

Serological diagnosis of Dengue virus infection in travellers; the impact of cross-reacting flaviviridae antigens.

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Viral infectious disorders
Study type	Observational invasive

Summary

ID

NL-OMON37829

Source

ToetsingOnline

Brief title

Cross-reactivity in Dengue IgG serology

Condition

- Viral infectious disorders

Synonym

Breakbone fever

Research involving

Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Sint Radboud

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Dengue, flaviviridae, Serology

Outcome measures

Primary outcome

The main parameter is specificity and positive predictive value of the Dengue IgG ELISA.

Secondary outcome

nvt

Study description

Background summary

Dengue Fever is caused by the DENV virus which is transmitted by the Aedes Aegypti or Aedes Albopicto. As the habitat of this *tiger mosquito* is expanding, the risk of dengue becoming endemic is increasing in more temperate regions like the Netherlands. Primary infections are mostly asymptomatic, others experience flu-like symptoms and 2-3% of infections evolves to Dengue Hemorrhagic Fever(DHF) or Dengue Shock Syndrome(DSS). Severe diseases that are accompanied with extreme fever, hepatomegaly, plasma leakage and cardiovascular manifestations. In secondary infections the disease evolves into DHF or DSS more quickly. DENV infections are diagnosed using IgM and IgG serology, which is prone to false-positives due to other flaviviridae immunity. In order to improve dengue diagnostics a validation of current diagnostic tools and the identification of the precise impact of cross-reactivity is key.

Study objective

The main objective is to study the impact of cross-reactivity by other flaviviridae (Yellow Fever virus, Tick Born Encephalitis virus, West Nile virus, Japanese Encephalitis virus and Hepatitis C virus) on Dengue IgG serology using enzyme-linked immune-assays(ELISA) and indirect immunofluorescence tests (IFT).

Study design

Diagnostic validation case-control study as an internship project for a medical

student in the fourth year of medical school at the UMC St. Radboud Nijmegen.

Study burden and risks

A bloodsample will be obtained from the patient at one single occasion. A questionnaire concerning the vaccination history and travel history will be filled in.

The risks for the patient are the potential side-effects of venapunction, e.g. soreness and small haemorrhage at the puncture site.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

The research population is defined as healthy volunteers (>18-years old) who received a Yellow Fever vaccination or a Tick Born Encephalitis vaccination.

Exclusion criteria

Immuno-compromised patients or pregnancy.
Patients with known coagulopathias.

Study design

Design

Study type: Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 02-07-2012

Enrollment: 20

Type: Actual

Ethics review

Approved WMO

Date: 24-05-2012

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL40348.091.12