Recombinant OspC from *Borrelia burgdorferi sensu stricto*, *B. afzelii* and *B. garinii* in the serodiagnosis of Lyme borreliosis

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Genes for the outer-surface protein C (OspC) from three north European human isolates of *Borrelia burgdorferi sensu stricto*, *B. afzelii* and *B. garinii* were cloned and sequenced. Polyhistidine-tagged recombinant OspC (rOspC) proteins were produced in *Escherichia coli* and used, after biotinylation, as antigens on streptavidin-coated plates in enzyme-linked immunosorbent assays (ELISA). In IgM ELISA, 30% (5/17) and 35% (6/17) of patients with erythema migrans (EM) in the acute or convalescent phase, respectively, reacted with one to three rOspCs. Of the patients, 53% (8/15) with neuroborreliosis (NB) and 53% (8/15) with Lyme arthritis (LA) had IgM antibodies to OspC. The immunoreactivity was stronger against rOspC from *B. afzelii* and *B. garinii* than against rOspC from *B. burgdorferi sensu stricto*. In early Lyme borreliosis (LB), rOspC and flagella performed equally well in detecting IgM antibodies. Cross-reactive antibodies to rOspC were observed in serum samples from patients with rheumatoid factor positivity and with syphilis or Epstein–Barr virus (EBV) infection. In IgM ELISA, thiocyanate in the serum dilution buffer reduced EBV-associated non-specific positive reactions. In IgM ELISA, 30% (5/17) with EM in the acute phase, 35% (6/17) with EM in the convalescent phase, 33% (5/15) with NB and 60% (9/15) with LA were positive. Because of the heterogeneity of OspC, a polyvalent antigen with several OspC variants from at least *B. afzelii* and *B. garinii* is needed to improve the sensitivity of OspC ELISA in the serodiagnosis of LB in Europe.

Introduction

Serodiagnostic tests for Lyme borreliosis (LB) are based mainly on enzyme-linked immunosorbent assays (ELISA), the antigens being borrelial whole-cell lysate (WCL) or flagella. Currently, because of insufficient specificity and sensitivity, these tests perform subopti-mally and Western blot (WB) analyses on ELISA positive samples are needed to confirm the diagnosis [1]. Some viral infections cause false-positive results in IgM serology [2] and, during the early stages of LB, antibody responses are often absent or delayed [3]. Use of recombinantly produced borrelial antigens has increased the specificity of serological assays, but sensitivity to single antigens has so far remained insufficient. Furthermore, new assays for serodiagnosis of LB are needed to discriminate LB from vaccination. The outer-surface protein C (OspC) of *Borrelia burgdorferi* has been found to induce an early IgM response [4–9]. In people vaccinated with OspA, OspC antibody assay has been proposed for discrimination between infection with *B. burgdorferi sensu stricto* and a vaccination response [9]. In the serodiagnosis of European LB with WCL immunoblots, specific antibody responses to OspC of the three borrelial genospecies as part of a combination of antigens has been reported to increase sensitivity [10]. The best combination of antigens for IgM WCL immunoblot included OspC from *B. afzelii* and *B. garinii* strains. However, false positive IgM reactions to OspC have occurred both in ELISA [6, 9] and in immunoblot [11].
B. burgdorferi sensu stricto subspecies of one OspA serotype has been reported for each B. afzelii B. burgdorferi sensu stricto representing of OspC proteins from three European borrelial strains panel. This report describes the cloning and expression all three pathogenic borrelial species in an ELISA advantage of combining variant rOspC antigens from The purpose of the present study was to evaluate the The study used domestic borrelial strains of B. burgdorferi sensu stricto (ia) isolated from cerebral–spinal fluid of a Finnish patient with neuroborreliosis, and of B. afzelii (A91) and B. garinii (40) isolated from skin biopsies of Finnish patients with erythema migrans. These strains were genotyped by PCR of the flaB and subsequent sequencing of the PCR product, as described previously [23]. Borrelia culture and DNA isolation

Borrelial strains were cultured in Barbour-Stoenner-Kelly-H (BSK-H) medium (Sigma) at 33°C with a CO2 5% atmosphere until growth was c. (1–2) × 10^8 cells/ml. The genomic DNA was then isolated with the DNeasy Tissue Kit (Qiagen, Hilden, Germany). PCR and cloning of the genes

