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Development of a lateral flow recombinase polymerase assay for the diagnosis of *Schistosoma mansoni* infections

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Analytical Biochemistry

- 1 Development of a Lateral Flow Recombinase Polymerase Assay for the
- 2 diagnosis of *Schistosoma mansoni* infections

3 **Highlights**

- 4 A LF-RPA assay has been developed for *S. mansoni*
- 5 Reactions take 6 minutes and can work at 25**°**C
- 6 The assay can detect 10pg of DNA and 10^2 copies of DNA
- 7 Betaine can rectify false positives but may influence assay sensitivity
- 8 The low resource need and quick time to results may enable PON testing
- 9

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15 **Abstract**

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e can rectify false positives but may influence assay sensitivity
w resource need and quick time to results may enable PON testing
 16 Infection with *Schistosoma mansoni* causes intestinal schistosomiasis, a major health 17 problem across Africa. The accurate diagnosis of intestinal schistosomiasis is vital to inform 18 surveillance/control programs. Diagnosis mainly relies on microscopic detection of eggs in 19 faecal samples but many factors affect sensitivity. Molecular diagnostics are sensitive and 20 specific but application is limited as necessary infrastructure, financial resources and skilled 21 personnel are often lacking in endemic settings. Recombinase Polymerase Amplification 22 (RPA) is an isothermal DNA amplification/detection technology that is practical in nearly any 23 setting. Here we developed a RPA lateral flow (LF) assay targeting the 28S rDNA region of *S.* 24 *mansoni.* The 28S LF-RPA assay's lower limit of detection was 10pg DNA with the lower test 25 parameters permitting sufficient amplification being 6 minutes and 25**°**C. Optimal assay 26 parameters were 40-45°C and 10 mins with an analytical sensitivity of 10² copies of DNA. 27 Additionally the PCRD3 lateral flow detection cassettes proved more robust and sensitive 28 compared to the Milenia HybriDetect strips. This 28S LF-RPA assay produces quick 29 reproducible results that are easy to interpret, require little infrastructure and is a promising 30 PON test for the field molecular diagnosis of intestinal schistosomiasis.

31

32 **Key Words:** Recombinase Polymerase Amplification, molecular diagnostic, schistosomiasis, 33 point-of-need

34

35 **1. Introduction**

istosomiasis is a neglected tropical disease (NTD) second only to malaria in
ates [1] with 230 million people estimated to be infected worldwide [2,3]. It is
Africa, Asia, the Middle East and parts of South America, howeve 36 Schistosomiasis is a neglected tropical disease (NTD) second only to malaria in 37 infection rates [1] with 230 million people estimated to be infected worldwide [2,3]. It is 38 endemic in Africa, Asia, the Middle East and parts of South America, however the greatest 39 burden of disease is found in sub-Saharan Africa where *S. haematobium* (causing urogenital 40 schistosomiasis) and *S. mansoni* (causing intestinal schistosomiasis) cause 90% of global 41 infections resulting in an estimated mortality rate of around 200,000 per year [4]. Infection 42 occurs when larval stages of the parasite are shed from the specific fresh water snails and 43 enter through the human skin via water contact. These larval forms mature in the liver and 44 then migrate to either the mesenteric veins (*S. mansoni*) or to the perivesicular veins (*S.* 45 *haematobium*) where adult worms exist as a reproductive pair and produce many 46 thousands of eggs per day [2]. The World Health Organization (WHO) has targeted 47 schistosomiasis for elimination as a public health problem (defined as reducing prevalence 48 of heavy-intensity infection to below 1%) in all endemic countries with a halt in transmission 49 in most of these countries by 2025 [5,6]. This is to be achieved principally through mass 50 drug administration (MDA) of oral praziquantel (PZQ) to kill adult worms [5] but will also 51 require sensitive diagnostics to be able to identify low intensity infections, and also to set 52 effective treatment intervals. The current standard diagnostic test for *S. mansoni* infection 53 involves taking a double smear of a single stool sample for microscopic detection of 54 schistosome eggs [7,8]. This is not only time-consuming, but lacks sensitivity particularly in 55 low-intensity infections [7-15], leading to an under-estimation of disease prevalence. It is 56 probable therefore that many infections are being missed using current diagnostic methods, 57 and elimination goals are unlikely to be achieved unless a more sensitive, quick, easy to 58 perform and cost-effective method of detection is developed.

