



UNIVERSITI PUTRA MALAYSIA

**ELECTROCHEMICAL AND OPTICAL-BASED IMMUNOSENSOR FOR
DETECTION OF *Mycobacterium tuberculosis***

NOREMYLIA MOHD BAKHORI

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By

NOREMYLIA MOHD BAKHORI

**Thesis Submitted to the School of Graduate Studies, Universiti Putra
Malaysia, in Fulfilment of the Requirements for the Degree of Doctor of
Philosophy**

May 2019

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Doctor of Philosophy

ELECTROCHEMICAL AND OPTICAL-BASED IMMUNOSENSOR FOR DETECTION OF *Mycobacterium tuberculosis*

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May 2019

Chairman : Professor Nor Azah Yusof, PhD
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Tuberculosis (TB) caused by *Mycobacterium tuberculosis* is a major obstacle for the global that effect the rate of morbidity and mortality. Many attempts and affords had been taken such as developing the drugs for controlling TB, curing the patients and preventing further transmission of the disease. Conventional diagnosis tool of TB often time-consuming, required loads of samples, less sensitive, impractical and costly for point of care diagnostic. In this research, a novel for diagnosis of TB was developed by an optical and electrochemical immunosensor via antibody-antigen interaction for the detection of TB-protein biomarker CFP10-ESAT6. For optical immunosensor, we studied a naked eye detection for TB by utilizing plasmonic enzyme-linked immunosorbent assay (ELISA) for the detection of protein biomarker, *Mycobacterium tuberculosis* ESAT-6-like protein esxB (CFP10-ESAT6). Here, the biocatalytic cycle of the intracellular enzymes, catalase links to the formation and successive growth of the gold nanoparticles (AuNPs). The formation of blue and red of AuNPs colored solutions links directly to the absence or presence of the TB analytes in the sample solutions. The immunoassay involves catalase-labeled antibodies which consume hydrogen peroxide for reduction of gold (III) chloride and further produce AuNPs. The fast rate of reaction determines the agglomerated of AuNPs for blue solutions while slow reaction for red solution which from monodispersed AuNPs. This serves as a confirmation for the naked eye detection of TB analytes. The optimum concentration of H₂O₂ and gold ion were 150 μM and 0.25 mM respectively. In the presence of CFP10-ESAT6, blue color produced while in the absence of CFP10-ESAT6, red solution appeared. The detection limit (LOD) of developed method was 0.01 μg/mL by the naked eye. Additionally, the plasmonic ELISA shows high specificity towards CFP10-ESAT6 protein compared with MPT64 and BSA. Furthermore, our developed technique was successfully tested and confirmed with sputum samples from patients diagnosed with positive and negative TB with good reproducibility. The results show only positive TB sputum samples produced blue color solutions compared with negative sputum samples, non-tuberculosis Runyon Group IV and *Mycobacterium fortuitum chelonae* complex. The results provided enough

evidence for the utilization of our technique in the early diagnosis of TB disease.

For electrochemical immunosensor, a modified quantum dot with thioglycolic acid (TGA) (CdSe-ZnS QD) and functionalized silica nanoparticles (SiO₂NPs) as modifiers were prepared to enhance performance of disposable screen printed carbon electrode (SPCE). CdSe-ZnS QD was characterized by using fluorescence spectroscopy and High Resolution Transmission Electron Microscopy (HRTEM) while SiNPs with Transmission Electron Microscopy (TEM) and Fourier Transform Infrared (FTIR). Functionalized SiO₂NPs and CdSe-ZnS QD were dropped cast on the working electrode for preparation of CdSe-ZnS QD/ SiO₂NPs/SPCE. Electrochemical studies using cyclic voltammetry (CV) performed with SiO₂NPs/SPCE and CdSe-ZnS QD/SiO₂NPs/SPCE were found to give a better response through the optimization of numerous analytical parameters. The modified SPCE was characterized using Field Emission Scanning Electron Microscope (FESEM) and Energy Dispersive X-ray (EDX) respectively. The CdSe-ZnS QD/SiO₂NPs/SPCE modified electrode showed increment of active surface area with 4.14 folds higher than bare SPCE. Then indirect ELISA immunoassay was performed on the modified electrode for CFP10-ESAT6 detection using differential potential voltammetry (DPV). DPV current response increased in the presence of CFP10-ESAT6 while decreased in the absence of CFP10-ESAT6. Other than that, DPV current was high for CFP10-ESAT6 compared with BSA and MPT64. The detection of CFP10-ESAT6 showed a linear response towards different concentration of CFP10-ESAT6 with $R^2 = 0.9487$ for calibration curve. The detection limit of 3.3×10^{-11} g/mL was achieved for linear range of 20 to 100 ng/mL of CFP10-ESAT6 concentration. The proposed methods showed good selectivity and reproducibility of target analyte with RSD value of 1.45 %.