For each borrelial strain, the ospC coding sequence was PCR-amplified from the genomic DNA (Table 1). Approximately 1 ng of template DNA was used and the parameters in the PCR amplification reaction were 30 cycles at 94°C for 1 min, 50°C for 1 min and 72°C for 1.5 min with AmpliTaq Gold DNA Polymerase (Perkin Elmer, USA), followed by a final extension of 10 min at 72°C. DNA products were visualised by gel electrophoresis on agarose 1% NA gel (Amersham Pharmacia, Uppsala, Sweden) containing ethidium bromide. The PCR products were cloned into the pCR 2.1-TOPO vector (Invitrogen, Groningen, The Netherlands). The Escherichia coli host cell used for cloning was INF-αF (Invitrogen).

Table 1. Primers used in PCR reactions for ospC sequencing and expression of the respective protein

<table>
<thead>
<tr>
<th>Target DNA</th>
<th>Primer(5′–3′)</th>
<th>Location (bp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequencing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1)</td>
<td>AAA AGG AGG CAC AAA TTA ATG</td>
<td>–18–3</td>
</tr>
<tr>
<td>2)</td>
<td>TAA GGC TAT TGC TAA AAA AAT A</td>
<td>225–246</td>
</tr>
<tr>
<td>3)</td>
<td>GTG GTG GCA GAA AGT CC</td>
<td>604–620</td>
</tr>
<tr>
<td>4)</td>
<td>TTG TAA GCT CTT TAA CTG AAT</td>
<td>611–591</td>
</tr>
<tr>
<td>5)</td>
<td>ATT GCC GTA TTA GTC AC</td>
<td>2269–2225</td>
</tr>
<tr>
<td>6)</td>
<td>GAA TCA ATC CAA AGA AAC A</td>
<td>2417–2399</td>
</tr>
<tr>
<td>Expression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OspCstrain</td>
<td>CCG GAT CCA ATA ATT CAG GGA AAG ATG G</td>
<td>58–77</td>
</tr>
<tr>
<td></td>
<td>CCG GTA CCG CCA AGA AAT CTT TCT TGA C</td>
<td>718–698</td>
</tr>
<tr>
<td>OspCstrain</td>
<td>CCG GAT CCA ATA ATT CAG GGA AAG ATG G</td>
<td>58–77</td>
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<td>CCG GTA CCG CCA AGA AAT CTT TCT TGA C</td>
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<tr>
<td></td>
<td>CCG GTA CCG CCA AGA AAT CTT TCT TGA C</td>
<td>718–698</td>
</tr>
</tbody>
</table>

Underlining indicates BamHI and KpnI cleavage sites.
DNA sequencing

Plasmid DNA containing ospC inserts was isolated from *E. coli* with a QIAprep-spin plasmid kit (Qiagen). DNA sequencing with a DyePrimer (T7, M13Rev) cycle sequencing kit (Applied Biosystems, USA) was performed in accordance with the manufacturer's instructions by the Core Facility of the Haartman Institute, University of Helsinki. Sequencing reactions were run and analysed with an automated sequencing apparatus model 373A (Applied Biosystems). DNA and protein sequences were analysed with Lasergene software (DNASTAR, USA). To eliminate any errors caused by Taq polymerase, cloning and sequencing of the ospC genes were done twice.

Construction of the expression plasmid and expression of rOspC

Patients

Human serum samples were collected from patients with typical LB, i.e., primary erythema migrans (EM), neuroborreliosis (NB) or Lyme arthritis (LA). In all the patients, the diagnosis of LB was based on the clinical guidelines for diagnosis set out by the Centers for Disease Control and Prevention (CDC; Atlanta, GA, USA) [26]. The clinical diagnoses of NB and LA were confirmed by demonstrating antibodies in the sera by ELISA against WCL from B. afzelii strain SK1 (in-house preparation) and flagella, and, in patients with NB, by demonstrating antibodies to flagella in the cerebrospinal fluid [27]. In all patients with EM, the diagnosis was confirmed by culturing B. burgdorferi (13 B. afzelii and 4 B. garinii) from a skin biopsy in BSK-H medium with rifampicin 50 μg/ml, phosphomycin 20 μg/ml and amphotericin B 2.5 μg/ml (Sigma). Controls were serum samples from patients with syphilis, Epstein–Barr virus (EBV) infection, rheumatoid factor (RF) positivity, antistreptolysin O (ASO) positivity, high Salmonella or Yersinia enterocolitica antibody titres with positive stool culture, clinically and serologically verified systemic lupus erythematosus (SLE), and samples from healthy blood donors.