59 Molecular diagnostics and molecular technologies are rapidly advancing and offer 60 greater sensitivities and specificities over existing disease diagnostics. For the detection and 61 quantification of *Schistosoma*-specific DNA in clinical samples, a number of molecular 62 techniques and range of molecular targets have been put into practice [16-18]. Polymerase

equipment, highly skilled personnel and cold-chain storage devices, not read
within most endemic countries [16]. Recombinase Polymerase Amplification (f
sothermal (requiring constant ambient temperatures) DNA amplification 63 Chain Reaction (PCR) amplification of schistosome DNA within clinical samples has been 64 shown to be highly sensitive in detecting *S. mansoni*, able to detect down to 2.4 eggs per 65 gram of faeces [18]. An added advantage is the flexibility of using different types of sample 66 due to the ability to detect not only eggs but also Cell-Free-Parasite-DNA (CFPD) in clinical 67 samples. However, current molecular diagnostic use is hampered by the need for expensive 68 laboratory equipment, highly skilled personnel and cold-chain storage devices, not readily 69 available within most endemic countries [16]. Recombinase Polymerase Amplification (RPA) 70 is a novel isothermal (requiring constant ambient temperatures) DNA amplification 71 technology being developed for the Point-Of-Need (PON) diagnosis of several important 72 pathogens including those causing NTDs [19-22]. The technology is sensitive and specific but 73 also overcomes many of the obstacles faced by existing molecular diagnostics; being rapid, 74 robust, high-throughput, requiring low energy and portable equipment, with results 75 available using field-friendly detection devices, making this a promising technology for 76 molecular PON diagnosis [19,20]. There are an increasing number of reports combining 77 isothermal amplification with simple and rapid lateral flow detection of amplified DNA [20- 78 30), moving nearer to achieving molecular diagnostics that can be used at the PON. A 79 Lateral Flow (LF) RPA assay for the detection of *S. japonicum* DNA targeting the highly 80 repetitive retrotransposon SjR2 region in faecal samples has been shown to have equal 81 sensitivity to both quantitative PCR and real time (RT) RPA, detecting 5fg *S. japonicum* DNA 82 which is reportedly less than that found in one egg [21]. The assay also showed high 83 specificity, showing no cross-reactivity with other helminthic parasites [21]. A previous LF-84 RPA study targeting the tandem repeat Dra-1 sequence of *S. haematobium* found successful 85 amplification and detection between assay temperatures of 30-45°C, in 10 minutes 86 incubation time, and with a sensitivity of 100fg DNA [22]. There is no existing molecular PON 87 diagnostic test for *S. mansoni* and so here we aimed to develop an RPA assay for the 88 sensitive detection of *S. mansoni* DNA, and to test different reaction parameters for the 89 assay's suitability for the endemic PON setting. Two different nuclear DNA targets were 90 evaluated for optimal assay design and performance and the results are discussed in 91 relation to the assay's potential for field PON testing on clinical samples.

92

93 **2. Materials and Methods**

94 *2.1* S. mansoni *Genomic DNA*

95 *S. mansoni* (Ugandan Isolate, Lake Victoria) adult worm genomic DNA was obtained 96 from the Schistosomiasis Collection at The Natural History Museum (SCAN) [31], and was 97 quantified using the NanoDrop ND-8000 8-Sample Spectrophotometer.

98

99 *2.2 RPA primer design*

100 The *S. mansoni* 28S and ITS ribosomal DNA regions were targeted for amplification. 101 Their sequences were downloaded from Genbank (NCBI) as these have been used in 102 previous molecular diagnostic assays [16, 18] (https://www.ncbi.nlm.nih.gov/genbank/). 103 Accession numbers; JQ289757 (ITS); AY157173.1 (28S). Multiple forward and reverse RPA 104 primers were designed using Primer3 (http://primer3.ut.ee). RPA primers were designed 105 following the TwistDxTM guidelines to be 30-35 bases long with 30-70% GC content for both 106 regions. The primers were designed to produce the smallest possible amplicon to maximize 107 amplification rates. A gap of at least 52bp was maintained between primer pairs to allow for 108 internal probe design for lateral flow detection.