As summary, the developed optical immunosensor utilized plasmonic ELISA marked as suitable quantitative method for naked eye detection of TB. Besides, the developed electrochemical immunosensor which used the fabricated electrode can be used as qualitative technique for TB.

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**ELEKTROKIMIA DAN OPTIKAL BERDASARKAN IMUNOSENSOR
UNTUK PENGESANAN *Mycobacterium tuberculosis***

Oleh

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Tuberkulosis (TB) yang disebabkan oleh *Mycobacterium tuberculosis* adalah halangan utama bagi global yang mempengaruhi kadar morbiditi dan kematian. Banyak percubaan dan usaha telah diambil seperti mencipta ubat- ubatan untuk mengawal TB, menyembuhkan pesakit dan mencegah penyebaran penyakit ini. Alat pengesan konvensional TB sering memakan masa, memerlukan sampel yang banyak, kurang sensitif, tidak praktikal dan mahal untuk pengesanan yang mudah. Dalam kajian ini, pengesanan TB yang pertama telah dikembangkan menggunakan imunosensor optik dan elektrokimia melalui interaksi antibodi-antigen untuk pengesanan TB protin iaitu CFP10-ESAT6. Bagi imunosensor optik, kami mencipta pengesanan TB secara mata kasar dengan menggunakan ujian imunosorben berkaitan enzim plasmonik (ELISA) untuk pengesanan TB protin iaitu *Mycobacterium tuberculosis* ESAT-6-like protein esxB (CFP10-ESAT6). Di sini, kitaran biokatalitik enzim intraselular, katalase dihubungkan kepada pembentukan dan pertumbuhan nanopartikel emas (AuNPs). Pembentukan larutan berwarna biru dan merah AuNPs berhubung secara langsung dengan ketiadaan atau kehadiran protin TB dalam sampel. Immunoassay ini melibatkan antibodi berlabel katalase yang menggunakan hidrogen peroksida untuk menurunkan emas (III) klorida dan seterusnya menghasilkan AuNPs. Kadar tindak balas yang cepat menentukan penggumpalan AuNPs untuk menghasilkan larutan biru sementara tindak balas perlahan untuk menghasilkan larutan merah yang berasal dari AuNPs yang tidak bergumpal. Ini berfungsi sebagai pengesanan untuk pengesanan mata kasar terhadap pengesanan TB. Kepekatan optimum untuk H₂O₂ dan ion emas adalah 150 µM dan 0.25 mM. Dalam kehadiran of CFP10-ESAT6, warna biru dihasilkan manakala dalam ketiadaan CFP10-ESAT6, larutan merah terhasil. Had pengesanan kaedah yang dibangunkan adalah 0.01 µg/mL oleh mata kasar. Tambahan pula, plasmonik ELISA menunjukkan spesifisiti tinggi terhadap protein CFP10-ESAT6 berbanding MPT64 dan BSA. Selain itu, teknik yang dicipta oleh kami telah berjaya diuji dan disahkan dengan sampel kahak dari pesakit yang didiagnosis dengan TB positif dan negatif dengan kebolehlungan yang bagus. Hasilnya

menunjukkan hanya sampel kahak positif menghasilkan larutan warna biru dibandingkan dengan sampel kahak negative, non-tuberculosis Runyon Group IV and *Mycobacterium fortuitum chelonae* kompleks. Keputusan ini memberikan bukti yang mencukupi untuk penggunaan teknik ini dalam pengesanan awal penyakit TB.