Nucleotide sequence accession numbers

ospC sequences from the B. burgdorferi sensu stricto strain ia, B. afzelii A91 and B. garinii 40 have been assigned to the GenBank database with accession numbers AF501316, AF501318 and AF501317, respectively. Accession numbers of published ospC sequences used in comparison were X62162 (PKo), X81523 (PLj7), X69594 (PBr), X69593 (TN), X69595 (PBi), X83555 (R. pacificus), X69596 (B31), X81524 (T255), L42893 (297), X81522 (PBr), X80255 (Ple), X83552 (Plud), X83556 (N34), X69592 (T25), X81526 (WABSou), L42892 (ACA1), L42869 (W), X84777 (DK9) and X83553 (Phei).

Statistical analysis

The Microsoft Excel 2000 program (Microsoft, USA) and Statview 4.5 program (Abacus Concepts, USA) were used for calculations of standard statistics. The coefficient of variation (CV) percentage was determined by dividing the SD of the OD values by the mean.

Results

Nucleotide and protein sequence analysis of OspC

The identity of the ospC nucleotide sequences between the Finnish strains ia, A91 and 40 was 76–81%. The deduced amino acid sequences were compared with each other, four amino acid deletions were observed in the OspC sequences of both B. burgdorferi ia and B. garinii 40, and three in B. afzelii A91. These deletions were distributed in different parts of the molecules, but so that three of them in strain ia, three in strain A91 and one in strain 40 were in the hypervariable regions of OspC [18]. The C-terminal peptide in OspCBg40 differed from the immunogenic C-terminal decapeptide PVALAESPKKP described by Mathiesen et al. [13] by one amino acid: serine was replaced with threonine. In OspCBia and OspCBaA91, this region was identical with the decapeptide above. In all, 30–33% of the deduced amino acids were hydrophobic, although the number of aromatic amino acids, which are usually hydrophobic, was low. OspCBia and OspCBg40 contained two phenylalanines, and OspCBaA91 contained three phenylalanines. Only OspCBia had one tyrosine, and tryptophane was not present in any of the proteins. One cysteine was present in all three proteins, and there were three, two and four histidines in OspCBia, OspCBg40 and OspCBaA91, respectively. The calculated iso-electric points of the mature non-acylated forms of OspCBia, OspCBaA91 and OspCBg40 were 7.96, 8.33 and 7.16, respectively.

Fig. 1. Comparison of OspC sequences with close homology: the mature proteins of B. burgdorferi sensu stricto strain ia (Bbia), B. afzelii A91 (BbaA91) and B. garinii 40 (Bbg40), and B. afzelii strains Ple and DK9, and B. garinii strains WABSou and Phei. Boxes indicate amino acid heterogeneity.
The sequences encoding the mature proteins of the three OspCs were compared with the OspC sequences of the 16 OspC serotypes established by Wilcke et al. [20], except for strain Pstm, which was not found in the GenBank database. Among these strains, OspC of B. afzelii Pstm showed 98.4% identity with OspC_BaA91 and B. garinii WABSou showed 99.5% identity with OspC_Bg40 at the protein level. The OspC sequence of B. afzelii ACA1 was identical with OspC_BaA91, the OspC of B. garinii W was identical with OspC_Bg40, and the OspC of B. burgdorferi sensu stricto B31 was identical with OspC_BaA91. OspC sequences with close homology are shown in Fig. 1. The published sequence of the OspC of B. afzelii Pstm in the GenBank database lacks the last amino acid and B. garinii DK9 lacks the last seven and the first eight amino acids.