109

110 *2.3 ITS and 28S RPA primer screening*

imer design
 θ . *S. mansoni* 285 and ITS ribosomal DNA regions were targeted for amplificationess were downloaded from Genbank (NCBI) as these have been used in

nolecular diagnostic assays [16, 18] (https://www.ncbi 111 Primers were screened using the TwistAmpTM Basic kit to determine the best primer 112 pairs according to product yield using the TwistAmp™ Basic kit reagents. To prevent cross 113 contamination, preparation of all RPA reactions was carried out in a pre-PCR room under 114 extraction hoods, and all reagents were left under UV light before and after each batch of 115 reactions was run. There were eight possible primer pairs to be tested; six ITS pair 116 combinations covering a 267bp region, and two 28S primer pair combinations covering a 117 327bp region. All primer screening was done using 1ng of *S. mansoni* genomic DNA. 118 Reactions were set-up following the TwistDxTM Basic RPA protocol with each reaction 119 containing 29.5µl rehydration buffer, 2.4µl of each forward and reverse primer (10pmol), 120 12.2µl dH20, and 1µl of *S. mansoni* genomic DNA for each reaction mix. The RPA pellets 121 were first decanted into 0.2ml PCR tubes for easier handling, the reaction mix was then 122 added, vortexed and spun down. 2.5µl of magnesium acetate was added to each lid making 123 a total reaction volume of 50µl and a magnetic bead was dispensed into each tube for 124 magnetic mixing. Tubes were centrifuged and immediately placed into the TwirlaTM, a

125 portable heat block with internal magnetic motor; the motor agitates the mix every 10

126 seconds preventing the need for a manual mixing step. Incubations were initially performed 127 at 40°C for 20 minutes. Amplification products were purified using the QIAquick PCR 128 Purification Kit (Qiagen, Germany), and run on a 4% gel red agarose gel (Sigma Aldrich, UK). 129 Negative no DNA template controls were incorporated into each set of reactions. Primer 130 pairs that gave strong positive amplification of the correct size amplicon with no non-131 specific amplification were selected for further development. Additionally the primer pairs 132 that gave the smaller size amplicons were selected to facilitate rapid amplification.

133

134 *2.4 Lateral flow RPA probe design and testing*

nplification were selected for further development. Additionally the primer particles and tries amplicons were selected to facilitate rapid amplification.
 How RPA probe design and testing
 MAN Arobe design and testing 135 Internal lateral flow RPA probes were designed for both the 28S and ITS DNA regions 136 following the TwistDx guidelines, with lengths of between 46-52 nucleotides, containing 137 either a 6-carboxyfluorescein (FAM) label or a biotin label at the 5' end. A basic 138 tetrahydrofuran (THF) residue replaced a single nucleotide at least 30bp from the 5' end and 139 at least 15 nucleotides from the 3' end. A C3 spacer at the 3' end prevents extension of any 140 un-hybridised probe. To enable lateral flow detection, reverse primers were modified by 141 attaching either a biotin recognition label or a FAM label to the 5' end. If the probe was 142 labelled with the FAM then the reverse primer was labeled with biotin and vice versa. The 143 ITS and 28S LF-RPA reactions were performed using the TwistDx nfo kit. Reactions contained 144 1ng of *S. mansoni* DNA, 29.5µl of rehydration buffer, 2.1µl forward primer (10pmol), 2.1µl 145 labeled reverse primer (10pmol), 0.6µl of the specific internal lateral flow probe (10pmol), 146 and 12.2μl dH₂0 for each reaction. These were mixed and added to the RPA nfo pellets. A 147 magnetic bead was added for magnetic mixing and then 2.5µl of magnesium acetate was 148 added to the lids before the reactions were closed, centrifuged and incubated in the Twirla 149 for 20 minutes. Negative no DNA template controls were also included with each set of 150 reactions performed.

151 *2.5 28S and ITS LF-RPA amplicon detection*

152 *S. mansoni* DNA amplification was detected using both the Milenia HybriDetect 153 lateral flow dipsticks (Milenia Biotec GmbH, Gieβen, Germany) and also the PCRD Nucleic 154 Acid Detector lateral flow assay cassettes (Abingdon Health, York, UK) for comparison. 155 Detection occurs in a typical 'sandwich' format, with the target, in this case via the probe, 156 forming a conjugate with recognition anti-FAM antibodies on the sample application area,

157 and is then captured at the test line by anti-biotin antibodies to form a complex with 158 colloidal carbon (PCRD) or colloidal gold (Milenia), producing a coloured signal. A control 159 line is also visualised on the test strips to prevent any false negatives through failure of the 160 lateral flow strips.

