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1	Development of real-time RT-PCR for the detection of low concentrations of Rift Valley
2	<mark>fever virus</mark>
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1 Abstract (193 words)

In recent years, Madagascar and the Comoros archipelago have been affected by epidemics of 2 Rift Valley fever (RVF), however detection of Rift Valley fever virus (RVFV) in zebu, sheep 3 and goats during the post epidemic periods was frequently unsuccessful. Thus, a highly 4 sensitive real-time RT-PCR assay was developed for the detection of RVFV at low viral 5 loads. A new RVF SYBR Green RT-PCR targeting the M segment was tested on serum from 6 7 different RVF seronegative ruminant species collected from May 2010 to August 2011 in Madagascar and the Comoros archipelago and compared with a RVF specific quantitative real 8 time RT-PCR technique, which is considered as the reference technique. The specificity was 9 tested on a wide range of arboviruses or other viruses giving RVF similar clinical signs. A 10 total of 38 out of 2,756 serum samples tested positive with the new RT-PCR, whereas the 11 reference technique only detected 5 out of the 2,756. The described RT-PCR is an efficient 12 diagnostic tool for the investigation of enzootic circulation of the RVF virus. It allows the 13 detection of low viral RNA loads adapted for the investigations of reservoirs or specific 14 epidemiological situations such as inter-epizootic periods. 15 16

Keywords: Rift Valley fever virus; diagnostic tool; semi-nested RT-PCR; inter-epidemic
 period

1 **1. Introduction**

2 **Rift Valley fever** (RVF) is an arthropod-borne zoonotic disease affecting mainly domestic and wild ruminants as well as humans (Olive et al., 2012). Rift Valley fever virus (RVFV) is an 3 4 enveloped RNA segmented virus belonging to the family Bunyaviridae, genus Phlebovirus, transmitted by a wide range of mosquito species with a tri-segmented single-stranded RNA 5 genome of negative or ambisense polarity (S, M and L) (Suzich et al., 1990; Müller et al., 6 7 1994; Nichol et al., 2001; Schmaljohn and Hopper, 2001; Bird et al., 2007a; Turrell et al., 2008). Outbreaks have been reported in 19 countries from continental Africa, Indian Ocean 8 islands (Madagascar, Union of the Comoros, Mayotte) and the Arabian Peninsula (Balenghien 9 et al., 2013). Epidemiology of RVF is complex, associated with specific ecologic and climatic 10 conditions such as heavy rainfalls that favor the emergence of a large number of adult 11 mosquitoes maintaining RVF during interepidemic periods (IEP) through vertical 12 transmission in Aedes vectors for Southern and Eastern Africa (Linthicum et al., 1985; 13 Swanepoel and Coetzer, 2004). In addition, RVF isolations have been successful in forest-14 15 sampled mosquitoes in the Afro-Malagasy area, implicating wild vertebrates as potential reservoir hosts (Fontenille, 1989; Smithburn et al., 1948). 16

Whether the emergence of outbreaks in insular ecosystems is due to enzootic maintenance of the virus within the island or to importation from continental landmasses is unknown in the majority of cases (Tortosa et al., 2012). Recently, Bird et al. (2008) confirmed that RVFV activity can be detected at low levels in animal reservoirs during IEPs. In 2007, human RVF cases were noticed in 2 islands of the Comoros archipelago, Mayotte and Grande Comore (Sissoko et al., 2009).

Even if no case has been reported in this area since, seroconversion in animals has been observed in Madagascar and the Comoros archipelago including Mayotte, indicating persisting viral circulation in a post-epidemic period (Roger et al., 2009; Cêtre-Sossah et al.,

3

2012). Considering the proximity of these islands and the continuous animal trade between them, an active surveillance system for RVF was implemented between May 2010 and August 2011. The surveillance network targeting farm animal species was specifically designed to pick up active virus circulation in the context of the current post-epidemic phase in Madagascar and the Comoros archipelago. The implementation of a highly sensitive and specific diagnostic tool was a prerequisite for this large survey.