IgM ELISA

Agents known to dissociate inter-protein interactions were tested to improve the binding specificity of IgM class antibodies in the rOspC ELISA. The ability to differentiate LB from other diseases was monitored in experiments with urea, guanidine or thiocyanate as ingredients in the sample application buffer (data not shown). In preliminary experiments with a small number of sera, the last agent, chosen in the light of a report by McCloskey et al. [28] in which thiocyanate was shown to inhibit binding of antibodies, was promising. Several concentrations of NaSCN (0.1–2 M) were tested. The best discrimination between LB patient sera and EBV samples (false positives) was observed with 0.1 M NaSCN (data not shown). No such effect was observed with NaSCN when flagella was used as the antigen (data not shown). Depending on the rOspC used, the change in the OD values with or without NaSCN varied; however, with all the rOspCs, the effect was significantly greater with EBV than with LB patient samples (p <0.001). With other control samples (Fig. 2), the change in OD resembled that in the LB patient samples. NaSCN decreased the number of false-positive EBV samples from 11 to 7 of 17. Even more importantly, all the values for the EBV samples remaining above the cut-off value were low positives only (Fig. 2). Increasing the NaCl concentration instead of adding NaSCN to the serum dilution buffer did not significantly decrease the OD values of the EBV samples (data not shown).

Subsequently, every sample from patients and controls was examined three times with BSA or 0.1 M NaSCN-BSA buffer in rOspC IgM ELISA. Three OspC proteins were used separately as antigens. Samples of 19 healthy blood donors were used to define the cut-off value (mean ± 2 SD). Results were expressed as OD/cut-off values, which made it possible to combine the results of the three experiments. According to this calculation, every OD/cut-off value >1 signifies a positive result. With NaSCN-BSA buffer in ELISA, reactions with one or more of the rOspCs were obtained from 30%, 35%, 53% or 53% of samples from patients with EM at the acute phase, EM at the convalescent phase, NB, or LA, respectively (Table 2). In the same IgM ELISA, 40%, 46%, 20%, 0% or 5% of samples from patients with syphilis, EBV, RF positivity, SLE, or of the healthy blood donors, respectively, were positive (Table 2). Positive reactions were mainly observed against rOspC_BaA91 and rOspC_Bg40, whereas rOspC_Bias detected antibodies infrequently. The positive reactions in the samples from control patients were mostly marginal (Fig. 2). The results from the same serum samples in IgM ELISA with flagella antigen are shown in Table 2.

Reproducibility of rOspC IgM ELISA experiments

The reproducibility of the test was evaluated by determining the CV of the OD values in three separate ELISA experiments. The total CV was 10.3% when BSA was used and 7.9% when NaSCN was present. Thus, NaSCN seemed not only to decrease the non-specific reactions, but also to improve the CV. No clear difference was seen in the CVs of the various patient groups.

IgG ELISA

The same serum samples that were used in IgM ELISA were tested in IgG ELISA. Control serum samples from patients with high salmonella or yersinia antibody titres and positive stool cultures, and ASO-positive serum samples were also analysed. Of the 17 samples from patients at the acute phase of EM, five reacted positively.

Table 2. Positive IgM ELISA results with rOspC or flagella antigen

<table>
<thead>
<tr>
<th>Antigen</th>
<th>NaSCN buffer</th>
<th>EM1 (n = 17)</th>
<th>EM2 (n = 17)</th>
<th>NB (n = 15)</th>
<th>LA (n = 15)</th>
<th>SY (n = 10)</th>
<th>EBV (n = 15)</th>
<th>RF+ (n = 10)</th>
<th>SLE (n = 10)</th>
<th>BD (n = 19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>rOspC</td>
<td>–</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
<td>4</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>rOspC</td>
<td>+</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>4</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Flagella</td>
<td>–</td>
<td>4</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

rOspC refers to the total number of patients in each group with antibodies to one or more of the rOspC proteins with or without NaSCN in sample buffer. Serum samples were from patients with erythema migrans at the acute phase (EM1), erythema migrans at the convalescent phase (EM2), neuroborreliosis (NB), Lyme arthritis (LA), syphilis (SY), EBV infection (EBV), rheumatoid factor positivity (RF+) or systemic lupus erythematosus (SLE), and from blood donors (BD).
with one or more of the rOspCs (29%), 6 (35%) of the 17 EM patients at the convalescent phase, 5 (33%) of 15 with NB, 9 (60%) of 15 with LA, 1 of 10 with syphilis, 0 of 10 with salmonella-positive samples, 1 of 10 with yersinia antibodies, 2 of 10 patients with ASO positivity, 1 of 10 with RF positivity, 3 of the 10 SLE patients and 1 of the 19 healthy blood donors. Of the rOspC proteins, rOspCBaA91 most frequently detected anti-OspC antibodies (Fig. 3).

