary



### Early infection

*Rash may be absent in up to 30% of cases*

Labels for the bacterium diagram:

- VisE antibodies appear a little later
- IgM/G to p83 occasionally appear
- IgM/G to BmpA appear in 30% of cases

Text for the rash image:

- Organism can be found in skin biopsy
- As organism starts to proliferate IgM and then IgG to OspC appear. They are short-lived
- Many people develop p17 IgM/G

Additional text:

- If infection limits early or is treated antibodies may not have time to develop*

### Disseminated infection

#### Antibody pattern

All antibodies may appear  
 OspC antibodies decline early  
 IgM slowly disappears leaving variable patterns of IgG responses  
 Pattern may correlate to species in some cases  
 VisE dominates

Labels for the human diagram:

- Neuroborreliosis: *Pcr occasionally positive, IgM in CSF*
- Arthritis: *PCR Negative*
- Acrodermatitis chronica atrophans: *Pcr may be positive*
- Mycocarditis is rare

### Making the VisE protein

Labels for the protein structure:

- Variable region creates variable parts of protein
- Conserved region creates conserved protein
- A 6-mer peptide C6 is part of this region
- Linear plasmid LP28

VisE constantly changes so organism keeps ahead of immune system. At least 15 variants exist

Conserved regions stay constant and C6 peptide stimulates antibodies across all variants

As VisE changes many people are anti-VisE negative when tested on a single protein

Pattern of antibodies to VisE epitopes is linked to persistence of symptoms

### Antigen presentation

Antigen is presented on macrophage surface in MHC complex and triggers CD4 T cells to help generate immune response.

Labels for the antigen presentation process:

- Macrophage recognises Borrelia and locks on
- Macrophage engulfs Borrelia and processes it into protein fragments
- Antigen fragment
- MHC and T-cell trigger complex

### Quality control schemes: NEQAS

Provided from Switzerland as a cross-Europe scheme

Screening tests

Screening kit selected for this survey	IgG (lg total)			IgM		
	P	E	N	P	E	N
AEIKU SEVEN-1P	1	--	--	1	--	--
ALLTRAD LYMECHECK	1	--	--	1	--	--
bioMérieux VIDAS IgG / IgM	41	--	--	34	--	--
Diaflex Optiplex IgG / IgM	3	--	--	2	--	--
Diaflex Optiplex Screening IgG / IgM	1	--	--	1	--	--
Duoden LIAISON	7	--	--	6	--	--
EUFICEMMUN ELISA	1	--	--	1	--	--
MPROCKEN rochemHst	1	--	--	1	--	--
NOVALISA IgG	1	--	--	1	--	--
RIDASCREEN	3	--	--	3	--	--
SERION ELISA classic IgG / IgM	2	--	--	1	--	--
Serionis Eryg2000	2	--	--	1	--	--
ACQUERAD B. burgdorferi FA	1	--	--	1	--	--
Immunicare CB Lyme (lg total)	3	--	--			

Some participants use in-house screening tests. P = positive, E = equivocal, N = negative

### NEQAS

Confirmatory kit used for the survey	#	AgD	AgE	AgN	P	AgE	AgN
EUROLINE WB	2	--	--	2	--	--	--
EUROLINE WB AT	6	--	--	3	--	--	--
EUROLINE WB AT-adv (gH)	2	--	--	1	--	--	--
ELISORION reagent Line	2	--	--	4	--	--	--
DiaMax Complete IgG (gH)	1	--	--	1	--	--	--
Vitamed Visalisa	1	--	--	2	1	--	--


### NEQAS 3

IgG	Result	AgD	n
	Positive	300	54
Equivocal			
Negative			
IgM	Positive	300	50
	Equivocal		
	Negative		1
Ig total	Positive	300	2
	Equivocal		
	Negative		
UAC	Positive	300	18
	Equivocal		
	Negative		

300 Intended result  
54 Your result  
 n Number of results

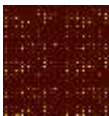
### Next Generation Assay Development - Genomics

- Current PCR not sensitive for detection of Borrelia in blood
- Numbers of organisms in blood is very low
- Current developments in progress:
  - Look at different gene targets to improve sensitivity of PCR
    - Cover wide range of genotypes for all three Lyme species
  - Investigate high volume blood extraction methods to improve sensitivity of PCR for blood samples
    - Extraction from whole blood sample – up to 20ml



