



National Laboratory for HIV Reference Services  
Sexually Transmitted and Bloodborne Infections  
National Microbiology Laboratory  
Public Health Agency of Canada

## HTLV Serology Quality Assessment Program Summary for Panel HTLVSER 2023Apr19

2023Apr19 HTLV Serology Panel		
Panel Sample	True Status	Labs Reporting Incorrect Status
A	HTLV-II Ab Positive	
B	Negative	
C	HTLV-I Ab Positive	
D	HTLV-I Ab Positive	
E	Negative	

Summary of findings observed for the 2023Apr19 panel:

- 1) Participant HV55 did not submit results for this panel.



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## **HTLV Serology Quality Assessment Program**

### **Final Report for Panel HTLVSER 2023Apr19**

*Issued 2023-June-22*

#### **Introduction**

This final report is specific to the 2023Apr19 panel only and is publicly available. The NLHRS distributed the 2022Nov14 and 2023Apr19 panels on October 26, 2022. The identity of participants has not been disclosed. The deadline for results submission was April 19, 2023. The preliminary report was issued on May 03, 2023.

#### **Panel Samples, HTLV Test Kits, and Data Entry**

- *Panel Composition*
  - The 2023Apr19 panel consisted of five samples: two HTLV negative (B, E), two HTLV-I positive (C,D), and one HTLV-II positive sample (A). Samples C and D were diluted 1 in 2 with defibrinated human plasma (Basematrix 53, Seracare Life Sciences). Testing and characterization by the NLHRS is presented in Appendix 1. Panels were sent to 18 participants including the NLHRS on October 26, 2022. It is the same material used for the 2022Nov14 panel.
  - The metrological traceability and uncertainty is not applicable for this panel.
  
- *HTLV Test Kits*
  - Five different assays were used by the 17 participants (including the NLHRS) who returned results (Appendix 2).
  
- *Data entry*
  - Results entry for this panel utilized an in-house developed website.

## Homogeneity and Stability

- The homogeneity and stability of the 2023Apr19 HTLV serology panel was assessed by comparing the participants' results (including the NLHRS) with the results of the panel's characterization performed by the NLHRS prior to the test event.
- There was no indication of heterogeneity or instability of the panel samples as the results submitted by the participants are consistent with the expected results from the NLHRS characterization of each panel member (Figure 1 and Appendix 1).

## Results

- *Evaluation Criteria:*
  - Negative samples: HTLV non-reactive/negative in the final HTLV serology interpretation with assay results supporting the interpretation.
  - Positive samples: HTLV reactive/positive in the final HTLV serology interpretation with assay results supporting the interpretation. Participants must provide a recommendation for further action for samples that they could not determine the true serology status for based on the assay used in their testing.
- *Qualitative Group Analysis (Figure 1):*
  - *Sample A (HTLV-II Ab Positive)* – 17/17 participants (including NLHRS) provided either a correct serology status and/or recommendation.
  - *Sample B (Negative)* – 17/17 participants (including NLHRS) provided either a correct serology status and/or recommendation.
  - *Sample C (HTLV-I Ab Positive)* – 17/17 participants (including NLHRS) provided either a correct serology status and/or recommendation.
  - *Sample D (HTLV-I Ab Positive)* – 17/17 participants (including NLHRS) provided either a correct serology status and/or recommendation.
  - *Sample E (Negative)* – 17/17 participants (including NLHRS) provided either a correct serology status and/or recommendation.

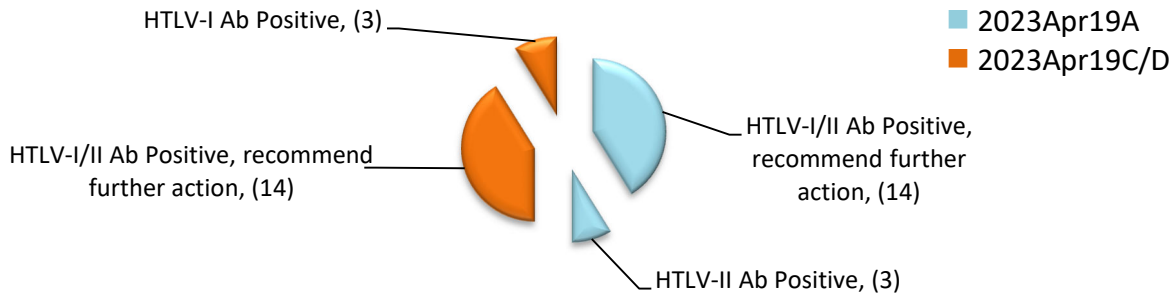


Figure 1: The final HTLV serology status of the positive samples in the 2023Apr19 HTLV serology panel submitted by participants using HTLV screening and confirmatory assays (including NLHRS).