Techniques for the diagnosis of RVF include virus isolation, detection of specific antibody 7 responses, and detection of the viral nucleic acids. Enzyme-linked immunosorbent assays, 8 based on antigens or the recombinant nucleocapsid protein of RVFV have been extensively 9 10 validated for the serodiagnosis of RVF (World Organisation for Animal Health, 2004; Paweska et al., 2005, 2008). Reverse transcriptase PCR (RT-PCR) assays are currently the 11 most rapid and sensitive tests for the detection and quantification of RVFV. Conventional RT-12 13 PCR (Sall et al., 2002) and real-time RT-PCR (rtRT-PCR) based on TaqMan probe technology are the most used techniques during outbreaks (Garcia et al., 2001; Drosten et al., 14 15 2002; Bird et al., 2007b; Weidmann et al., 2008). Several studies have highlighted the highest analytical sensitivity obtained when using two-steps protocol RT-PCR detection (Sall et al., 16 2002). In order to improve the detection of very low concentrations of viral nucleic acids in 17 samples taken during a RVF post-epidemic or inter-epizootic period, a highly sensitive, 18 RVFV specific, real-time semi-nested RT-PCR detection system was developed. Specificity 19 and sensitivity of the test was comparatively assessed with one of the currently available 20 techniques used as reference. The new RT-PCR proved to be more adapted to detect low-level 21 22 of RVF circulation in specific epidemiological conditions such as those in Comoros archipelago, Mayotte and Madagascar where seroconversions occur in the absence of clinical 23 signs, and is therefore a useful tool for the study of RVF circulation during IEPs. 24

The main objective was to develop a highly sensitive real-time RT-PCR assay for the
 detection of Rift Valley fever virus.

3

4 2. Material and Methods

5 2.1. Cells, Viruses and samples

6 Vero cells were grown at 37°C in Dulbecco's modified medium (DMEM) (GIBCO, USA)
7 containing 10% fetal bovine serum (FBS), 2 mM L-glutamine, 1% non essential amino-acids,
8 1% fungizone, 1% penicilin-streptomycin.

The following RVFV strains were used: the Smithburn vaccine strain obtained from the OBP 9 (Ondersterpoort biological products, Onderstepoort, South Africa), four distinct Mauritanian 10 RVF strains isolated during the 2010 outbreak (MT24010, MT25010, MT26010, MT28010) 11 by the LNERV/ISRA laboratories respectively in Mauritania and Senegal and three RVF 12 13 strains from Madagascar isolated during the 2008-2009 outbreak (776-08, 1464-08, 1585-08) by the Institut Pasteur, Madagascar. 14 The animal cohort (204 zebu in Madagascar, 104 zebu, sheep and goats in Mayotte and 182 15 zebu, sheep and goats in the Union of Comoros) was chosen because of their RVF 16 seronegative status tested with a commercial ELISA kit (Comtet et al., 2010). The animals 17 were bled monthly as part of an epidemiological survey held in a post-epidemic period from 18 May 2010 to August 2011, giving a total of 2,756 serum samples. Serum samples were stored 19 at -80°C. 20

21 *2.2. RNA extraction*

Viral RNA was extracted from 10 μ l of either Smithburn strain infected Vero cell supernatant titrating to $10^{6.3}$ TCID₅₀/ml or from 200 μ l of a pool of 5 serum samples and spiked with an internal control MS2 bacteriophage (Ninove et al., 2011) by using the EZ1 Virus Mini kit 1 v2.0 (Qiagen, Hilden, Germany) and the EZ1 robot, according to the manufacturer's protocol.

2 Positive pools were analyzed individually with the aim of identifying the positive individual.

3 2.3. Primer design

The complete M RNA segments of 52 RVF virus isolates retrieved from GenBank were
aligned via Muscle (Edgar, 2004) using the Geneious pro software package (v5.5)
(Drummond et al., 2011). A highly conserved 110 bp genomic region within the RVF Gcglycoprotein gene was identified matching 100% of the selected RVF isolates (nucleotides
2,656 to 2,766). This region was used for the design of the forward and reverse primers.

9 2.4. cDNA synthesis and real-time PCR conditions

cDNA templates were produced from a 20 µl RNA aliquot with 0.4 µg of random hexamers
(Promega, Madison, USA) by reverse transcription using the GoScript kit (Promega,
Madison, USA) in a final volume of 40 µl, as described by the manufacturer. The 2,756
samples collected during the epidemiological serosurvey were also analyzed without the step
of reverse transcription to verify the absence of residual DNA.

15 The following primers listed in figure 1 were determined to be optimal: RVFV-M-2,656F, RVFV-M-2,840R (first round PCR) and RVFV-M-2,766R (second round semi-nested PCR). 16 Several experiments highlighted that the highest analytical sensitivity could be obtained using 17 a two-step RT-PCR protocol detection. To avoid cross-contamination, experiments were 18 performed within an imposed one-way laboratory environment where amplified PCR products 19 were never manipulated in the same area as the original samples. Additionally, individual 20 tubes were used and multiple negative controls and no positive control were included in each 21 PCR protocol. Amplification reaction mixtures were prepared in a final volume of 25 µl 22 consisting of 12.5 µl GoTaq qPCR SYBR Green mastermix 2X (Promega, Madison, USA) 23 and 5 µl of the nucleic acid matrix. For the first round PCR, 0.1 µM of each primer RVFV-M-24 2,656F and RVFV-M-2,840R was used while 0.4 µM of each primer, RVFV-M-2,656F and 25

RVFV-M-2,766R was used for the second round PCR. Thermal cycling for both amplification 1 steps was performed in a Mx3005P real-time thermocycler (Stratagene, USA) as follows: 2 95°C for 5 min; 45 cycles of [95°C for 15 s, 60°C for 30 s and 72°C for 45 s]. A dissociation 3 4 analysis was carried out following PCR to identify the right product by its specific melting temperature. The dissociation cycle was 95°C for 1 min, 60°C for 30 s and heating to 95°C at 5 0.1°C/s with continuous measurement of fluorescence. The expected sizes of these PCR 6 7 products are 185 bp and 110 bp for the first and second round PCR, respectively.