PA assays for lateral flow detection was carried out in a separate post-PCR are
on set up and also under an extraction hood. For the PCRD strips 5µl of the RP
on product was added to 70µl PCRD running buffer. Then 75µl of 161 To prevent contamination by RPA amplicons post-amplification processing of the ITS 162 and 28S RPA assays for lateral flow detection was carried out in a separate post-PCR area to 163 the reaction set up and also under an extraction hood. For the PCRD strips 5µl of the RPA 164 amplification product was added to 70µl PCRD running buffer. Then 75µl of this mix was 165 pipetted into the sample well on the cassette. Results were read at no later than 10 166 minutes. For Milenia HybriDetect strips 5µl of RPA amplification product was added to 167 100µl HybriDetect buffer. The detection strip was placed vertically into the tube containing 168 the mix with the sample application pad submerged in the solution. Results were read 169 between 5-15 minutes.

170

171 *2.6 Addition of Betaine*

172 To address problems with false positive results with the ITS LF-RPA assays, the 173 addition of Betaine to the RPA reactions was trialed with an aim to reduce primer noise and 174 mis-priming. 1µl, 5µl and 7.5µl of Betaine (5M) were each substituted for the same amount 175 of dH_20 in the reaction mix in the ITS RPA reactions to maintain reaction volumes at 50 μ l. 176 This was tested with negative no DNA template control reactions for each primer pair to 177 determine the minimum Betaine concentration that would effectively prevent false positive 178 results from occurring on the detection strips. This was not done for the 28S LF-RPA 179 reactions as no false positives were encountered.

180 *2.7 LF-RPA Reaction parameter testing*

181 Different parameters were tested 10 times to assess accuracy.

182 *2.7.1 Temperature*

183 The LF-RPA assays were tested on template DNA (1ng) at different reaction temperatures;

184 20, 25, 30, 35, 40, 45 and 50°C for 20 minutes. When using incubation temperature as the

- 185 RPA assay variable, incubations were performed in a standard PCR machine (GeneAmp PCR
- 186 System 9700) set at the required temperature. Reactions were manually mixed every 5
- 187 minutes to prevent localised depletion of reagents caused by viscosity of the reaction mix

218 10^7 , 10^6 , 10^5 , 10^4 , 10^3 , 10^2 , 10^1 copies of the molecular DNA standard. All reactions were run

- 219 using the standard 28S LF-RPA protocol and the reactions were performed in the Twirla
- 220 device with magnetic mixing at 40°C for 20 minutes. Amplicon detection was performed
- 221 using the PCRD reaction strips as described previously. The limit of detection was tested
- 222 multiple times to assess robustness of the assay.

223 **3. Results**

- 224 *3.1 ITS and 28S RPA primers and probes*
- 225 Sequences for all ITS and 28S primers and probes are shown in Table 1, including reverse
- 226 primer modifications for LF-RPA testing.
- 227

228

- 229 **Table 1.** ITS and 28S primer and probe sequences designed for the LF-RPA assays.
- 230 Modification codes: Btn = Biotin label, 6FAM = FAM label, THF = basic tetrahydrofuran

231 residue, SpcC3= C3Spacer.

232

233 *3.2 Primer pair screening*

- 234 All ITS and 28S primer combinations successfully amplified 1ng of *S. mansoni* DNA. Results
- 235 visualised on a agarose gel confirmed the correct DNA amplicon lengths expected from each
- 236 primer pair (Figure 1). Three ITS primer pairs (1. 70F + 192R (122bp*), 2. 65F + 192R

237 (127bp*), 3. 59F + 192R (133bp*) and one 28S primer pair (353F + 647R (294bp*)), were 238 selected for further optimisation based on the smaller amplicon lengths produced and 239 strong band signal intensity (Figure 1). A shorter amplicon is more desirable as it will equate 240 to a faster amplification rate and generates fewer primer 'artefacts', providing greater 241 sensitivity [32].

