

Original article

COMPARATIVE STUDY OF THE rRT-PCR METHODS FOR RAPID DIAGNOSIS OF INFLUENZA A DISEASE IN PIGS

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Summary

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Swine influenza disease is not included in the National Prophylaxis Programme and the reports about spreading of the virus among pigs are not sufficient. The infection in pigs is usually asymptomatic, but the possible expression of clinical symptoms could result in lower productivity and economic losses. In earlier investigations concerning the spreading of swine influenza viruses (SIV) in Bulgaria, a viral circulation among the swine population was proved. For this reason and because of the high probability of emergence of new strains of unknown infectious potential, it is important to keep current diagnostic readiness in the National Reference Laboratory of Avian Influenza and Newcastle Disease Virus. The goal of the present study was to compare different protocols and combinations of kits and primer/probe sets in order to establish a rRT-PCR protocol for fast SIV diagnosis. To achieve this goal several commercial kits for rRT-PCR detection of SIV were used. After evaluation of the indicators we found that the confidence interval for the Combo M gene protocol in combination with the three used extraction kits ranged between 22.65% and 77.4%, contrasting to the combinations of used in-house amplification protocols with QLAamp Viral RNA Mini Kit (QLAGEN, Germany) and NucleoSpin RNA Virus (Macherey-Nage, Germany) extraction kits – between 67.05% and 100%. By rRT-PCR, we were able to detect RNA from all swine viruses used in this study. Our results confirmed that the correct detection of swine influenza virus is possible using a protocol different from that of the EU Reference Laboratory.

Key words: Bulgaria, diagnosis, H1N1, influenza, PCR, swine

INTRODUCTION

A brief retrospection of facts shows that the *A/Swine/Iowa/30(H1N1)* strain, isolated by Shope in 1930 (Shope, 1931), is a prototype of a group of viruses, currently known as classical swine H1N1 influenza viruses, and later replaced by avian-like H1N1 swine strains (Pensaert *et al.*, 1981). After the pandemic in the 1970s, a spread of human H3N2 virus to pigs has been observed (Done & Brown, 1999). In

1984, the reassortment between human H3N2 and avian H1N1 in pigs resulted in a H3N2 reassortant with internal avian gene segments (Castrucci et al., 1993). So far, the infections are asymptomatic, but the H3N2 strain provokes infections with clinical signs. The H1N2 appears in 1990s as a novel triple reassortant derived from human, avian and swine viruses (Brown et al., 1998). The last human pandemic in 2009 was caused by H1N1 influenza virus carrying gene segments derived from swine viruses, originating from North America, Europe and Eurasia, as well as from human and avian influenza viruses (Anonymous, 2009a; Garten et al., 2009).

In response to this pandemic, the Europian Central Reference Laboratory for Animal Influenza [CRL, VLA Weybridge, UK] created primers and a probe for real-time reverse-transcriptase polymerase chain reaction (rRT-PCR), specifically designed to detect current influenza A viruses known to infect pigs in Europe and North America, and can also detect the pandemic H1N1 2009 [A(H1N1)pdm09] in experimentally infected pigs. The optimised Combo matrix (M) gene working protocol was applied successfully in the National Reference Laboratory for Avian Influenza A and Newcastle Disease at the National Diagnostic and Research Veterinary Medical Institute, Sofia even for detection of A(H1N1)pdm09 in human samples (Slavcheva et al., 2011). Afterwards, this protocol was modified by abandoning one of the three Combo M gene primers and the modified version was named Perfect Match (Anonymous, 2009b).

According to the OIE Terrestrial Manual (OIE, 2010) the detection of IAV in field samples from swine and birds could be performed with several techniques other than the relatively rapid, specific and sensitive rRT-PCR, which has also a number of disadvantages - probability for obtaining false positive or false negative results due to different reasons and last but not least, the fact that the specific detection of IAV nucleic acid is not 100% equal to infective virus detection. That's why, the "gold standard" for IAV detection and isolation is inoculation of 10-11-day-old chick embryos evaluating the presence of IAV in the alantoic fluid with the haemagglutination (HA) test. Another "gold standard" method is inoculation of cell culture (Madin-Darby canine kidney - MDCK etc.), with observing specific cytopathic effect and further confirmation of IAV presence by haemagglutination test, rRT-PCR, or fluorescent antibody test. For IAVs typing, haemagglutination inhibition (HI) test, fluorescent antibody test, immunohistochemical or enzyme-linked immunosorbent assay (ELISA) tests could be used. Each method has disadvantages - time needed to perform the test, unsatisfactory specificity, efficacy and sensitivity.

