Simplified Dynabeads Method Using Light Microscopy for Enumerating TCD4+ Lymphocytes in Resource-Limited Settings

Serge Diagbouga1,2, Dézemon Zingué1, Eloi Bahembera1, Antoinette Kaboré1, Hervé Hien1,2, Adama Ouiminga1,3 and Laurent Caignault4

1Centre Muraz, Po Box 390 Bobo-Dioulasso, Burkina Faso
2Research Institute for Health Sciences (IRSS) Ouagadougou, Burkina Faso
3Laboratoire National de Santé Publique, Ouagadougou, Burkina Faso
4Dynal Biotech, Compiègne, France

Corresponding author: Serge Diagbouga, Research Institute for Health Sciences (IRSS) Ouagadougou, Burkina Faso, Tel: +226 70231796; E-mail: diagbouga serge@gmail.com

Received: 30 November 2016; Accepted: 20 December 2016; Published: 23 December 2016

Citation: Diagbouga S, Zingué D, Bahembera E, et al. Simplified Dynabeads Method Using Light Microscopy for Enumerating TCD4+ Lymphocytes in Resource-Limited Settings. Ann Clin Lab Res. 2016, 4: 4.

Abstract

Background: We demonstrated the feasibility of implanting the Dynabeads method for CD4+ T lymphocyte enumeration in resource-poor settings (ANRS 1226 study). However, as this technique requires a fluorescence microscope which is not usually available in these settings, WHO has encouraged to simplify the method allowing TCD4+ lymphocyte counting under a light microscope.

Methods: TCD4+ lymphocytes enumeration was assessed using Dynabeads after staining cells nuclei with non-fluorescent dyes and readings under light microscope (DLM). A total of 305 triple of values of CD4 cells counts were generated by both Dynabeads method using a light microscopy (DLM), Dynabeads method using a fluorescent microscopy (DFM) and the single-platform flow cytometry technique (FCM). The accuracy of DLM was analyzed using 4 fresh blood samples showing 200, 400, 500 and 1000 cells/µl in FCM were generated by both Dynabeads method using a light microscopy (DLM). A total of 305 triple of values of CD4 cells counts and an increase in the plasma HIV/RNA viral load [2].

Findings: Cells nuclei staining with Sternheimer-Malbin, Turck1, and Giemsa allows TCD4+ lymphocytes enumeration using DLM. FCM has shown the greatest standard deviations and amplitudes. The reproducibility of DLM was better than FCM. The correlation coefficient between FCM and DFM was 0.975 and it was 0.973, 0.972 and 0.969 with DLM using Sternheimer-Malbin, Turck1 and Giemsa, respectively. The ability of DLM to correctly segregate TCD4+ lymphocyte values at the thresholds of 200 cells/µl and 350 cells/µl was good.

Conclusion: Reliable TCD4+ enumeration can be obtained with DLM. These results will contribute in resource-limited-settings to further reduce the cost of TCD4+ lymphocytes counting and make it more widely available in peripheral laboratories and even in central laboratories that face problems with maintenance and stock-out of reagents for flow cytometers.

Keywords: TCD4+ lymphocytes enumeration, Dynabeads method, Fluorescence microscopy, Light microscopy, Flow Cytometry, Resource-limited settings

Introduction

Human immunodeficiency virus (HIV) is the causative agent of Acquired Immunodeficiency Syndrome (AIDS). In 2012, there were an estimated 2.3 million new HIV infections, 35.3 million people living with HIV of which 71% reside in sub-Saharan Africa, and 1.6 million AIDS patients have died [1]. The disease progression is seen as a decline in TCD4+ lymphocytes counts and an increase in the plasma HIV/RNA viral load [2]. With the introduction of highly active antiretroviral therapy (HAART), the disease progression is slowed and the HIV-infected population have an improve quality of life leading to decrease in morbidity and mortality [3]. However, one cause of concern remains the monitoring of patients on HAART therapy [4]. Monitoring HIV infection progression, time to start prophylactic treatment of opportunistic infections, initiation of HAART and the response to HAART is traditionally carried out using TCD4+ lymphocytes counts and HIV/RNA viral load. Indeed, according to WHO recommendation (http://apps.who.int/iris/bitstream/10665/208825/1/9789241549684_eng.pdf?ua=1) [5], as a priority, antiretroviral therapy (ART) should be initiated in all adults and adolescents with severe or advanced HIV clinical disease (WHO clinical stage 3 or 4), adults and adolescents with a TCD4+ lymphocytes count ≤ 350 cells/µl. ART should be initiated in all children less than 2 years of age or children younger than 5 years of age with WHO.
clinical stage 3 or 4 or CD4 count ≤ 750 cells/µl and children 5 years of age and older with WHO clinical stage 3 or 4 or CD4 count ≤ 350 cells/µl. Cotrimoxazole prophylaxis is recommended for adults (including pregnant women) with severe or advanced HIV clinical disease (WHO stage 3 or 4) and/or with a CD4 count ≤ 350 cells/µl [5] (WHO 2016).