- 242
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247

250 **Figure 1.** A) amplicons produced by the 6 ITS primer pair combinations. 1. 70F + 192R

251 (122bp*), 2. 65F + 192R (127bp*), 3. 59F + 192R (133bp*), 4. 70F + 312R (242bp), 5. 65F +

252 312R (247bp), 6. 59F + 312R (253bp) B) amplicons produced by the 2 28S primer pair

253 combinations. 1. 353F + 647R (294bp*), 2. 335F + 647R (312bp). The ladder in lane 1 is

254 Hyperladder IV. *These primer pairs were chosen for further optimization and LF RPA

255 development.

256 *3.3 Lateral Flow (LF) RPA development*

257 Due to the high cost of the internal LF probes only a single ITS and 28S probe were designed 258 and tested.

259 *3.3.1 ITS LF-RPA assays*

260 The ITS LF-RPA reactions were hampered by false positive results with all the primer probe 261 combinations tested. It was suspected that false positives might be caused by a possible 262 overlap of reverse primer with the probe due to them only being separated by just one 263 base. We substituted the biotinylated ITS 312R primer in place of the ITS 192R primer in the 264 reactions to increase reverse primer-probe gap to 122 bases, however this was unsuccessful 265 in preventing false positives occurring (Figure 2a). The ITS LF-RPA amplification products 266 were purified and run on agarose gel to visualise any non-specific DNA products that might 267 be causing the anomaly. It was evident that additional non-specific bands slightly smaller

268 than the target DNA bands were present in all lanes including the negative control, 269 suggesting possible primer-dimer or primer-probe dimer products (Figure 2b). To try and 270 reduce the possible primer-probe artefacts the addition of Betaine to the reactions was 271 trialled. It was found that with the addition of 7.5µl of Betaine one of the primer pairs, ITS 272 70F/ITS 312R, with an amplicon size of 242 bases did not produce false positives (Figure 3). 273 This primer pair was used in all further ITS LF-RPA parameter-testing assays.

274

282

283 **Figure 2. A)** Lateral flow results of the different ITS LF-RPA primer combinations plus a 284 negative control that shows a false positive result. **B)** Gel images of the ITS LF-RPA reaction 285 amplicons. A non-specific amplicon (the smaller band) can be seen in all the reactions and 286 the negative control. The ladder in lane 1 is Hyperladder IV.

296 **Figure 3.** Positive and negative ITS LF-RPA reactions with the addition of 7.5µl of Betaine to 297 the reactions. No false positives were obtained; **A)** using Milenia HybriDetect strips and **B)** 298 PCRD Nucleic Acid Detector strips.

299

+ve

-ve

300 *3.3.2 28S LF-RPA assays*

- 301 The 28S primer / probe combinations did not produce false positive results thus the 28S
- 302 primer pair that gave the shortest amplicon of 294 bases (28S 353F/28S 647R) was used in
- 303 all 28S LF-RPA parameter testing assays (Figure 4).
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311 **Figure 4.** Positive and negative 28S LF-RPA reactions using the primer pair 353F and 647R.

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313 *3.4 Performance of the Milenia vs. PCRD Nucleic Acid Detection Strips*

THE SERVICE THE MIRTING THE SERVICE OF THE SERVICE SPACE SAVID BETTER THE SPACE OF THE SPACE OF THE SPACE OF THE SPACE OF THE MIRTING AND MANUSCRIPT AND MODE CALCEPTED AND MANUSCRIPT AND MIRTING AND MANUSCRIPT AND MIRTING 314 Both Milenia HybriDetect lateral flow strips and PCRD Nucleic Acid Detection strips were 315 used for detection of ITS LF-RPA amplified products, to compare their performance (Figure 316 5). We found that PCRD cassettes were more sensitive than the Milenia HybriDetect strips, 317 able to detect ITS target DNA with one minute less RPA reaction incubation time than the 318 Milenia HybriDetect strips (Figure 5). PCRD test lines consistently appeared more 319 prominently than on the Milenia HybriDetect strips, which varied in intensity and were not 320 uniform in clarity. Test lines also developed at a faster rate on PCRD strips. Due to their 321 better performance, it was decided to use only PCRD cassettes for the remainder of the 322 assays.