Due to the scarce studies of swine influenza in Bulgaria, the provided evidence for circulation of H1N1 and H3N2 viral strains among pig population (Milev *et al.*, 2008) and the current use of a protocol different from the reference one, we aimed to compare 15 different working designs in order to establish the similarities and differences with regard to diagnostic efficacy and sensitivity.

MATERIALS AND METHODS

Viruses

Nine samples from an interlaboratory ring-test for detection of swine influenza viruses from 2008 were used. Three samples were collected from lungs (L), three – from trachea (Tr) and three – from

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tonsils (T). Each group of organs contained one of 3 different viral strains – H1N1, H1N2 and H3N2. All samples were tested for presence of IAV within the framework of the test programme and were proven positive.

Viral RNA extraction

Viral RNA from all initial samples was extracted with three different extraction kits following the manufacturers' protocol. Two of them - QIAamp Viral RNA Mini Kit (QIAGEN, Germany) and NucleoSpin RNA Virus (Macherey-Nagel, Germany) - were based on the retention of viral RNA after passing the sample through a silica gel membrane filter. The RNA extraction with the third kit -MagaBio Total RNA Purification Kit (BioFlux, China) - is based on adsorption of nucleic acid on the surface of magnetic beads and washing using a semi-automated system (GenePure Nucleic Acid Purification System, BIOER TECHNO-LOGY, China). In brief, sample sets processed by each of the three kits were marked as Q, MN and BF, respectively.

The initial sample volume when using *QIAamp Viral RNA Mini Kit* was 140 µL,

and elution volume – 80 μ L. For *Nucleo-Spin RNA Virus* the volumes were 150 μ L and 50 μ L, and with *MagaBio Total RNA Purification Kit* – initial and elution volumes were 100 μ L each.

Real-time reverse transcription polymerase chain reaction (rRT-PCR)

To perform this test, five different experimental designs were used with different combinations of amplification kits and primers/probe sets. In all tests, the reverse transcription and amplification was done in one step by 7300 Real-Time PCR System (Applied Biosystems, USA).

For the first experimental design (Q-C) *QIAGEN One-Step RT-PCR Kit* (QIA-GEN, Germany) and the *Combo M gene* protocol of the Central Reference Laboratory – VLA Weybridge, UK (CRL) for detection of the M-gene from the IAV genome through rRT-PCR were used. The sequences of specific primers and probe are listed in Table 1. Thermocycling rRT-PCR conditions were as followed: 50 °C for 30 min, 95 °C for 15 min, followed by 40 cycles at 95 °C for 10 s and 60 °C for 30 s, with reading of fluorescence in this step. The final volume of the reaction was

Table 1. Probe and primer sequences used in the comparative study. Bold-typed nucleotides represent the replacements in the Sep2 primer resulting in primer Sep rev-mod. SI – swine influenza; AI – avian influenza

Primer combination	Primer/probe	Sequence					
SI Dorfoot	Sep 1	AGA TGA GTC TTC TAA CCG AGG TCG					
Match (PM)	Sep2 rev-mod	TGC AAA GAC ACT TTC CAG TCT CTG					
Materi (1 M)	SePRO	FAM-TCA GGC CCC CTC AAA GCC GA-TAMRA					
	Sep 1	AGA TGA GTC TTC TAA CCG AGG TCG					
SI – Combo M	Sep2	TGC AAA AAC ATC TTC AAG TCT CTG					
gene (C)	Sep2 rev-mod	TGC AAA GAC ACT TTC CAG TCT CTG					
	SePRO	FAM-TCA GGC CCC CTC AAA GCC GA-TAMRA					
	Sep 1	AGA TGA GTC TTC TAA CCG AGG TCG					
AI (A)	Sep2	TGC AAA AAC ATC TTC AAG TCT CTG					
	SePRO	FAM-TCA GGC CCC CTC AAA GCC GA-TAMRA					

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25 μ L, including 2 μ L template; 5 μ L 5× QIAGEN OneStep RT-PCR Buffer, 1.25 μ L MgCl₂ (25 mM), 0.375 μ L ROX Reference Dye, 1 μ L dNTP Mix (10 μ M each dNTP), 1 μ L QIAGEN OneStep RT-PCR Enzyme Mix, 1 μ L RNase Inhibitor (4 U/ μ L, QIAGEN), *SePRO* probe at a final concentration of 250 nM, primer *Sep1* at a final concentrations of 400 nM, and primers *Sep2* and *Sep2 rev-mod*, each at final concentration of 200 nM.