Unfortunately, conventional methods for TCD4+ lymphocyte enumeration require expensive sophisticated equipment usually inaccessible for many areas in middle and low income-countries which carry the majority of the burden of HIV-infected population [2,4,6-8]. Since the poor and economically weak third world nations cannot afford regular CD4+ T cell counts and HIV-1/RNA viral load testing, cheaper and alternative methods for HIV disease progression were needed [7]. So, researchers, WHO, people living with AIDS and NGO across the globe were actively focused for less expensive tools to measure TCD4+ cell in Low income countries. Manual immunoassays of TCD4+ lymphocytes, the inclusion of flow cytometry for TCD4+ lymphocytes counting in resource-limited settings [9]. Previous study demonstrated the feasibility of the implementation of Dynabeads methods as an alternative technique to flow cytometry for TCD4+ lymphocytes counting in resource-limited settings [7]. However, this method requires fluorescent microscope which is expensive and not usually available in the majority of peripheral laboratories in these settings.

This study aimed (1) to evaluate several staining methods allowing an optimal counting of TCD4+ lymphocyte using Dynabeads method with light microscopy (DLM) and (2) to analyze its usefulness for TCD4+ lymphocyte enumeration in comparison to the Dynabeads method using fluorescence microscopy (DFM) and to the flow cytometry single platform method (FCM).

Materials and Methods

Study design and study population

This work was a cross-sectional comparative study conducted between January and September 2003 in the Microbiology and Immunology Lab of Centre Muraz, a biomedical and public health research institute based in Bobo-Dioulasso, Burkina Faso. The study population consisted of adults and children with an HIV-seropositive and HIV-seronegative status who regularly consulted the Centre Muraz for routine laboratory tests or for HIV cohort entry.

An effort has been made to include asymptomatic and pauci-symptomatic HIV-patients. Thus, the Dynabeads technique using light microscopy could be tested in a wide range of values of CD4+ lymphocytes. In terms of immunoassays of TCD4+ lymphocytes, the inclusion of pediatric subjects is justified by the fact that children are known to have higher absolute lymphocytes than adults [10] (Diabouga, Traoré, Ledru and Fumoux, unpublished data) and that it is also useful to test new techniques in populations with very high TCD4+ lymphocyte values.

Single platform flow cytometry technique

Blood samples were collected using EDTA-containing tubes and tested for TCD4+ count within 6 hours by flow cytometry using the BD FACSscan (Becton Dickinson, San Jose, US), three-color mAb (TriTEST™ CD3FITC/CD4PE/CD45 PerCP) reagent and BD Trucount tubes according to standard procedures. Briefly, 50 µl of freshly-obtained whole blood were stained with 20 µl of anti-CD45-perCP, anti-CD3-FITC and anti-CD4-PE mAbs for 15 min at room temperature in the presence of a fixed number of fluorochrome-labeled, polystyrene reference beads. Red blood cells were lysed using a FACS Lysing Solution (BDIS) for 15 min at room temperature. Samples were then, analyzed using the FACScan and the Multiset and Attractor software (BDIS) for calculating absolute values of TCD4+ cells.

Internal quality control was established and systematized by the Centre Muraz microbiology and immunology lab. It consists essentially of the daily calibration and the optimization of the flow cytometer, the daily and weekly maintenance of the devices. The performance parameters of the cytometer are evaluated: analysis window, linearity, background noise, detector sensitivity. All these parameters were systematically analyzed and recorded in Quickcal (Flow Cytometry Standards Corp).

The Centre Muraz participated in the external quality control organized by the QASI Program an international program for quality assessment and standardization for immunological measures relevant to HIV/AIDS (Dr. John Fahey, Dr. Francis Mandy) and the UK National Quality Assessment Scheme for Leukocyte Immunophenotyping (Dr. David Barnett, Dr. JT Reilly, Mr. V. Granger).

Dynabeads technique (Dynal T4 QUANT kit)

The Dynabeads method (Dynal T4 QUANT kit, Dynal Biotech Oslo, Norway) using a staining with acridine orange and readings under a fluorescent microscope (AXIOLAB) for TCD4+ lymphocyte enumeration was done as described previously [7]. The technique used magnetic beads coated with anti-CD4 monoclonal antibodies (mAbs) to capture and isolate TCD4+ lymphocytes from whole blood. One hundred and twenty-five (125) µl of freshly-obtained EDTA-anti-coagulated blood were added to 350 µl of phosphate buffer saline (PBS). Twenty-five (25) µl of suspended magnetic beads coated with anti-CD14 mAB were then added and the mixture incubated for 10 min at room temperature on a Dynal mechanical rotator in order to deplete blood from monocytes. Magnetic separation of monocytes was performed using a magnetic particle concentrator, as recommended by the manufacturer. One aliquot of 200 µl was taken from the supernatant of monocyte depleted blood and dispensed into 200 µl of PBS. Twenty-five microliters of beads coated with anti-CD4 mAB were then added prior to incubation at room temperature for 10 min on the rotator. The beads were separated using the magnetic particle concentrator and washed twice with PBS.
Table 2a Intern reproducibility at the threshold of 200 TCD4+ lymphocyte/µl.