2.5. Comparative efficiency 8

The performance of the new RT-PCR was compared with that of a Taqman RT-PCR 9

considered as the current reference detection system (Bird et al., 2007b; Escadafal et al., 10 2013). The comparison was made by determining the detection limit of each assay using 10-11 fold serial dilutions $(10^{-2} \text{ to } 10^{-9})$, prepared from the supernatant of Vero cells that had 12 previously been infected by the Smithburn strain. The supernatant titrated to $10^{6.3}$ TCID₅₀/ml.

13

2.6. Analytical specificity of the new RT-PCR 14

RNAs from other vector-borne viruses were tested, as well as other viruses giving clinical 15

signs similar to RVF, such as abortions or fever. These viruses are listed in Table 1. 16

2.7. Analytical sensitivity based on field samples 17

The sensitivity of the new RT-PCR was assessed on a bank of 2,756 serums collected from 18 490 zebu, sheep and goats that were serially bled in Madagascar and the Comoros archipelago 19 and compared to the same Taqman RT-PCR (Bird et al., 2007b; Escadafal et al., 2013) and 20 calibrated using a standard control based on the dilution range described above. Samples 21 tested positive with the new RT-PCR were considered as true positives only after sequencing 22 of the amplified material. 23

2.8. Serological status of the RVF RT-PCR samples 24

- 1 The serological status of the 490 animals was assessed monthly with a commercial ELISA kit
- 2 (Comtet et al., 2010).
- 3 2.9. Sequence analysis

PCR products sequencing was performed by Beckman's Coulter Genomics, UK. Blast
alignments were generated using MUSCLE through the Geneious pro software package (v5.5)
(Biomatters Ltd, UK) (Edgar, 2004; Drummond et al., 2011).

7 2.10. Statistical analysis

8 Data were recorded and analyzed statistically with the R software package (version 3.0.1) (R
9 Development Core team, 2009). Results with a two-sided p-value ≤ 0.05 were scored as being
10 significant.

- 11
- 12 **3. Results**
- 13 3.1. Primer design

From the analysis of multiple sequence alignments of the M segment of 52 biologically and geographically diverse RVF virus strains, a highly conserved region was identified at positions 2511 to 2880 as illustrated in figure 1. Three distinct primers spanning this region were designed.

- 18 The nucleotide alignment and the position of the three primers are presented in Figure 1: two
- 19 of the primers (RVFV-M-2656F, RVFV-M-2766R) gave a 100% match with all strains and
- 20 the remaining primer named RVFV-M-2840R included 2 degenerated nucleotides (Fig. 1).
- 21 **3.2.** Comparative efficiency
- 22 Based on ten-fold serial dilutions of the Smithburn vaccine strain, the reference Taqman RT-
- 23 PCR test (Bird et al., 2007b; Escadafal et al., 2013) was able to detect RVFV to a dilution of
- 24 10^{-3} whereas the new RT-PCR was able to detect to a dilution of 10^{-5} (Fig 2).
- 25 *3.3. Analytical specificity*

- 1 No false positive or false negative results were observed: All viruses belonging to different
- 2 tested viral families (listed in Table 1) were negative using the new RT-PCR, and all PCR
- 3 products obtained during screening gave the expected RVFV sequence in sequence analysis.
- 4 **3.4.** Analytical sensitivity based on field samples
- 5 All serum samples from the 2,756 serially bled zebu, sheep and goats were tested by the new
- 6 RT-PCR and by the reference technique. A total of five samples tested positive by the
- 7 reference RT-PCR, whereas 38 samples tested positive using the new RT-PCR, including all
- 8 five detected using the reference technique. The new RT-PCR system, thus, demonstrated at
- 9 least a 7.7-fold (p=2.313e⁻⁷) higher sensitivity than the reference system (Table 2). Integration
- 10 of RNA viruses into host genomes has previously been demonstrated (Katzourakis and
- 11 Gifford, 2010), however, no PCR products were amplified in the absence of reverse
- 12 transcription, thus excluding this as a possibility for tested RVFV PCR-positive animals.
- 13 **3.5.** Serological status of the RVF RT-PCR samples
- 14 Serum samples were available for consecutive months of sampling for 18 of the 38 RT-PCR
- 15 positive animals. Seven of these animals seroconverted one month after sampling, whereas 11
- 16 animals did not (Table 3).
- 17