Bagi imunosensor elektrokimia, kuantum dot yang diubahsuai dengan asid thioglycolic (TGA) (CdSe/ZnS QD) dan nanopartikel silika (SiO₂NPs) sebagai pengubah telah disediakan untuk meningkatkan prestasi elektrod karbon skrin bercetak (SPCE). CdSe-ZnS QD telah di cirikan oleh spektroskopi fluorescence dan High Resolution Transmission Electron Microscopy (HRTEM) manakala SiO₂NPs dengan Transmission Electron Microscopy (TEM) dan Fourier Transform Infrared (FTIR). SiO₂NPs dan CdSe-ZnS QD di letakkan di atas elektrod kerja untuk menghasilkan CdSe-ZnS QD/SiO₂NPs/SPCE. Kajian elektrokimia menggunakan cyclic voltammetry (CV) dijalankan dengan SiO₂NPs/SPCE and CdSe-ZnS QD/SiO₂NPs/SPCE menunjukkan tindak balas yang lebih baik melalui pengoptimuman parameter analitikal. SPCE yang diubahsuai di characterized menggunakan Field Emission Scanning Electron Microscope (FESEM) dan Energy Dispersive X-ray (EDX). Elektrod yang diubahsuai CdSe-ZnS QD/SiO₂NPs/SPCE menunjukkan pertambahan luas permukaan aktif dengan 4.14 lebih tinggi daripada SPCE yang tidak diubahsuai. Kemudian, ELISA imunosorbent tidak terus dijalankan oleh elektrod yang diubahsuai untuk pengesanan CFP10-ESAT6 menggunakan potential voltammetry (DPV). Tindak balas arus DPV bertambah dalam kehadiran CFP10-ESAT6 manakala berkurangan dalam ketiadaan CFP10-ESAT6. Selain daripada itu, arus DPV adalah tinggi untuk CFP10-ESAT6 berbanding dengan BSA dan MPT64. Pengesanan CFP10-ESAT6 menunjukkan tindak balas linear ke arah kepekatan yang berbeza oleh CFP10-ESAT6 dengan $R^2 = 0.9487$ untuk keluk penentukuran. Had pengesanan ialah 3.3×10^{-11} g/mL dicapai untuk julat 20 hingga 100 ng/mL bagi kepekatan CFP10-ESAT6. Kaedah yang dicadangkan menunjukkan pemilihan dan kebolehulangan yang baik untuk lima ukuran di mana nilai RSD adalah sebanyak 1.45%.

Sebagai ringkasan, satu imunosensor optik telah dikembangkan menggunakan plasmonik ELISA telah ditanda sebagai satu kaedah kuantitatif yang sesuai untuk pengesanan TB secara mata kasar. Selain itu, imunosensor elektrokimia telah dikembangkan yang mana menggunakan elektrod yang telah difabrikasikan untuk pengesanan TB secara kualitatif

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LIST OF ABBREVIATIONS

AFB	Acid-Fast Bacilli
AP	Alkaline Phosphatase
APTES	Aminopropyltriethoxysilane
AuNPs	Gold Nanoparticles
BCG	Bacillus Calmette-Guerin
CNT	Carbon Nanotubes
CSF	Cerebrospinal Fluid
CV	Cyclic Voltammetry
DPV	Differential Pulse Voltammetry
EDX	Energy Dispersive X-Ray
ELISA	Enzyme-Linked Immunosorbent Assay
FESEM	Field Emission Scanning Electron Microscopy
FTIR	Fourier Transform Infrared Spectroscopy
HRP	Horseradish Peroxide
HRTEM	High Resolution Transmission Electron Microscopy
IGRA	Interferon-Gamma Release Assay
LED	Light-Emitting Diode
LOD	Limit of Detection
LPA	Line-Probe Assays
LSPR	Localized Surface Plasmon Resonance
LSV	Linear Sweep Voltammetry
MGIT	Mycobacteria Growth Indicator Tube
NAAT	Nucleic Acid Amplification Tests
PCR	Polymerase Chain Reaction
PSA	Prostate-Specific Antigen
QD	Quantum Dot
SiNPs	Silica Nanoparticles
SiNW-FET	Silicon Nanowire Field-Effect Transistors
SPCE	Screen Printed Carbon Electrode
SPE	Screen-Printed Electrodes
SPR	Surface Plasmon Resonance
ssDNA	Single Strand Dna
SWV	Square Wave Voltammetry
TEM	Transmission Electron Microscopy
UV-Vis	Ultraviolet-Visible
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Background of Study