|          | Mean | SD  | CV% | Max  | Min  | Amplitude |
|----------|------|-----|-----|------|------|-----------|
| AO       | 275  | 24  | 8.7 | 308  | 230  | 78        |
| GIEMSA   | 320  | 23  | 7.1 | 350  | 280  | 70        |
| TURCK    | 292  | 15  | 5.1 | 310  | 264  | 46        |
| STMB     | 271  | 17  | 6.2 | 292  | 240  | 52        |
| CMF      | 196  | 56  | 28.5| 330  | 138  | 192       |

Table 2b Intern reproducibility at the threshold of 400 TCD4+ lymphocyte/µl.

|          | Mean | SD  | CV% | Max  | Min  | Amplitude |
|----------|------|-----|-----|------|------|-----------|
| AO       | 408  | 36  | 8.8 | 456  | 350  | 108       |
| GIEMSA   | 499  | 54  | 10.8| 576  | 426  | 150       |
| TURCK    | 441  | 38  | 8.6 | 494  | 362  | 132       |
| STMB     | 439  | 35  | 7.9 | 500  | 382  | 118       |
| CMF      | 344  | 55  | 15.9| 450  | 287  | 163       |

Table 2c Intern reproducibility at the threshold of 500 TCD4+ lymphocyte/µl.

|          | Mean | SD  | CV% | Max  | Min  | Amplitude |
|----------|------|-----|-----|------|------|-----------|
| AO       | 436  | 19  | 4.3 | 464  | 410  | 54        |
| GIEMSA   | 544  | 40  | 7.3 | 604  | 476  | 128       |
| TURCK    | 503  | 37  | 7.3 | 546  | 444  | 102       |
| STMB     | 423  | 32  | 7.5 | 476  | 364  | 112       |
| CMF      | 486  | 66  | 13.5| 582  | 391  | 191       |

Table 2d Intern reproducibility at the threshold of 1000 TCD4+ lymphocyte/µl.

|          | Mean | SD  | CV% | Max  | Min  | Amplitude |
|----------|------|-----|-----|------|------|-----------|
| AO       | 1013 | 46  | 4.5 | 1090 | 948  | 142       |
| GIEMSA   | 1055 | 85  | 8.0 | 1212 | 906  | 306       |
| TURCK    | 1050 | 68  | 6.4 | 1172 | 906  | 266       |
| STMB     | 913  | 50  | 5.4 | 980  | 864  | 116       |
| CMF      | 986  | 104 | 10.5| 1243 | 901  | 342       |

After addition of 50 µl of lysing solution, cells were stained with 50 µl of a solution of acridine orange and layered on a 10-band Malassez Cell where they were integrally enumerated using a fluorescent microscopy. Results were expressed as a number of positive cells per microliter of whole blood.

Selection of dyes allowing TCD4+ lymphocytes enumeration under light microscopy

After a bibliographic search on the potential dyes of the lymphocyte nuclei, we have compiled a list of eleven different methods of staining. The procedure for preparing the dyes is shown in the Annex. We then tested the different coloring methods on a number of 15 patients. The various criteria of this first essential qualitative assessment of the ease of nucleus counting under the light microscope included: the appearance of the bottom of the Malassez cell, the appearance of the nucleus, the contrast, etc. An advanced research on three (3) patients among the 15 subjects allowed us to assign one value out of 10 to each of these dyes. Five technicians gave an appreciation (in a completely blind and independent manner of the appreciation of his colleagues). The averages of the five (5) values are presented in Table 1. These various researches led us to retain for the rest of the work the three (3) best dyes which were the Sternheimer-Malbin solution (STMB), the Turck1 solution, and the Giemsa solution.

For the use of Dynabeads method with light microscopy, the same procedure was used and differences appeared after the beads were separated using the magnetic particle concentrator and washed twice with PBS to isolate TCD4+ cells. Then, the procedure was done in respect with the type of dyes as described in the Annex.

Statistical analysis

Statistical analyses were performed using the SAS-PC software (version 8.2, SAS Institute, Cary, North Carolina, USA). The independent variable analyzed was the absolute TCD4+ count. Flow cytometric testing was compared with each Dynabeads method used. Paired data were compared by linear regression, including slopes, intercepts, and Pearson correlation coefficients. Analysis of agreement between the 2 methods was done by the Bland and Altman method, which compares the difference between paired measurements against the mean of the 2 measurements. P-values were the results of two-sided tests and considered as significant if below 5%. Difference between the two techniques was computed on each sample as the subtraction of the FCM result to the Dynabeads result. The correlation coefficient between the two techniques was calculated and a model of regression then applied to the data.