- 331 **Figure 5.** PCRD cassettes (A) gave more consistent results and were more sensitive able to
- 332 detect DNA amplification after 8 mins of reaction time, whereas the limit of reaction time
- 333 for the Milenia HybriDetect strips (B) was 9 minutes. NC = negative control
- 334
- 335 3.5 LF-RPA ITS and 28S temperature and time parameter testing
- 336 *3.5.1 LF-RPA reaction temperature testing*
- 337 A positive signal was detectable at incubation temperatures between 30-45°C and 25-45°C
- 338 for the ITS and 28S assays respectively, with the strongest signals occurring at 40°C and
- 339 45° C, and no signal detected at 50° C (Supplementary File Figures 6+7).
- 340
- 341 *3.5.2 LF-RPA reaction time testing*
- 342 A positive signal could be detected with a limit of eight and six minute RPA reaction
- PA reaction temperature testing
signal was detectable at incubation temperatures between 30-45°C and 25-43
and 28S assays respectively, with the strongest signals occurring at 40°C and
no signal detected at 50°C (Supplemen 343 incubation time for the ITS and 28S assays respectively (Supplementary File Figures 8+9).
- 344
- 345 *3.6 Sensitivity testing*
- 346 The ITS LF-RPA assay was tested on serial dilutions of *S. mansoni* genomic DNA.
- 347 Unfortunately at lower concentrations inconsistent results were obtained from reactions on
- 348 the same concentration of DNA and so the limit of detection could not be evaluated further.
- 349 For the 28S LF-RPA assay consistent results were obtained from replicate reactions and the
- 350 28S LF-RPA assay limit of sensitivity was 10pg of DNA (Supplementary File Figure 10).
- 351
- 352 *3.7 Analytical limit of Detection of the 28S LF-RPA assay*
- 353 The analytical lower limit of detection for the 28S LF-RPA assay was 10^2 copies of DNA
- 354 (Supplementary File Figure 11).
- 355
- 356 *3.8 Specificity with other important schistosome species*
- 357 The ITS LF-RPA assay proved to be not specific to *S. mansoni* and was also able to amplify *S.*
- 358 *haematobium* and *S. bovis* DNA (Supplementary File Figure 12A) whereas the 28S LF-RPA
- 359 assay proved to be more specific to *S. mansoni* but was still able to amplify *S. haematobium*
- 360 and *S. bovis* DNA but at a lower sensitivity and with faint detection lines observed on the
- 361 PCRD strips (Supplementary File Figure 12B).

362 **4. Discussion**

363 A diagnostic test that is both sensitive and specific is of paramount importance to 364 successfully monitor schistosomiasis transmission, particularly in low endemic areas. 365 Inaccuracies in prevalence data due to lack of sensitivity of diagnostics could lead to a 366 premature reduction/withdrawal of MDA, leading to a rapid resurgence of transmission and 367 disease. Alternatively over-prescription of the drugs caused by a lack of diagnostic specificity 368 causes wastage of medicine, insufficient supply of PZQ, systematic non-compliance and 369 potentially could lead to the development of PZQ resistance. Ultimately this will prevent 370 WHO elimination targets from being reached [5].

ternatively over-prescription of the drugs caused by a lack of diagnostic specitizage of medicine, insufficient supply of PZQ, systematic non-compliance and could lead to the development of PZQ resistance. Ultimately this 371 Molecular diagnostics are the gold standard for several pathogens due to their 372 greater specificity and sensitivity. However PCR based methods although sensitive, are 373 expensive, difficult to use in low resource settings and experience slow turnaround times 374 [16-18]. RPA is an alternative DNA-based method and overcomes several of the obstacles 375 encountered by traditional DNA-based diagnostics [33-35]. RPA also demonstrates 376 performance characteristics particularly suiting it to PON use. RPA reactions can operate at 377 temperatures as low as 25 **°**C, albeit slower, so DNA amplification can be achieved using 378 ambient temperature, body heat, room temperature or low power/ battery powered 379 incubators, making the assay highly feasible in low resource settings where a reliable mains 380 power supply may not be available [36]. This together with the LF detection system is simple 381 to use and requires little in the way of training with results easily interpreted by untrained 382 personnel. It is quick to turnaround with results available in less than 30 minutes after 383 incubation initiation [36,37], which is particularly advantageous over existing isothermal 384 systems such as Loop Mediated Isothermal Amplification (LAMP) that needs higher 385 temperatures of 64**°**C for 90 mins [38]. Here, using the existing TwistDx platform, RPA has 386 also been combined with the LF-RPA DNA amplification and detection system to detect *S.* 387 *mansoni* DNA, which could be further optimised for the PON molecular diagnosis of human 388 *S. mansoni* infections.