The same serum samples were tested with flagella IgG ELISA. Four (23%) of the 17 samples from patients at both the acute and convalescent phase of EM, 14 (93%) of the 15 NB patient samples, 15 (100%) with LA, 1 of 10 with syphilis, 1 of 10 with salmonella infection, 0 of 10 with yersinia infection, 1 of 10 with ASO positivity, 0 of 10 with RF positivity, 0 of 10 with SLE and 1 of 19 blood donor samples were positive.

**Anti-OspC antibodies during the post-treatment period**

In 17 LB patients differences in the antibody responses to OspC and flagella were evaluated with paired sera at the acute (at diagnosis) and convalescent phases. The convalescence samples were taken 1–6 months after treatment. This group included 3 patients with EM, 10 with NB and 4 with LA. All the patients had LB diagnoses based on the CDC guidelines [26], 15 of the 17 patients had high anti-flagella IgM antibodies at the acute phase, and all 17 patients had high anti-flagella IgG antibodies at the convalescent phase (Table 3). In
IgM ELISA with NaSCN-BSA buffer, 12 (71%) of the 17 patients were positive with one or more of the rOspCs at the acute phase. Of the rOspCs, rOspCBaA91 evoked a positive reaction most frequently (Table 3), although in IgM ELISA immunoreactivity toward two or three of the rOspCs was often seen. In the convalescent phase, nine patients had retained and one gained IgM antibody positivity toward flagella. There were two seroreversions and two seroconversions toward rOspCs.

IgG ELISA was also performed for the same 17 paired serum samples. Nine (53%) of the 17 patients had positive reactions with one or more of the rOspCs in the acute phase, and 13 (76%) of 17 during the convalescent phase (Table 3). The majority of positive immunoreactions were against rOspCBaA91, 9 of 17 in the acute phase and 12 of 17 during the convalescent phase. In the convalescent phase, one serum sample was positive for rOspCBg40 only; otherwise, rOspCBaA91 would have covered the antibody responses in rOspC IgG ELISA.

**Discussion**

This study showed that in serological assays, the abilities of rOspC and flagella to detect IgM antibodies during early LB were comparable. With both antigens, IgM serology is complicated by false-positive reactions, a frequent problem with IgM antibodies in general. The results of the present study suggest that NaSCN may be able to decrease non-specific immunoreactivity and, thus, to improve the IgM serodiagnosis. In contrast, the sensitivity of OspC IgG serology remained lower than that of the conventional flagella antigen, even though the various OspCs covered all three pathogenic species in the antigen panel. Most probably, the results reflect the high sequence heterogeneity of OspC.

In the early stages of LB, antibodies against borrelial proteins are observed in only a small proportion of patients [3]. In the present study, OspC ELISA was compared with flagella ELISA, because the performance of this method has been at the same level as that of other commercially available ELISA methods [29]. In the EM serum samples, sensitivity and specificity of rOspC seemed to be approximately equal to those of the flagella antigen. The number of OD/cut-off values that were positive with one OspC variant only is shown in parentheses.

Table 3. Positive results of IgM and IgG ELISA with rOspC from *B. afzelii* (A91), *B. garinii* (40) and *B. burgdorferi sensu stricto* (ia) and flagella antigen

<table>
<thead>
<tr>
<th>Antigen</th>
<th>IgM acute (n = 17)</th>
<th>IgM convalescent (n = 17)</th>
<th>IgG acute (n = 17)</th>
<th>IgG convalescent (n = 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OspCBaA91</td>
<td>11 (5)</td>
<td>11 (4)</td>
<td>9 (6)</td>
<td>12 (7)</td>
</tr>
<tr>
<td>OspCBg40</td>
<td>7 (3)</td>
<td>8 (0)</td>
<td>3 (0)</td>
<td>6 (1)</td>
</tr>
<tr>
<td>OspCBia</td>
<td>2 (0)</td>
<td>3 (0)</td>
<td>1 (0)</td>
<td>4 (0)</td>
</tr>
<tr>
<td>OspC Total</td>
<td>12</td>
<td>12</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Flagella</td>
<td>15</td>
<td>10</td>
<td>13</td>
<td>17</td>
</tr>
</tbody>
</table>