To assess the accuracy of the Dynal technique using light microscopy, 4 fresh blood samples (200, 400, 500 and 1000 TCD4+/µl in FCM) have been analyzed ten times for each dye against the fluorescence microscopy used with acridine orange.

Positive predictive value (PPV) and negative predictive value (NPV) were computed at the level of 200 and 350 TCD4+
obtained by flow cytometry for the Dynabeads staining using acridine orange, Sternheimer-Malbin, Turck1 and Giemsa.

Table 1 Qualitative evaluation of the dyes used with light microscopy.

| Dyes with type of microscopy | Storage conditions | Remarks | Background appearance of Mallassez slide | Appearance of TCD4+ nuclei | Contrast | Ranks/10 |
|-----------------------------|-------------------|---------|------------------------------------------|-----------------------------|----------|----------|
| Acridine orange fluorescence microscopy | +4°C | Very comfortable to read and very easy to read | Green | fluorescent Yellow green | Excellent | 10/10 |
| Sternheimer-Malbin light microscopy | +4°C | Less tiring for eyes | Pale violet | Dark purple | Good | 7/10 |
| Turck1 (purple gentian) light microscopy | +25°C | Good contrast but light is intense | Yellow-pale green | Purple | Good | 7/10 |
| Turck2 (methylene blue) light microscopy | +25°C | Good contrast but light is intense | Yellow green | Light yellow | Good +/- | 6/10 |
| Coulter reagent light microscopy | +4°C | Contrast is not excellent | Brown | Dark purple | Good +/- | 5/10 |
| Giemsa Light microscopy | +25°C | Good contrast | Pale blue | Purple | Good | 7/10 |
| Trypan blue light microscopy | +25°C | Contrast is not excellent | Yellow | Blue cells enveloped by beads | - | 2/10 |
| PBS buffer light microscopy | +4°C | Good contrast | Yellow-green | Yellow-green | - | 5/10 |

Ethical approval

The study protocol was approved by the Centre Muraz Institutional Review Committee

Patient’s informed consent was obtained prior to inclusion in the study

Results

Population characteristics

A population of 305 participants was recruited. They were 139 HIV-seropositive and 166 HIV-seronegative individuals and consisted of 250 adults (99 HIV+ and 151 HIV-) and 55 children (40 HIV+ and 15 HIV-). Age of participants was between 20 and 63 years for adults and 1.5 to 17 years for children.

Qualitative assessment of the dyes used with light microscopy and their classification

The procedure for the preparation of dyes is presented in the Annex. The average of the 5 values gave by the technicians are presented in Table 1. Score of readings with acridine orange used with fluorescent microscopy was considered as the reference of the readings. It was scored 10/10. The best’s score were obtained with Sternheimer-Malbin (7/10), Turck1 (7/10) and Giemsa (7/10).

The nuclei colored with the Sternheimer-Malbin solution appeared dark purple in microscopy under white light. The nuclei colored with Turck1 solution appeared purple under white light and nuclei colored by Giemsa solution appeared purple. The comfort of reading is tiny room compared to a staining with acridine orange and, consequently, a fall of sensitivity and reproducibility is to be feared with a reading in microscopy in white light. Turck1 and Sternheimer-Malbin dyes were preferred by the technicians.

After this qualitative evaluation, the three best’s dyes were used for the evaluation of Dynal T4 Quant using light microscopy in comparison with flow cytometry and Dynal T4 Quant using fluorescent microscopy.

Reproducibility of the Dynabeads method using light microscopy (DLM) at the threshold of 200, 400, 500 and 1000 TCD4+ lymphocyte/µl

Four fresh blood samples with approximately 200, 400, 500 and 1000 TCD4+ lymphocytes per µl in flow cytometry were analyzed 10 times with Dynabeads techniques using light microscopy according to the three dyes: Giemsa, Turck1, Sternheimer-Malbin (STMB), and with Dynabeads technique using fluorescence microscopy and acridine orange (AO) and the single flow cytometry platform. The mean of TCD4+, the standard deviation (SD), the coefficient of variation (CV), and amplitude of each technique at different levels of TCD4+ were shown in Tables 2a to 2d. At all levels of TCD4+ lymphocyte, FCM was the technique showing the greatest discrepancies. The reproducibility of Dynabeads® techniques was improved. The Dynabeads method using acridine orange was the technique with the lowest standard deviations except at level
200. Giemsa gave overall values higher than other Dynabeads®
techniques. At 200 TCD4+ lymphocyte threshold, cytometry
gave lower values and was the technique with the greatest
deviations. At 400 TCD4+ lymphocyte threshold, cytometry
gave lower values, however, closer to other techniques than
for level of 200. FCM was the technique with the greatest
deviations at this level. At 500 TCD4+ lymphocyte threshold,
cytometry gave values close to other techniques. FCM was the
technique with the widest gaps at this level.