389 Two DNA targets, the ribosomal ITS and 28S regions, were tested for their RPA 390 performance with different primer and probe combinations. All primer pairs produced 391 promising results with correct amplicon size amplification, however the ITS LF-RPA assays 392 consistently produced false positive results probably due to some primer/probe secondary 393 structure or hairpins possibly causing non-specific amplification creating false positive

394 results. These non-specific products could be visualised by gel electrophoresis of the ITS LF-395 RPA reactions (Figure 2B). False positives were controlled with the addition of Betaine, 396 which is often used in nucleic acid amplification to prevent secondary structures such as 397 hairpins from forming, particularly where there is a high GC content [39]. With the addition 398 of Betaine the ITS LF-RPA assay worked at a low temperature of 30 \degree C with an eight-minute 399 reaction time. The 28S LF-RPA assay proved more robust with no false positive reactions and 400 the assay could be performed at lower temperatures (25 \degree C) and with a shorter reaction 401 time of six minutes.

402 The primer pair used for the 28S LF-RPA assay (28S 353F/28S 647R), generated an 403 amplicon of 295bp, longer than that recommended for RPA (<200bp) and had a slightly 404 higher than recommended GC content (49.8% compared to 43.5% ITS). Longer amplicons 405 generate a larger proportion of DNA artefacts such as hairpins and primer-dimers, due to 406 the relatively faster replication of the shorter 'noise' fragments, and thus reduces 407 sensitivity. In theory then the ITS assays (127 bp) would be predicted to outperform the 28S 408 assays; however the 28S assays showed greater performance and reliability. These results 409 highlight the importance of multiple primer and probe screening to develop optimal and 410 robust RPA assays.

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minutes.
Primer pair used for the 28S LF-RPA assay (28S 353F/28S 647R 411 The sensitivity of the ITS LF-RPA assays could not be assessed due to inconsistent 412 results with low DNA concentrations probably due to inhibition caused by the Betaine in the 413 reactions. The 28S LF-RPA had a limit of detection of 10pg of genomic DNA and 10^2 DNA 414 copies, which was not as sensitive as previous studies where LF-RPA assays were able to 415 detect down to 100fg of DNA for *S. haematobium* [22], and 5fg for *S. japonicum* [21]. 416 Additionally, Pontes *et al* (2002) [18] were able to detect down to 1fg of pure *S. mansoni* 417 DNA using PCR. However, all of these studies targeted highly repetitive elements within the 418 genome, which have a higher copy number than the regions tested here, and thus could 419 explain why the targeted regions showed lower sensitivity. Sandoval *et al* (2006) [40] found 420 that a 28S PCR was able to detect down to 1pg of DNA, but that the sensitivity of the genus-421 specific 28S region varied significantly depending on which primer pair was used. Sandoval 422 *et al* (2006) [40] also reported the ITS region to be much less sensitive at detecting 423 schistosome DNA than the 28S region when using PCR. However, an LF-RPA on the ITS1 424 region of *Fasciola hepatica* was able to detect down to 1pg/µl in stool samples [41].

425 Designing and testing alternative 28S and ITS primer and probe combinations and/or other 426 DNA regions could therefore improve sensitivity, and should be investigated further [42,43]. 427 LF-RPA amplification detection was trialled both using the PCRD nucleic acid 428 detectors and the Milenia HybriDetect lateral flow dipsticks. The PCRD cassettes were more 429 user friendly and the PCRD test bands were more uniform, easier to read, and developed 430 more rapidly than the Milenia HybriDetect strips. According to the manufacturers, PCRD 431 cassettes have a detection limit of 0.001µg/ml DNA. In this study PCRD did demonstrate a 432 higher sensitivity: able to detect amplification products after shorter RPA assay incubation 433 times than the Milenia HybriDetect strips. This could make PCRD a preferable detection tool 434 in low intensity infections.

dly than the Milenia HybriDetect strips. According to the manufacturers, PCRE
ave a detection limit of 0.001µg/ml DNA. In this study PCRD did demonstrate
sitivity: able to detect amplification products after shorter RPA as 435 The assays were shown to not be specific to *S. mansoni* but had some cross reactivity 436 to S. *haematobium* and *S. bovis.* This offers both advantages in terms of being able to detect 437 multiple schistosome species but also disadvantages in terms of specificity to *S. mansoni.* 438 The cross-reactivity of the assay was not tested on negative control clinical samples or other 439 pathogens that can also be found within stool samples and this will need to be done to 440 evaluate clinical specificity. However, the compatibility of the primers to other organisms 441 was checked using the NCBI blast tool with compatibility only shown with other non-442 parasitic organisms. The assay's utility will depend on what the diagnostic requirements are 443 for the assays and if specificity is a priority. Other more species-specific DNA targets can be 444 trialled in future work to improve specificity.