Tuberculosis (TB) is the leading cause of death from bacterial infectious disease (McNerney et al., 2012). In 2016, about 10.4 million people were affected by TB around the world which there were 1.7 million cases contributed for TB-death worldwide including people who are TB-HIV infected (WHO, 2017). In Malaysia, it has become the major public health issue (William et al., 2015). According to the Health Ministry of Malaysia, the TB cases jumped by 6 % to 25,739 in 2016 compared with 24,220 in 2015 which the total number of death increased 15 % from 1,696 to 1,945 (Bernama, 2017). Foreign worker became the main contributor for spreading the TB disease with the death rate higher than dengue cases in this country due to the high rate of human migration from other TB burden countries such as Indonesia, Vietnam, Cambodia, Philippines and Vietnam (Ng, 2014).

TB caused by an airborne bacterial infection from *Mycobacterium tuberculosis* (Mtb) (Dande & Samant, 2018) Usually, TB attacked the lungs (pulmonary TB) and another part of the body such as kidney, brain and spine. TB disease in the lungs and throats are infectious because the bacteria can spread to other people through the air. People that experienced active TB exhibit symptoms like bad cough and pain in chest. The main aim in treatment of TB is to cure the patients and to prevent the spread of TB and the development of drug resistant TB (Kannabus, 2017).

In recent years, there are several tests that is available for diagnostic of Mtb including microscopy (Ahmad et al., 2016; Kidenya et al., 2017), serological test (Reddy et al., 2002; Suraiya et al., 2012), nucleic acid amplication test (NAAT) (Yamamoto et al., 2017; Tammam et al., 2017; Bizid et al., 2017) and interferon gamma release assay combined tuberculin skin test (Tama et al., 2017; Kruczak et al., 2016). However, most of these techniques have low sensitivity and specificity, time-consuming, inconsistent, involve multiple specimen per patients, highly-cost and high-burden setting. Furthermore, the extensive spreading of Mtb especially in pulmonary, drug-resistance and HIV-infected TB currently lack accurate TB test.

The utilization antigen-antibody complex in immunonanosensor can improve these drawbacks of the current strategies to increase the performance of diagnostic tools for TB. Generally, immunonanosensors are compact analytical devices in which the event of formation of antigen-antibody complexes is

detected and converted, by means of transducer, to an electrical signal which the output can be processed, recorded and displayed (Moina and Ybarra, 2012). The types of transducer are classified according to the signal generation such as electrochemical transducer (Güner et al., 2017; Mouli et al., 2017), optical transducer (Liu et al., 2016; Bhardwaj et al., 2017) and piezoelectric transducer (Su & Li, 2004; Hong et al., 2009). However, optical transducers are most widely used due to advantages of applying visible radiation, nondestructive operation mode, rapid signal generation and highly versatility for clinical application (Luppa et al., 2001).

In optical immunosensor, the major purpose is to detect the presence of antigen or antibodies in body fluids which bind between antigen-antibody complex. It is highly stable to be immobilized on the transducer, then either an optical signal is generated (eg. color or fluorescence) or a change in the optical properties of the surroundings following the antigen-antibody complex formation is measured (Moina and Ybarra 2012). Furthermore, the utilizing of optical immunosensor with enzyme-linked immunosorbent assay (ELISA) is a promising way for naked eye detection purpose with cost-effective, simple, rapid and highly specific detection. However, this assay only generated qualitative results (yes or no) as to whether an antigen is present or not. Hence, the electrochemical immunosensor was employed for obtaining the quantitative results to support the optical immunosensor finding. Electrochemical immunosensor employs the antibody as the capture agent and quantitatively measure the electrical signal resulting from the binding event between the antibody and the target molecule or antigen which the signal often comes from catalytic reaction of enzyme molecule labeled as a signal tracer with detection antibody (Cho et al., 2018). The products containing electric charges can be detected by electrode, thereby enable a sensor device measurement for point-of-care (POC) testing (Kaushik et al., 2018).