At 1000 TCD4+ lymphocyte threshold, examination
of the
graph shown that cytometry gave values close to other
techniques. FCM was the technique with the widest gaps at
this level.

Table 3 Correlation coefficient between Dynabeads methods
using light or fluorescent microscopy and the flow cytometry
for TCD4+ lymphocytes counting (55 children and 119 adults).

| Children and adults | Acridine Orange | Giemsa | Turck 1 | STMB | FCM |
|---------------------|-----------------|--------|---------|------|-----|
| Acridine            | 1               |        |         |      |     |
| Giemsa              | 0.98            | 1      |         |      |     |
| Turck 1             | 0.99            | 0.98   | 1       |      |     |
| STMB                | 0.99            | 0.98   | 0.99    | 1    |     |
| FCM                 | 0.975           | 0.969  | 0.972   | 0.973| 1   |
| Children only       | Acridine Orange | Giemsa | Turck 1 | STMB | FCM |
| Acridine            | 1               |        |         |      |     |
| Giemsa              | 0.97            | 1      |         |      |     |
| Turck 1             | 0.98            | 0.97   | 1       |      |     |
| STMB                | 0.98            | 0.95   | 0.98    | 1    |     |
| FCM                 | 0.96            | 0.94   | 0.95    | 0.95 | 1   |

Overall correlation between Dynabeads method using light microscopy and flow
cytometry single platform method

The correlations between the different techniques were studied for the absolute values of the TCD4+ lymphocyte
obtained from 55 children (40 HIV+ and 15 HIV-) and 119
adults (99 HIV+ and 21 HIV-) (Table 3). The correlation
coefficient was better between FCM and DFr. The correlation
coefficient was better for adults than for children. However, it
was acceptable in all cases. The lowest correlation coefficient
was obtained with Giemsa. All the correlation coefficients
were higher. The overall Pearson correlation coefficient
obtained between Dynabeads methods versus FACScan were
0.975, 0.969, 0.972, and 0.973 respectively for acridine orange
(AO), Giemsa, Turck1 and Sternheimer-Malbin (STMB). Very
best correlation with the flow cytometry was obtained with
the Dynabeads technique using acridine orange with
fluorescent microscopy. However, correlation obtained with
the other dyes used with light microscopy was also good; the
weakest correlation was obtained with Giemsa dye.
FACScan methods. The correlation between TCD4+ counts assessed by Dynabeads using Giemsa and flow cytometry was 0.969 (y=1.038x + 15.32; R²=0.938).

Figure IB Correlation analysis of Dynabeads method using Sternheimer-Malbin staining and flow cytometry for TCD4 cell counts (cells/µl). Blue squares represent regression line. R²=0.947; Pearson correlation coefficient=0.973. B. Bland-Altman plot comparing the difference between flow cytometry and Dynabeads-Sternheimer-Malbin versus the mean of the 2 methods for TCD4+ lymphocyte count.

Predictive values

Acridine orange, Giemsa, Turck1 and Sternheimer-Malbin were evaluated for their ability to correctly segregate absolute TCD4+ at the 200 and 350 TCD4+ lymphocyte/µl thresholds.

The positive predictive values for a TCD4+ lymphocyte count higher than 200 cells/µl by FCM for 174 participants were respectively 98.4%, 96.8% for acridine orange and Giemsa, 96% for Turck1 and Sternheimer-Malbin. The negative predictive values for a TCD4+ count less than 200 cells/µl were 73.47%, 75.51%, 91.84%, and 87.75% respectively for acridine orange, Giemsa, Turck1 and Sternheimer-Malbin. The global discrepancies were 8.62%, 9.19%, 5.17% and 6.32% respectively for acridine orange, Giemsa, Turck1 and Sternheimer-Malbin (Table 4).

Figure IC Correlation analysis of Dynabeads-Turck1 and flow cytometry for TCD4 cell counts (cells/µl). Blue squares represent regression line. R²=0.945; Pearson correlation coefficient=0.972. B. Bland-Altman plot comparing the difference between flow cytometry and Dynabeads-Turck1 versus the mean of the 2 methods for TCD4+ lymphocyte count.

Figure ID Correlation analysis of Dynabeads-Giemsa and flow cytometry for TCD4 cell counts (cells/µl). Blue squares represent regression line. R²=0.938; Pearson correlation coefficient=0.969. B. Bland-Altman plot comparing the difference between flow cytometry and Dynabeads-Giemsa versus the mean of the 2 methods for TCD4+ lymphocyte count.
Table 4 Segregation of individuals with use of TCD4+ lymphocytes at 200 TCD4+/µl level: FACScan versus Dynabeads using study dyes.

|                | FCM 200 | FCM<200 (VPN) | FCM>200 (VPP) |
|----------------|---------|---------------|---------------|
| AO<200         | 36      | 2             |               |
| AO>200         | 13      | 123           |               |
| Giem.<200      | 37      | 4             |               |
| Giem.>200      | 12      | 121           |               |
| Turck1<200     | 45      | 5             |               |
| Turck1>200     | 4       | 120           |               |
| STMB<200       | 43      | 5             |               |
| STMB>200       | 6       | 120           |               |
| FCM<200        | 49      | 0             |               |
| FCM>200        | 0       | 125           |               |

Data are number of individuals. P<0.001 (Chi-Square test). Positive predictive values for a TCD4+ lymphocyte count higher than 350 cells/µl by FCM for 174 participants were 97.47% for all the dyes.