## Findings

All participants correctly identified the serology status and/or provided an appropriate recommendation for the panel samples included in the 2023Apr19 test event.

One participant (HV55) did not return results for this test event.

In this event, we have noticed two Abbott Architect users adopted the newer Abbott Alinity platform. In summary, a total of seven participants have switched from the Abbott Architect to the Abbott Alinity since 2021Apr19 test event. We will monitor if this trend continues in future events.

We value each laboratory's participation in these QA test events and your suggestions for improvement. The NLHRS is committed to improve all aspects of the HTLV serology proficiency testing program in order to provide quality proficiency testing to our participants.

If you have any comments, suggestions or concerns, please contact us at:

[nlhrs.qap-peq.insrv@phac-aspc.gc.ca](mailto:nlhrs.qap-peq.insrv@phac-aspc.gc.ca)

***Thank you for your participation in the NLHRS HTLV Serology Quality Assurance Program***

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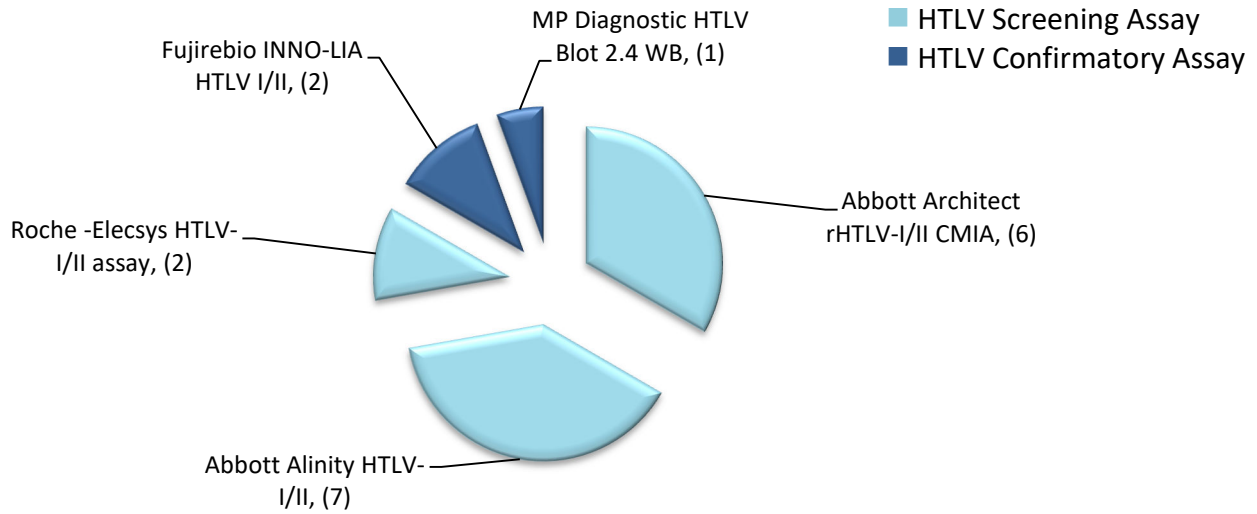
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Appendix 1: NLHRS characterization of the 2023Apr19 HTLV serology panel samples