The second design (Q-PM) was based on the updated CRL protocol for detection of M-gene from swine influenza A viral genome through rRT-PCR, the so-called *Perfect match*. It used the same components and parameters for amplification as Q-C except that the primer *Sep2* was excluded and instead, the primer *Sep2 rev-mod* was applied at a final concentration of 400 nM.

The Combo M gene primer and probe set was also used in the third experimental variant (K-C) and the reaction was performed with KAPA PROBE FAST Universal qPCR Kit (KAPA Biosystems, USA). Thermocycling rRT-PCR conditions were as followed: 42 °C for 5 min, 95 °C for 5 min. followed by 45 cycles at 95 °C for 3 s and 60 °C for 30 s with reading at this step. The final reaction volume was 20 μ L, consisting of 2 μ L template, 10 μ L KAPA PROBE FAST qPCR Master Mix (2×) Universal, 0.4 µL ROX High/Low, 0.4 µL KAPA RT Mix (50×), and the same concentrations of primers and probe as in the Q-C experimental design.

For the fourth design (K-A) same amplification kit and component's concentrations were used. The *Sep2 rev-mod* primer was excluded from the used Mgene primer and probe set, following the CRL recommendation for detection of avian IAV strains. The final primer and probe concentrations in the mix were 400 nM and 250 nM, respectively. The termocycling conditions were the same as in the K-C design.

The amplification of the fifth experimental design (F-A) was done by *FLOCKSCREEN AI-4 Real-time PCR Kit (X-OVO, UK)*. The temperature protocol included 50 °C for 20 min, 95 °C for 10 min, 40 cycles at 94 °C for 45 s and 60 °C for 45 s, and reading at this stage. The final reaction volume of 25 μ L included 5 μ L template, 12.5 μ L Master Mix, 2.5 μ L primer and probe mix at final concentration of 400 nM and 150 nM, respectively, and 0.25 μ L Enzyme Mix. The primer and probe sequences were the same as those in the K-A experimental design.

Positive and negative controls

The following positive controls were applied in all reactions: positive template extraction control (PTEC) – A/swan/Krai-morie/06(H5N1); positive template amplification RNA control (PTAC) from the same strain; positive amplification RNA control from the A(H1N1)pdm09 strain. Molecular biology-grade sterile water was used as negative extraction and amplification control. Extraction controls were processed in parallel with the samples according to the respective protocols. Amplification controls were used only at the PCR stage.

Data analysis

The amplification results were analysed by the 7300 PCR system software and expressed in Ct values after manual setting baseline and threshold values for each result.

For each combination of extraction and amplification kit, alternative analysis was performed by evaluation of the percent of PCR-positive samples, the maximum representation error and the confidence interval range in percent at a level of significance 0.01 (Sepetliev, 1980).

The diagnostic sensitivity (DS) and diagnostic efficacy (DE) were calculated using the following equations:

DS, % =
$$\frac{100 \times TP}{TP + FN}$$

DE, % = $\frac{100 \times (TP + TN)}{TP + TN + FP + FN}$

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where TP was the number of true positive samples; TN – the number of the true negative samples; and FP and FN – the number of false positive and false negative samples, respectively.

RESULTS

Ct values

The results from the performed tests in Ct values are presented in Table 2. The H1N1 L sample was out of the detection ability of all used methods. The extraction with QIAamp Viral RNA Mini Kit (QIAGEN, Germany) and NucleoSpin RNA Virus (Macherey-Nagel, Germany) vielded more stable results compared to those performed by MagaBio Total RNA Purification Kit (BioFlux, China). Most samples were detected using F-A, K-C and K-A amplification protocols. The lowest Ct values were obtained using the F-A amplification protocol. Most negative results (undetectable RNA) occurred after using Q-PM and Q-C protocols. The used positive and negative controls demonstrated the expected results.

Alternative analysis

After the evaluation of parameters, it was established that the amplification protocols Q-C and Q-PM for all three extraction kits resulted in confidence interval ranging between 22.65% and 77.4%, whereas protocols K-C, K-A, F-A and extraction with Qiagen and Macherey-Nagel ranged between 67.05% and 100%.

The results for DS and DE are shown in Table 3.

DISCUSSION

The performed comparative tests on the diagnostic potential of different kits for extraction and amplification of swine influenza virus aimed to determine the optimum set of consumables for our laboratory routine work. The combinations of 3 extraction and 5 amplification protocols resulted in different relative share percentages and different diagnostic sensitivity and efficacy values.

The results indicated that the H1N1 L sample was beyond the detection ability of all used methods. This could be probably due to degradation of the virus and viral RNA after the prolonged storage. In subsequent analyses, this sample was considered negative, in order not to influence the precision of calculations.