The negative predictive values for a TCD4+ lymphocyte count less than 350 cells/µl were 94.74%, 90.53%, 98.95% and 95.79% respectively for acridine orange, Giemsa, Turck1 and Sternheimer-Malbin (Table 5).

Table 5 Segregation of individuals with use of TCD4+ lymphocytes at 350 TCD4+/µl level: FACScan versus Dynabeads using study dyes.

|                | FCM 350 | FCM<350 (NPV) | FCM>350 (PPV) |
|----------------|---------|---------------|---------------|
| AO<350         | 90      | 2             |               |
| AO>350         | 5       | 77            |               |
| Giemsa<350     | 86      | 2             |               |
| Giemsa>350     | 9       | 77            |               |
| Turck1<350     | 94      | 2             |               |
| Turck1>350     | 1       | 77            |               |
| STMB<350       | 91      | 2             |               |
| STMB>350       | 4       | 77            |               |
| FCM<350        | 95      | 0             |               |
| FCM>350        | 0       | 79            |               |

Data are number of individuals. P<0.001 (Chi-Square test). Positive predictive values for a TCD4+ lymphocyte count less than 350 cells/µl were 94.74%, 90.53%, 98.95% and 95.79% respectively for acridine orange, Giemsa, Turck1 and Sternheimer-Malbin.

Discussion

Due to the increased demand of TCD4+ lymphocyte enumeration in resource-limited settings, this study intended to allow the large decentralization of Dynabeads method in central and peripheral laboratories which have the possibility to possess light microscopy for routine biomedical analyzes. Qualitative evaluation of dyes led us to select the three bests which could be used efficaciously with light microscopy. The specificity of these dyes is that they are used in medical laboratory for routine diagnosis. Therefore, the light microscopy is the main tool in the labs at the district levels and the small laboratories. Giemsa solution is used with May-Grünwald in routine for detection of malaria parasites on stained thick and thin blood films in research settings [11] for hematology parameters analyses, diagnosis of malignant cells [12] and for male fertility exam by the detection of spermatogenic [13]. Sternheimer-Malbin protocol is also used in hematology and for the research of leucocytes in urine [14]. Turck’s solution is also used in hematology for white blood cells differentiation [15]. Because these dyes are usually used in routine laboratory activities, they will be useful for TCD4+ enumeration of HIV patients in rural areas and peripheral districts with limited logistics. Acridine orange is used for vital staining in hematology, apoptosis, bone marrow staining [16,17] and in parasitological analyses [18]. Dynabeads method using acridine orange with fluorescent microscopy was evaluated in many settings with good correlation compared to the flow cytometry TCD4+ results [7,19-21]. In Japan, modified protocol of the Dynabeads method was assessed by the used of reducing volume of anti-CD14 and anti-CD4 and a significant correlation of 0.91 with flow cytometry was obtained [21]. In this study, the positive and negative predictive values for a TCD4 count less than 350 cells/µl were good, 97% and 83%. The negative predictive values for a TCD4+ less than 350 cells/µl were also good: 94.74%, 90.53%, 98.95% and 95.79% respectively for acridine orange, Giemsa, Turck1 and Sternheimer-Malbin in our study. Sternheimer-Malbin solution with Dynabeads technique and counted under light microscopy was used in Uganda and the correlation coefficient was good (0.85) [22]. In our study, the use of Sternheimer-Malbin solution shows an excellent correlation coefficient of 0.973, while correlations coefficients with Turck1 and Giemsa solutions were also excellent. In our study, at all levels of TCD4+ count, FCM is the technique that presents the greatest standard coefficient of variation and amplitude. Coefficients of variation obtained with the stains were better than the coefficient of variation obtained with flow cytometry technique. Reproducibility was best with Dynabeads techniques than flow cytometry. The Dynabeads method using acridine orange is the technique with the lowest standard deviation, with the exception of the 200 TCD4+ level. For 350 TCD4+/µl or 200 TCD4+/µl thresholds, the concordance between FCM and the enumeration with the Turck1 solution is 98% and 95%, respectively. The concordance between FCM and the enumeration with the STMB is 97% and
93%, respectively. The use of Giemsa solution generates lower correlations and higher standard deviations.

The main limitations of Dynabeads technique include its requirements several steps, its chronophase nature and its precision that could be rely on operator expertise. The technique could seem complex for a new user but after long time of using the technique become simple and easy to use. Dynabeads technique requires refrigeration of reagents, a microscope with a 40X objective, a hemocytometer, calibrated pipettes, test tubes, and a manual counter [23].