Serum samples were from patients with LB at the acute and convalescent phases. NaSCN was used in IgM ELISA. OspC Total refers to the total number of patients in each group with antibodies to any of the rOspC proteins. The number of OD/cut-off values that were positive with one OspC variant only is shown in parentheses.
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via coated plates and RospC bound to it. Recently, other recombinant proteins have also been studied as antigens in IgM serology. An earlier study on recombinant FlaA proteins [31] showed 20–27% or 58% sensitivity in IgM ELISA for EM or NB samples, respectively. Rauer et al. [8] combined recombinant OspC and recombinant 14-kDa flagellin fragment as ELISA antigens and observed an additive effect on the sensitivity of IgM serology.

In the present study, the specificity of OspC ELISA was evaluated with control samples from patients with syphilis, EBV infection, RF positivity or SLE, and from healthy blood donors. EBV was especially problematic, as the majority of samples from patients seemed to cause non-specific reactions. Other controls produced mainly low false-positive results. The proportion of positive EBV patients in rOspC ELISA decreased from 73% to 46% when NaSCN-BSA buffer was used, and those still positive were only marginally above the cut-off value. NaSCN did not have a significant effect in the other control samples. Previously, Goossens et al. [29] have suggested that, for serodiagnosis of LB, the exclusion of false positivity by targeted assays for EBV, syphilis infections and RF positivity would be more successful than the two-tier assay by successive ELISA and WB recommended by CDC [32].

A prominent feature of IgG serology was the predominance of IgG immune reactions against OspC from B. afzelii. The high prevalence of B. afzelii in Scandinavia may account for this finding [23]. In published studies, the proportion of positive samples against single recombinant OspC has varied between 5% and 42% early in the disease [4–6, 9, 14] and between 6% and 51% in disseminated disease [4, 6]. The findings in the present study concur with these results, showing 6–35% positive results in the acute phase and 18–53% in the convalescent phase of LB, depending on the various rOspC antigens employed. It is likely that maturation of the IgG immune response with time would direct the specificity of the antibodies preferentially toward epitopes of the immunising strain. Fung et al. [4] found an IgG response in rOspC ELISA (rOspC from B. burgdorferi sensu stricto strain 297) in chronic LA patients but less frequently in chronic NB patients. In keeping with these results, in the present rOspC IgG ELISA, the patients with LA had antibodies more frequently than the patients with EM or NB. This may have been due to the more chronic stage of the disease in LA than in EM or NB.

The present study used an ELISA with streptavidin-coated plates and rOspC bound to it via a biotin tag. This procedure improved the binding of rOspC to the ELISA plate surface (data not shown). Alternatively, Wienecke et al. [9] successfully used covalent coupling of rOspC to plastic. The poor binding of the rOspC constructs to plastic in the present study may be associated with the low content of aromatic amino acids in OspC. Similarly, weak binding of OspC to nitrocellulose WCL immunoblot strips in the presence of SDS in the transfer buffer was observed (data not shown).

In conclusion, this study implies that, depending on the epidemiological situation, all pathogenic borrelial species should be covered if OspC antigens are employed in the serology of LB. We suggest that in the European context, on account of the heterogeneity of OspC, a polyvalent antigen with several OspC variants from at least B. afzelii and B. garinii is needed to improve the serodiagnosis of LB.

We thank Dr Klaus Hedman for providing the EBV serum samples, Dr Matti Viljanen for donating the strains of B. burgdorferi sensu lato used in this study, and Drs Heikki Julkunen and Aaro Miettinen for the SLE samples. The English language was checked by Mrs Jean Margaret Pertunan. This study was supported by grants from the National Technology Agency (Tekes), Helsinki, Finland; Helsinki Central Research Funds; the Clinical Research Institute of Helsinki University Central Hospital; the Paulo Foundation and Finska Lakareföreningen, Helsinki, Finland.

References