The NLHRS 2023Apr19 HTLV Panel Sample Testing Results									
Sample	Final Status	NLHRS Testing							
		Fujirebio INNO-LIA HTLV I/II Score							
		Interpretation	p19 I/II	p24 I/II	gp46 I/II	gp21 I/II	p19 I	gp46 I	gp46 II
A	HTLV-II Ab Positive	HTLV-II Positive	+	+	++	++	-	-	+
B	Negative	Negative	-	-	-	-	-	-	-
C	HTLV-I Ab Positive	HTLV-I Positive	++	+++	++	++	++	++	-
D	HTLV-II Ab Positive	HTLV-II Positive	++	+++	++	++	++	++	-
E	Negative	Negative	-	-	-	-	-	-	-

*N/T: Not tested*

**Appendix 2: Summary of assays used by the participants in the 2023Apr19 HTLV test event**



**Appendix 3: Summary of bands detected in samples A, C, and D by the Fujirebio INNO-LIA HTLV-I/II and MP Diagnostic HTLV Blot 2.4 WB assays in the 2023Apr19 HTLV test event**

Fujirebio INNO-LIA HTLV-I/II	Frequency of Bands Detected							
	Sample	p19 I/II	p24 I/II	gp46 I/II	gp21 I/II	p19-I	gp46-I	gp46-II
	2023Apr19A	2	2	2	2	-	-	2
	2023Apr19C	2	2	2	2	2	2	-
	2023Apr19D	2	2	2	2	2	2	-

MP Diagnostic HTLV Blot 2.4 WB	Frequency of Bands Detected											
	Sample	rgp46-I	rgp46-II	p53	gp46	p36	p32	p28	P26	P24	P19	GD21
	2023Apr19A	-	1	-	-	-	-	-	-	1	-	1
	2023Apr19C	1	-	1	1	1	1	1	1	1	1	1
	2023Apr19D	1	-	1	1	1	1	1	1	1	1	1

## Appendix 4: Troubleshooting

Troubleshooting; common causes of outlying and/or aberrant results in serology and molecular Laboratories.

Type of Error	Possible Cause(s)	Pre-Analytical	Analytical	Post- Analytical
Sample mix-up	Can occur during specimen reception or testing. May result in outlying/aberrant results for one or all samples mixed-up.	✓	✓	
Transcription	• Incorrect test ordering by physician	✓		
	• Incorrect shipment address	✓		
	• Selecting the wrong assay for data entry	✓		
	• Interchanging results for two or more specimens			✓
	• Entering incorrect results			✓
	• Entering values in the incorrect field (e.g., OD as S/Co)			✓
	• Entering values in the incorrect unit (e.g., IU/mL instead of log <sub>10</sub> copies/mL)			✓
	• Using a comma instead of a dot to denote a decimal point			✓
	• Selecting the incorrect assay interpretation or analyte			✓
	• Failure to recommend follow-up testing where necessary			✓
	It is recommended all results that are manually transcribed or entered electronically be checked by a second individual to avoid transcription errors.			
Outlying and/or Aberrant Results ( <u>random error</u> )	<u>Sporadic test results identified as outlying and/or aberrant can be classified as random events. Possible causes of random error include:</u>			
	• Incorrect sample storage/shipping conditions	✓	✓	
	• Incorrect test method	✓	✓	
	• Insufficient mixing of sample, especially following freezing		✓	
	• Poor pipetting		✓	
	• Ineffective or inconsistent washing		✓	
	• Transcription errors	✓		✓
	• Cross-contamination or carryover	✓	✓	
• Presence of inhibitors to PCR		✓		
Outlying and/or Aberrant Results ( <u>systematic error</u> )	<u>A series of test results identified as outlying and/or aberrant may be due to a systematic problem. Systematic problems may be due to:</u>			
	• Reagents contaminated, expired, or subject to batch variation		✓	
	• Instrument error or malfunction		✓	
	• Insufficient washing		✓	
	• Incorrect wavelength used to read the assay result		✓	
	• Cycling times too long/short or temperature too high/low		✓	
	• Incubation time too long/short or temperature too high/low		✓	
	• Insufficient mixing/centrifuging before testing		✓	
	• Incorrect storage of test kits and/or reagents	✓		
	• Contamination of master-mix, extraction areas or equipment		✓	
	• Ineffective extraction process		✓	
	• Degradation of master-mix components		✓	
• Suboptimal primer design (in-house assays)		✓		

This table was modified from a report produced by the National Reference Laboratory (NRL), Melbourne, Australia.