445 This preliminary study offers a basis on which to conduct further RPA research and 446 development with an aim to develop species-specific RPA assays to enable rapid field 447 identification of different and multiple species involved in schistosomiasis infections. With 448 further optimisation and validation the LF-RPA assays may prove to be a feasible diagnostic 449 test for *S. mansoni* infection bringing PCR level sensitivity to the PON settings. Further 450 development is needed to investigate different target DNA regions and primer/probe 451 combinations to improve sensitivity and specificity. Field evaluation is also required to 452 investigate the reliability of the targeted amplification of free schistosome DNA excreted in 453 different types of clinical samples e.g. saliva, urine and plasma, as a by-product of the 454 infection, together with the DNA that can be obtained from the excreted *S. mansoni* eggs in 455 faecal samples [44].

456 In conclusion, the 28S LF-RPA assay developed here has high potential as a PON

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Vygiene and Tropical Medicine for masters research funds.
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Schistosomiasis [WWW Document]. URL
CCC-Nistosomiasis [WWW Document]. URL
W.cdc.gov/gl 457 diagnostic test for *S. mansoni* infections. It requires little in the way of equipment and 458 technical support and results are quick to obtain and easy to interpret enhancing its 459 suitability as a PON diagnostic test for individual patient management and disease 460 mapping/surveillance as part of schistosomiasis control programmes [45,46]. 461 462 **Funding** 463 This work received funding from the Royal Society Small Grant Scheme and also the London 464 School of Hygiene and Tropical Medicine for masters research funds. 465 466 **References** 467 1. Center for Disease Control and Prevention, 2011. CDC - Neglected Tropical Diseases - The 468 Burden of Schistosomiasis [WWW Document]. URL 469 https://www.cdc.gov/globalhealth/ntd/diseases/schisto_burden.html 470 471 2. Colley DG, Bustinduy AL, Secor WE, King CH. 2014. Human schistosomiasis. The Lancet, 472 383:2253-2264. 473 474 3. Vos, T., Flaxman, A.D., Naghavi, M., Lozano, R., Michaud, C., Ezzati, M., Shibuya, K., 475 Salomon, J.A., Abdalla, S., et al., 2012. Years lived with disability (YLDs) for 1160 sequelae of 476 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease 477 Study 2010. The Lancet 380, 2163–2196. doi:10.1016/S0140-6736(12)61729-2 478 479 4. World Health Organization, Savioli, L., Daumerie, D., World Health Organization (Eds.), 480 2013. Sustaining the drive to overcome the global impact of neglected tropical diseases: 481 second WHO report on neglected tropical diseases. World Health Organization, Geneva, 482 Switzerland. 483 484 5. World Health Organization, 2013. WHO | Schistosomiasis: progress report 2001–2011, 485 strategic plan 2012–2020 [WWW Document]. URL 486 http://www.who.int/schistosomiasis/resources/9789241503174/en/ (accessed 2.10.17). 487 488 6. Rollinson D, Knopp S, Levitz S, Stothard JR, Tchuem Tchuente LA, Garba A, Mohammed 489 KA, Schur N, Person B, Colley DG, Utzinger J. 2013. Time to set the agenda for 490 schistosomiasis elimination. Acta Trop, 128:423-440. 491 492 7. Colley, D.G., Binder, S., Campbell, C., King, C.H., Tchuem Tchuente, L.-A., N'Goran, E.K., 493 Erko, B., Karanja, D.M.S., Kabatereine, N.B., van Lieshout, L., Rathbun, S. 2013. A Five-494 Country Evaluation of a Point-of-Care Circulating Cathodic Antigen Urine Assay for the 495 Prevalence of *Schistosoma mansoni*. Am. J. Trop. Med. Hyg. 88, 426–432. 496 doi:10.4269/ajtmh.12-0639 497 498 8. Stothard JR, Stanton MC, Bustinduy AL, Sousa-Figueiredo JC, Van Dam GJ, Betson M,
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