The use of the selected dyes with light microscopy could substantially reduce the price of TCD4+ lymphocyte enumeration in resource limited settings. With the development of alternative flow cytometry and point of care CD4 technologies by the firms and the efforts of international organisms, non-governmental organizations to decentralize monitoring tools for HIV care in resource limited settings Dynabeads techniques using light microscopy could be in the light of these policies to be implemented in rural areas and peripheral districts. In addition, Dynabeads technology would be implemented in the central laboratories also to face up to the reagents out of stock, breakdown of flow cytometers for the continuing care of HIV patients. A study was demonstrated the feasibility of automation of Dynal T4 Quant in hematology automate as a Point of Care CD4 with the delivering in the same time of hematology parameters and TCD4+ counting [4]. To improve on throughput using the manual Dynal T4 Quant method, the Sysmex pocH-100i hematological analyzer was used to count stained nuclei and showed 93% concordance with FCM [4]. The capacity to use the Dynal T4 Quant with hematology automate by the using K-Xpert software was successfully validated [4]. In April 2002, WHO recommended that when TCD4 cell count is not available or is not affordable to be obtained for affected individuals, a total lymphocyte count of less than 1000-1200 lymphocytes/µl in individuals with stage 2 or stage 3 diseases to be used as an indication to initiate antiretroviral therapy [24]. To the best of our knowledge, studies comparing the utility of absolute lymphocyte counts (ALC) as a surrogate for CD4 count in monitoring HIV infected individuals have shown contradictory results. Indeed, many published studies showed low sensitivity of absolute lymphocyte count less than 1200/µl for predicting CD4 cell count less than 200 cells/µl [25-27]. Conversely, studies from Karanth et al. and Obirikorang et al. [28,29] shown higher sensitivity and specificity for total lymphocyte count cut-off 1200 cells/µl to predict CD4 cell count less than 200/µl. The differences could be due to different ethnic, racial, epidemiological and socioeconomic factors.

Conclusion

Dynal T4 Quant technique is an affordable and accurate method for TCD4+ counting and it is an effective alternative TCD4+ method for resource-limited settings, despite the development of many news alternatives methods for TCD4+ screening. Following this study, it has been demonstrated that reliable TCD4+ numeration can be obtained with the Dynal T4 Quant Kit, in light microscopy with the Sternheimer-Malbin Turck1 and Giemsa solutions. These results could contribute to further reduce the cost of TCD4+ lymphocytes counting and make it more widely available in peripheral laboratories and even in central laboratories that face problems with maintenance and stock-out of reagents for flow cytometers.

Authors Contributions

SD and LC designed the study, HH, AO recruited the study population, SD, EB, AK, DZ, AO performed the experiments, SD, LC and DZ analyzed the data SD, LC, DZ, EB wrote the manuscript which was approved by all the other co-authors.

Funding information

This study received support from WHO (WHOB14/370/5).

Acknowledgements

We are grateful to World Health Organization (Dr Gaby Vergautteren) for their Sponsorship, helpful suggestions and encouragement during the study. The authors thank all the study participants with emphases of the French National Agency against AIDS and Hepatitis (ANRS)’s cohort HIV patients. We thank Christelle Nadembèga for her criticism and assistance in editing the manuscript.

References

1. Joint United Nations Programme on HIV/AIDS (2013) Report on the global epidemic 2013. Geneva Joint United Nations Programme on HIV/AIDS.
2. Ramana KV, Chary J, Sabitha V, Mohanty SK, Rao R (2010) Role of hematological and alternate markers in human Immunodeficiency virus disease progression. Am Med J 1: 84-87.
3. World Health Organization, Joint United Nations Programme on HIV/AIDS (2003) Treating 3 million by 2005: Making it happen: The WHO strategy. Geneva: World Health Organization: Joint United Nations Programme on HIV/AIDS.
4. Briggs C, Machin S, MüLler M, Haase W, Hofmann K, et al. (2009) Measurement of CD4+ T cells in point-of-care settings with the Sysmex poch-100i haematological analyser. Int J Lab Hematol 31: 169-179.
5. World Health Organization (2016) Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016 update. Available: http://apps.who.int/iris/bitstream/10665/246200/1/9789241511124-eng.pdf. Accessed 25 November 2016.
6. Crowe S, Turnbull S, Oelrichs R, Dunne A (2003) Monitoring of human immunodeficiency virus infection in resource-constrained countries. Clin Infect Dis 37: 25-35.
7. Diagbouga S, Chazallon C, Kazatchkine MD, Van de Perre P, Inwoley A, et al. (2003) Successful implementation of a low-cost method for enumerating CD4+ T lymphocytes in resource-limited settings: the ANRS 12-26 study. Aids 17: 2201-2208.
8. Ramana KV (2013) A study of alternate biomarkers in HIV disease and evaluating their efficacy in predicting T CD4+ cell counts and disease progression in resource poor settings in...
highly active antiretroviral therapy (HAART) Era. J Clin Diagn Res 7: 1332.