Our results showed a low sensitivity of the MagaBio Total RNA Purification Kit (BioFlux, China) used for extraction. It could be attributed to the manual addition of the mix containing magnetic beads resulting in their irregular distribution among the samples and thus, inadequate quality of RNA adhesion. The processes in the semi-automated system could also cause poor RNA isolation from our samples. The larger volume of the washing buffer compared to elution volume does not permit the contact of all magnetic beads with the eluent in the elution step, posing a physical obstacle to release the adhered RNA. In previous tests conducted with another commercial kit based on the same principle - Mag MAX AI/ND Viral

							An	nplificati	on						
Extraction		Q-C			Q-PM			K-C			K-A			F-A	
	ð	MN	BF	ð	MN	BF	ð	MN	BF	ð	MN	BF	ð	NW	\mathbf{BF}
H1N1 L	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
H1N2 L	39.35	ı	37.27	37.90	37.69	I	31.92	32.16	34.39	35.54	35.60	38.66	32.59	30.26	30.42
H3N2 L	Ι	Ι	Ι	I	I	I	I	Ι	I	35.23	34.70	I	36.30	34.64	35.92
HINI T	I	I	I	I	I	I	38.79	39.56	I	42.33	I	I	I	I	35.25
H1N2 T	37.82	33.07	35.77	I	I	38,71	28.34	28.10	30.27	25.54	25.39	26.63	24.73	23.17	22.62
H3N2 T	31.13	28.89	29.57	29.98	28.56	30,35	23.80	23.97	26.03	27.92	28.77	29.67	23.40	23.06	21.09
H1N1 Tr	Ι	Ι	36.13	39.59	I	I	32.58	34.16	31.14	36.22	42.10	36.09	31.43	32.23	27.19
H1N2 Tr	I	I	I	I	I	35,91	35.79	38.49	I	30.73	31.68	34.34	29.23	29.31	30.85
H3N2 Tr	39.13	·	39.72	34.84	36.88	I	31.20	32.88	36.37	35.72	36.30	40.11	30.10	30.98	31.28
H20	I	I	Ι	I	I	I	I	I	I	I	I	I	I	I	I
PTEC H5	31.39	31.37	29.38	33.10	33.67	34.08	26.34	25.14	23.91	24.06	22.41	22.24	14.29	15.11	13.62
PTAC H1 pdm		33.52			31.63			26.85			34.80			32.83	
PTAC H5		34.16			34.37			22.02			19.62			16.28	

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Table 2. Results from tests (in Ct values) grouped according to used amplification protocols

	Amplification protocol									
Extraction kit	Q-C		Q-PM		K-C		K-A		F	A
	DS,%	DE,%	DS,%	DE,%	DS,%	DE,%	DS,%	DE,%	DS,%	DE,%
Qiagen	69.23	73.33	69.23	73.33	90.00	91.67	100.00	100.00	90.00	91.67
Macherey-	60.00	64.71	64.29	68.75	90.00	91.67	90.00	91.67	90.00	91.67
Nagel										
BioFlux	75.00	78.57	64.29	68.75	75.00	78.57	81.81	84.62	100.00	100.00

Table 3. Results for diagnostic sensitivity (DS, %) and diagnostic efficacy (DE, %) for each tested extraction and amplification protocol combination

RNA Isolation kit (Ambion, USA) – we obtained very good results, as the technique allowed obtaining a bigger RNA yield even in the presence of inhibitors (Goujgoulova *et al.*, 2008).

Commercial RNA extraction kits *QIAamp Viral RNA Mini Kit* (QIAGEN, Germany) and *NucleoSpin RNA Virus* (Macherey-Nagel, Germany), used in this comparative study, yielded satisfactory results. The DS and DE percentages with these kits were more consistent unlike the heterogeneous results obtained with the *MagaBio Total RNA Purification Kit*. In field samples, the amount of the virus is often low and therefore, the *MagaBio Total RNA Purification Kit* was assessed as inappropriate for our conditions.

In general, the comparison of amplification results allowed us concluding that the amplification protocols with Sep1 and Sep2 primers, used for diagnostic of avian IAV in the practice, were more successful in detecting the swine viral subtypes than those with Sep2 rev-mod primer. The PTAC suggested that the typical avian H5N1 strain had lower Ct values after application of all amplification protocols which included Sep1 and Sep2 primers rather than those using Sep2 rev-mod Opposite to H5N1, primer. the A(H1N1)pdm09 RNA control isolated from a human sample (Slavcheva et al., 2011), yielded lower Ct values after

amplification with Sep2 rev-mod primer. The latter is a variant of Sep2 primer, in which 4 nucleotide bases were changed (Table 1), and which is specific for detection of swine IAV subtypes - the H1N1 avian-like strain, H1N2 and H3N2, infection in pigs caused by and A(H1N1)pdm09. Despite the expectations, the inclusion of this primer in virus detection reactions was not always satisfactory (in over 30% of cases) when a comparison between Combo M gene and avian primer set both combined with KAPA PROBE FAST Universal qPCR Kit (KAPA Biosystems, USA; K-C and K-A) was made. Yet, both protocols were with comparable DS and DE values.