### Next Generation Assay Development - Serology

- In-depth antigen/epitope investigation
  - Bioinformatic analysis of proteins and antigens to discover those that are:
    - Shared with other Borrelia spp.
    - Shared with other spirochetes
    - Specific to either B. burgdorferi s.s., B. afzelii, B. garinii
  - Development of protein microarrays and multiplex serology methods
    - Methods to be investigated include:
      - line blots
      - Luminex technology
      - Improved ELISA
  - Analysis with serum samples to determine performance of assays and their ability to differentiate Borrelia genotypes and be used to determine disease progression



### Host markers

Collaborative study Liverpool HPRU & PHE with Ceske Budejovice

Prospective study with early and late cases

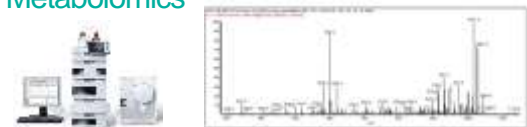
Aims to look at host markers

Based on proteomics and immune signals

Oxford Immunotech have trials on a revised T-cell test

PHE review T-cell tests regularly but not practical at present to do studies in UK

### Metabolomics



Liquid chromatography - mass spectrometry

Illustrative trace of molecules

```

    graph LR
        A[Normal samples] --> B[LC-MS]
        C[Positive samples] --> B
        D[Other infections] --> B
        B --> E[Normal trace]
        B --> F["+ve trace"]
        B --> G[False +ve trace]
        F --> H[Possible predictors]
        H -- Training --> A
    
```

**Colorado State University results**

Development of a Metabolic Biosignature for Detection of Early Lyme Disease

Molins *et al* *Clinical Infectious Diseases* **20** (6):1767-75 (2015)

95 markers distinguished Lyme patients from normal controls

44 of these markers were specific for Lyme as opposed to other infections

Sensitivity 88% (84-95%) for positive detection

Specificity 95% (90-100%)

Potentially may also allow indication of active infection in the very long term.

**Tick studies: Scott Layzell**

Four areas sampled


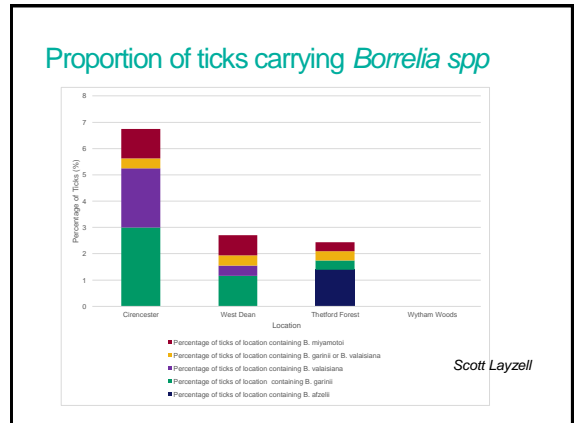
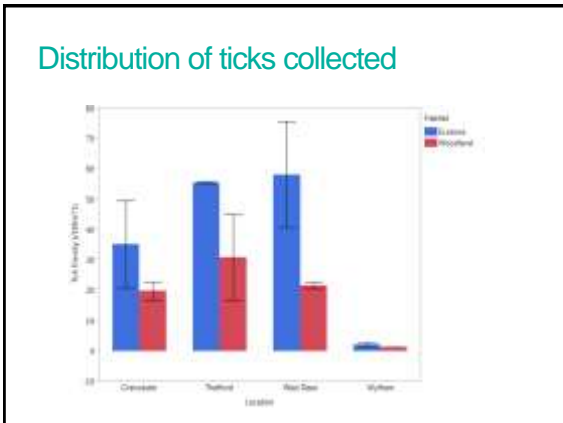
- Cirencester Park, Gloucester
- West Dean, South Downs National Park
- King's Forest, Thetford, Norfolk
- Wytham woods, Oxfordshire

Four sites at each

- 2 Ecotone (richer biological diversity)
- 2 Woodland

Ecotone: transition from woodland to open grassland

Woodland

**Prevalence rates of *Borrelia* in ticks**

Location	Habitat	Nymphs tested	Prevalence
Coed y Brenin, Gwynedd	Mixed woodland	40	0
Dalby, Yorkshire	Mixed woodland	237	8.02
Gilstone, Northumbria	Conifer/grassland	55	0
Gisburn Forest, Lancashire	Conifer/grassland	253	0.79
Graig-fechan, Clwyd	Moorland	212	0.94
Hampfell woods, Cumbria	Decid woodland	245	7.75
Harwood, Northumberland	Conifer/grassland	167	0
Kielder Forest, Northumberland	Conifer/grassland	185	0.54
Loch Doon, Ayrshire	Conifer/grassland	8	-
Madie Forest, Dumfries	Decid woodland	232	8.19
Mell Fell, Cumbria	Decid woodland	28	3.57
Nadde Forest, Cumbria	moorland	249	0
4 woodlands, Wiltshire	Woodland	215	1.4
Exmoor, Somerset	Woodland	120	9.9
4 woodlands, New Forest, Hants	Woodland	120	0.8
Richmond Park, London	Parkland	83	0
Swinley, Surrey	Pine woodland	94	2.12
Salisbury, Wiltshire	Urban fringe	111	6.3
3 sites, Dartmoor, Devon	Woodland/moorland	107	8.41
Cirencester, Glos	Woodland/ edge	252	5.62
South Downs, Suffolk	Woodland/ edge	252	1.93
Thetford, Norfolk	Woodland/ edge	253	2.08
Wytham, Oxon	Woodland/edge	9	0