9. Truett AA, Letizia A, Malyangu E, Sinyangwe F, Morales BN, et al. (2006) Efficacy of Cyto-Ex blood preservative for delayed manual CD4 testing using Dynal T4 Quant CD4 test among HIV-infected persons in Zambia. JAIDS J Acquir Immune Defic Syndr 41: 168-174.

10. Bofill M, Janossy G, Lee CA, MacDonald-Burns D, Phillips AN, et al. (1992) Laboratory control values for CD4 and CD8 T lymphocytes. Implications for HIV-1 diagnosis. Clin Exp Immunol 88: 243-252.

11. Gatton M (2015) Microscopy for the detection, identification and quantification of malaria parasites on stained thick and thin blood films in research settings. Available: http://eprints.qut.edu.au/84716/. Accessed 27 November 2016.

12. Beraki E, Olsen TK, Sauer T (2012) Establishing a protocol for immunocytochemical staining and chromogenic in situ hybridization of Giemsa and Diff-Quick prestained cytological smears. Cyto J 9: 8.

13. Amer M, Abd Elnasser T, El Haggar S, Mostafa T, Abdel-Malak G, et al. (2001) May-Grünwald-Giemsa stain for detection of spermatogenic cells in the ejaculate: A simple predictive parameter for successful testicular sperm retrieval. Hum Reprod Oxf Engl 16: 1427-1432.

14. Kupelian AS, Horsley H, Khasriya R, Amussah RT, Badiani R, et al. (2004) The search for a predictor of CD4 cell count continues: total lymphocyte count is not a substitute for CD4 cell count in the management of HIV-infected individuals in a resource-limited setting. Clin Infect Dis 39: 579-581.

15. Total lymphocyte count (TLC) is a useful tool for the timing: JAIDS Journal of acquired immune deficiency syndromes (n.d.). LWW. Available: http://journals.lww.com/jaids/Fulltext/2002/12010/Total_Lymphocyte_Count__TLC__Is_a_Useful_Tool_for.2.aspx. Accessed 25 November 2016.

16. Akinola NO, Olasode O, Adediran IA, Onayemi O, Murainah A, et al. (2004) The search for a predictor of CD4 cell count continues: total lymphocyte count is not a substitute for CD4 cell count in the management of HIV-infected individuals in a resource-limited setting. Clin Infect Dis 39: 579-581.

17. Rebulls P, Dzik WH (1994) For the biomedical excellence for safer transfusion (BEST) working party of the international society of blood transfusion (1994) Multicenter evaluation of methods for counting residual white cells in leukocyte-depleted red blood cells. Vox Sang 66: 25-32.

18. Jahanmehr SA, Hyde K, Geary CG, Cinkotai KI, Maciver JE (1987) Simple technique for fluorescence staining of blood cells with acridine orange. J Clin Pathol 40: 926-929.

19. Savitskiy VP, Shman TV, Potapnev MP (2003) Comparative measurement of spontaneous apoptosis in pediatric acute leukemia by different techniques. Cytometry 56: 16-22.

20. Didier JM, Kazatchkine MD, Demouchy C, Moat C, Diagbouga S, et al. (2001) Comparative assessment of five alternative methods for CD4+ T-lymphocyte enumeration for implementation in developing countries. JAIDS J Acquir Immune Defic Syndr 26.

21. Bi X, Gatanaga H, Tanaka M, Honda M, Ida S, et al. (2005) Modified Dynabeads method for enumerating CD4+ T-lymphocyte count for widespread use in resource-limited situations. JAIDS J Acquir Immune Defic Syndr 38: 1-4.

22. Boyle DS, Hawkins KR, Steele MS, Sinhal M, Cheng X (2012) Emerging technologies for point-of-care CD4 T-lymphocyte counting. Trends Biotechnol 30: 45-54.

23. Daka D, Loha E (2008) Comparison of May-Grünwald–Giemsa stain and acridine orange staining as a routine diagnostic technique for malaria in developing countries. J Trop Med Hyg 96: 245-248.

24. Kumar BK, Fadeel M, Sehgal SC (1993) Efficacy and limitations of QBC acridine orange staining as a routine diagnostic technique for malaria in developing countries. J Trop Med Hyg 96: 245-248.

25. Agriculture PB (2016) Absolute lymphocyte count as a surrogate marker of CD4 count in monitoring HIV infected individuals: A prospective study. J Clin Diagn Res 10: 5.

26. Karanth SS, Rau NR, Gupta A, Kamath A, Shanbhogue V, et al. (2014) Utility of total lymphocyte count as a surrogate for absolute CD4 count in the adult Indian HIV population: A prospective study. Avicenna J Med 4: 1-4.

27. Obirikorang C, Quaye L, Acheampong I (2012) Total lymphocyte count as a surrogate marker for CD4 count in resource-limited settings. BMC Infect Dis 12: 1.