The Combo M gene primers were also applied in the CRL-recommended design for detection of swine influenza A with QIAGEN One-Step RT-PCR Kit (QIA-GEN, Germany; Q-C). The obtained values did not met our expectations for best results with this experimental design. This fact motivated us to use the updated CRL protocol for detection of swine influenza A viral strains where the Sep2 was totally replaced by Sep2 rev-mod (Q-PM). Surprisingly, the results were similar to those in the original protocol, with confidence interval limits from 22.65% to 77.4% and unsatisfactory DS and DE percentages regardless to the used extraction kit. Behind these statistical values, calculated as percent of PCR-positive samples, stand no less important Ct values that could tell approximately whether the result is strongly or weakly positive. Many Ct values obtained from the application of Q-C and Q-PM experimental designs are at the detection limit of the method. This could result in erroneous interpretation of the results as weakly positive or even negative with suspicion for probe degradation, which would be, in fact, a false-negative result impeding the correct diagnosis.

Previous comparative tests on avian IAV performed by us and by other research teams (Slomka et al., 2007) confirmed that the QIAGEN kit was the most appropriate one. Our results, although contrary to our anticipations, showed a better sensitivity of amplification protocols used in K-C, K-A and F-A designs compared to those included in the Q-C and Q-PM designs, despite that both have been validated and recommended by the CRL. This could be due to the proportional amount of RNA template in the total volume of the reaction mix, which was 2 out of 25 µL for Q-C and Q-PM vs 2 out of 20 µL for K-C and K-A, and 5 out of 25 µL for F-A.

The KAPA PROBE FAST Universal *qPCR Kit* is a convenient and rapid test, proved to yield sustainable and reproducible results (unpublished data). Here, we can compare the results obtained with it and those obtained with *QIAGEN One-Step RT-PCR Kit* when the primer set was the same, i.e. *Combo M* gene. According to our results, the difference in the obtained confidence intervals: 22.65–77.4 % for Q-C and 67.05–100% for K-C, as well as the DS and DE values, confirmed the superiority of KAPA over QIAGEN.

KAPA PROBE FAST Universal qPCR Kit could be directly compared to FLOCKSCREEN AI-4 Real-time PCR Kit (X-OVO, UK) in the experimental design where the primers were the same (those for detection of avian influenza A strains). FLOCKSCREEN AI-4 Real-time PCR Kit contains enzymes synthesised by QIA-GEN, specially created on recommendation of OIE and FAO Reference lab in Padova, Italy for detection of M-gene as well as H5, H7 and H9 haemagglutinin subtypes of avian influenza A. It is extremely sensitive as shown from all presented results. With DS and DE of 100% and >91% respectively, and confidence upper limits reaching 92.8%-100%, it provides better relevance of use. Similar results have been obtained also from the application of KAPA PROBE FAST Universal qPCR Kit with "avian" primer set (K-A).

CONCLUSIONS

The obtained results suggested that rRT-PCR is a useful tool for detection of swine influenza viruses due to its high sensitivity and short running time.

The precise detection of swine influenza virus is possible by using a protocol, different from that recommended by the OIE Reference Laboratory.

A higher sensitivity and efficacy, with more consistent values were obtained from the extraction of nucleic acids with *QIAamp Viral RNA Mini Kit* (QIAGEN, Germany) and *NucleoSpin RNA Virus* (Macherey-Nagel, Germany).

Using primer pair *Sep1* and *Sep2*, usually applied in practice for diagnosis of avian IAV strains, was more successful for detection of the swine viral subtypes rather than using primer sets whit *Sep2 rev-mod* primer.

When comparing the amplification performances, the highest confidence interval was obtained by applying amplification kit *KAPA PROBE FAST Universal qPCR Kit* (KAPA Biosystems, USA) and *FLOCKSCREEN AI-4 Real-time PCR Kit* (X-OVO, UK), with primers *Sep1* and *Sep2* and even with the other primer combinations involving *Sep2 rev-mod*.

The highest diagnostic sensitivity and efficacy were obtained with protocol F-A, as well as with K-A and K-C.

The application of the validated and CRL recommended amplification protocols Q-C and Q-PM gave unacceptable results according to all used criteria.

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