In order to access the presence of the proteins (antigen or antibody), immunoassay called marked as the gold standard clinical diagnostic tool which produces signal in form of colors. ELISA commonly contributed in determination the presence of pathogens such as bacteria (Cho & Irudayaraj, 2013; Mirhosseini et al., 2017) and viruses (Alcon et al., 2002; Yu et al., 2017) in food quality control, environmental pollutants and disease biomarkers.

Briefly, ELISA is a rapid plate-based assay for detection and/or quantifying a target antigen or antibodies in a heterogeneous mixture by utilizing enzyme-linked antibodies and chromogenic measurement. The enzyme conjugated antibodies, typically alkaline phosphatase (AP) or horseradish peroxidase (HRP) acts as amplifier of detection signal by converting a substrate that results in color change and read by ELISA plate reader (Crowther, 1995). There are several types of ELISA that is depend on which components to be measured such as direct (Nouri et al., 2017) indirect (Nieto et al., 2015) , sandwich (Engvall, 2010) and competitive ELISA (Dea et al., 2000). In addition, this assay is known to be rapid, simple, highly specific and sensitive, and easily automated (Aydin, 2015).

1.2 Problem Statement

Tuberculosis is the major infectious disease that lacks accurate of rapid POC diagnostic tests. Most of the cases of TB reported at the resource strained countries have high burden of disease and death from TB. Currently, direct sputum smear microscopy is the primarily clinical diagnostic tool for tuberculosis in low and middle income countries that employed fast, inexpensive and specific for Mtb (Deka et al., 2016). However, the problem arises from this technique which has low sensitivity that is grossly compromised when the bacterial load is less than 10,000 organisms/mL sputum sample, the patients required serial sputum examination, involves big number of samples (Steingart et al., 2006) and required about 2 weeks to confirm whether the samples taken from the patients contained the bacteria or not.

In order to overcome the limitation from the technique mentioned earlier, ELISA assay is highly suggested instead of using direct sputum smear microscopy because any target molecules can potentially be detected as long as the antibodies against it are available. Conventional ELISA assay promised naked eye detection in large variation concentration of analytes. Besides, the intensively colored solutions were generated in the microtiter plate in the presence of high concentration of analytes. Thus, it is possible to detect the presence of desired analyte with the naked eye when high concentration of analytes is present using conventional ELISA. In the absence and ultralow of analytes, noncolored and lightly colored solutions were generated respectively which can be confusing to differentiate. Apart from this in real samples, even in the absence of target molecules, nonspecific interaction between elements can contribute to the generation of lightly colored solution. Often, the current strategies for ultrasensitive detection of TB required expensive and sophisticated instrumentation.

In our approach, we adapted plasmonic ELISA as optical immunosensor utilizing gold nanoparticles (AuNPs) to overcome the limitation of conventional ELISA for detection naked eye of TB at ultralow concentration with high confident level results by easily distinguishable colors of AuNPs of blue and red colors compared with conventional ELISA only noncolored and lightly colored solutions were generated at absence and ultralow of analytes respectively. Thus, the suitability of the hydrogen peroxide (H_2O_2) as enzyme catalase substrate to yield blue and red colors for naked eye detection at ultralow of analyte can improve the immunosensor for detection of TB. The high sensitivity of H_2O_2 towards immunoreaction provided good naked eye detection. Presently, the utilization of this plasmonic ELISA for detection of TB is not yet reported. Hence, this approach can contribute a new standard diagnosis for TB detection in clinical purpose. This plasmonic ELISA offers advantages such as not required expensive instrumentation, cost-effective, quick response time than gold standard method and suitable for detection in resource-constrain countries. Additionally, the sensor principle of this study was also supported by constructed electrochemical immunosensor for detection of desired protein, CFP10-ESAT6.