23 Bettridge et al. 2013; Hansford et al. 2014; Layzell et al.

**Genospecies prevalence**

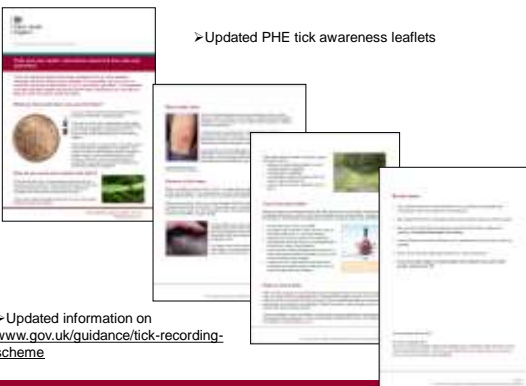
Bettridge et al. 2013	Layzell et al. (unpublished)
71 ticks sequenced	Glos
- 58% <i>B. valaisiana</i>	~5.5% Bbsl
- 33% <i>B. garinii</i>	~3.2% <i>B. garinii</i>
- 3% <i>B. afzelii</i>	~2.3% <i>B. valaisiana</i>
Hansford et al. 2014	South Downs
24 ticks sequenced	~2% all <i>B. garinii</i> or <i>B. valaisiana</i>
- 50% <i>B. garinii</i>	Norfolk
- 29% <i>B. afzelii</i>	~2.2% Bbsl
- 20% <i>B. valaisiana</i>	~1.5% <i>B. afzelii</i>

Huge variation in genospecies dominance geographically  
-> Implications for clinical presentation

24 Genospecies prevalence

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➤ Updated PHE tick awareness leaflets



➤ Updated information on [www.gov.uk/guidance/tick-recording-scheme](http://www.gov.uk/guidance/tick-recording-scheme)

25 Raising tick awareness among the public

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Working in partnership with  
**Wiltshire Council**  
More ready-made

Get wise about the tick



[www.bathnes.gov.uk/services/public-health/latest-health-messages#bta](http://www.bathnes.gov.uk/services/public-health/latest-health-messages#bta)  
[www.wiltshire.gov.uk/news/articles/tick-awareness-wiltshire-countyside-summer](http://www.wiltshire.gov.uk/news/articles/tick-awareness-wiltshire-countyside-summer)

26 Raising tick awareness among the public

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## Lyme disease incidence & policy

**Number of lab-confirmed cases**  
Varies yearly, around 1200  
Depends on weather, economy, animal populations.....  
PHE is working on getting disambiguated data out more quickly

**Lyme as a notifiable disease**  
DH is considering case for making Lyme notifiable  
Would give a "feel" for number of cases in general practice


**Lyme guidance**  
Now in NICE portfolio of work

**Lyme clinical services**  
Not commissioned: possibly a network?

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## Open days and publicity

NHS Choices is the official site for patients  
PHE information for patients is posted on NHS Choices  
<https://www.gov.uk/government/publications/lyme-disease-signs-and-symptoms>  
Some medical information is on .GOV.UK  
<https://www.gov.uk/government/collections/lyme-disease-guidance-data-and-analysis>  
<https://www.gov.uk/government/publications/lyme-disease-diagnosis-and-treatment>  
See also NICE  
<http://cks.nice.org.uk/lyme-disease>  
The next PHE Open Day will be held in London in early Spring  
Social media releases: in progress



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## Summary

Currently 1100-1200/yr laboratory confirmed cases in England & Wales  
Does not include clinically diagnosed EM

PHE participates in Europe wide EQA

New test methodologies under investigation  
Host & Pathogen markers  
Proteomics, metabolomics, molecular techniques

Tick distribution varies widely across UK  
From woodland to gardens  
So does carriage rate in ticks and Borrelia species distribution

Trials need infrastructure & sufficient numbers  
Publicity and policy changes underway

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## Acknowledgements

RIPL staff  
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