In addition, electrochemical methods with the utilizing of screen-printed carbon electrode (SPCE) offers various advantages such as inexpensive, portable, and simple to operate. Nanomaterials such as silica nanoparticles (SiNPs) and CdSe-ZnS quantum dot (CdSe-ZnS QD) can improve the sensing devices due to their unique chemical, physical and electronic properties. In this study, the fabrication of SiNPs/SPCE and CdSe-ZnS QD/SiNPs/SPCE modified electrode were presented as a new strategy to improve the electrochemical immunosensor for detection of CFP10-ESAT6 protein using differential pulse voltammetry (DPV) technique. The utilizing of SiNPs with CdSe-ZnS QD on electrode surface can improve the sensing device and show a good electrocatalytic performance. To date, the utilization combination of SiNPs and CdSe-ZnS QD as modifier in the electrochemical sensor for CFP10-ESAT6 detection has not been reported. The electrochemical method based on SiNPs and CdSe-ZnS QD was used in this research as it offers high sensitivity and selectivity, low cost, portability and short analytical time measurement of CFP10-ESAT6 for POC requirement in diagnostic of TB.

1.3 Objectives

The aim of the study is to develop sensitive detection system based on plasmonic ELISA technique and electrochemical immunosensor based on SiO₂NPs/SPCE and CdSe-ZnS QD/SiO₂NPs/SPCE for tuberculosis detection. The specific objectives are listed below:

- 1) To investigate the immunoreaction between antigen (CFP10-ESAT6) and antibody (anti CFP10-ESAT6) using plasmonic ELISA.
- 2) To optimize the sensing capability of the immunosensor utilized the developed plasmonic ELISA.
- 3) To employ the developed sensing system with real sample (sputum).
- 4) To fabricated CdSe-ZnS QD/SiO₂NPs/SPCE modified electrode for electrochemical detection of CFP10-ESAT6.
- 5) To evaluate the analytical performance of the developed sensor of CdSe-ZnS QD/SiNPs/SPCE for electrochemical detection of CFP10-ESAT6 using differential pulse voltammetry (DPV).

1.4 Scope and Limitation

In this study, the attachment of primary antibodies (mouse monoclonal anti CFP-ESAT6) are specific to the CFP10-ESAT6 protein. Therefore, there is limitation in this study when employing optical and electrochemical immunosensor for the other types of protein and antibodies for detection of tuberculosis. The antigen very selective toward its antibody for binding in the immunoassay. The antigen binding site on antibody that is called paratope only recognize its specific antigen to bind on it. Thus, the binding with another types of antigen towards antibody caused no binding between the antigen and antibody. Hence, no biocatalytic enzyme with the substrate for signal generation. Furthermore, there is also limited access of the sputum real samples in application for developed electrochemical immunosensor. This is because of the etiquette from HUSM

laboratory that need to be followed before we could access for the sputum samples. This protocol needs time and involved complicated procedures.



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LIST OF PUBLICATIONS

- Bakhori, N. M.**, Yusof, N. A., Abdullah, J., Wasoh, Rahman, S.K.A., Rahman, S. F.A. (2020). Surface Enhanced CdSe/ZnS QD/SiNP Electrochemical Immunosensor for the Detection of Mycobacterium tuberculosis by Combination of CFP10-ESAT6 for Better Diagnostic Specificity. *Materials*, 13(149).
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- Bakhori, N. M.**, Yusof, N. A., Abdullah, J., Wasoh, H., Immunonanosensor for ultrasensitive and affordable naked eye detection of tuberculosis. In 29th Malaysian Analytical Chemistry Symposium, 15th -17th August 2016, Bayview Beach Resort, Penang, Malaysia.
- Bakhori, N. M.**, Yusof, N. A., Abdullah, J., Wasoh, H., Immunonanosensor for ultrasensitive and affordable naked eye detection of tuberculosis. In Workshop on Advanced Materials and Technology 2015 (WAMN 2015), 4th – 5th November 2015, Auditorium Faculty of Engineering, UPM.
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