18 4. Discussion

Highly sensitive molecular assays have already been developed for the detection of RVFV based either on conventional PCR or on real-time PCR. These techniques have been shown to diagnose RVFV infection during epidemics. The specifically low viral loads associated with post-epidemic or inter-epidemic periods require extreme sensitivity and robustness from detection systems for the successful study of RVF circulation in potential reservoir animals during these epidemiological phases. The presented RT-PCR proved to be both specific and sensitive and could detect 2 log dilutions further than the reference Taqman system (Bird et al., 2007b; Escadafal et al., 2013). Using 2,756 serum samples collected in the two countries as a test group, the reference technique detected only 5 positive samples. In contrast, the new RT-PCR allowed detection of 38 positive samples, corresponding to at least a 7.7 times higher sensitivity than the currently available gold-standard.

7 The new RT-PCR detection system performed well, even in the presence of mutations. On the forward-sense primer RVFV-M-2656F, 100 % of homology was observed among all strains 8 and on the antisense primer RVFV-M-2766R, only one mutation was observed on the first 9 nucleotide for 6 strains. Genomic diversity was assessed and showed the presence of 7 10 mutations in 2 sequences (CVII 14 and CVII 15) and 4 mutations for 2 sequences (ABMR 11 12 030 and ABMR 040), all isolated from Anjouan (Figure 3). The remaining sequences only 13 presented erratic mutations. These results confirmed the strength of the primer designed in 2 conserved areas. 14

In 2007, the first cases of RVF were reported in the Comoros archipelago with evidence of 15 animal seroconversions. During the epidemiological survey conducted between May 2010 16 and August 2011, the incidence of infection assessed by animal seroconversion was estimated 17 at 14.4 % in the Union of Comoros in goats, sheep and zebu and 4.94 % in Madagascar in 18 zebu. Out of the 18 positive animals detected by the new RT-PCR, 7 animals seroconverted 19 with a specific RVF IgG antibody response, 11 did not seroconvert. The fact that a large 20 proportion of animals that tested PCR positive did not show evidence of seroconversion to 21 RVFV as assessed by Elisa is interesting and deserves comments. Firstly, the serology-based 22 detection methods employed have inherent limits to the level of antibody that they can detect. 23 More generally, the scale of the host immune response mounted after an infection is 24 dependant on several host-associated factors including age, health, nutritional status and 25

immuno competence of the host. The pathogen infecting dose and its potential to actively 1 replicate in dendritic cells are also likely to correlate with the magnitude of the invoked 2 immune response, and therefore low-level responses may be expected during inter-epidemic 3 periods, when viral loads are (on the whole) low. During epizootics, occasional animals may 4 prove positive to the pathogen by molecular techniques but fail to show evidence of 5 seroconversion or have delayed seroconversion. In a serosurvey of naturally acquired caprine 6 arthritis encephalitis virus infection in goats, almost 20% of seronegative animals and 7 apparently healthy animals had positive PCR test results and only half of them seroconverted 8 by 8 months later (Rimstad et al., 1993). All these factors are likely operational in the field 9 conditions characteristic of Madagascar and Comoros and may have implications to the 10 epidemiology of RVFV; particularly, whether animals detected PCR positive but failed to 11 seroconvert are contagious and participate to the low level transmission of RVF in the post 12 epidemic period is presently unknown. The new RT-PCR allowed the detection of RVFV in 13 38 samples collected in a global epidemiological network in the Comoros archipelago and 14 Madagascar considered as insular ecosystems (Tortosa et al., 2012). Both serological and 15 molecular findings strongly suggest that the RVF virus is circulating in this area without 16 inducing any clinical signs in infected animals. 17

During IEPs, the epidemiology of RVF remains unclear and involves a possible cryptic enzootic transmission cycle (Linthicum et al., 1985; Bird et al., 2008). Up to now, the detection of the RVF virus in RVF potential species reservoirs such as bats (*Roussetus obliviosus*, *Chaerephon pusillus*, *Miniopterus griveaudi*) in Comoros (n=96) and Maki catta (*Lemur catta*) in Mayotte (n=52) was unsuccessful (unpublished data), as well as in Madagascar (Olive et al.; 2013). The question of a possible inside virus propagation via an animal reservoir or a transitory animal host in the Indian Ocean area is still addressed. The use of sensitive detection tools will be a great help in the understanding of the RVF inter epidemic circulation.

3

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- 22

4	T	4
1	Figures	captions

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3 Figure 1

4	(A) Alignment of nucleotides 2653 to 2850 of M segment from 52 strains from different
5	origins. Identical nucleotides for all strains are represented by a dot. Strains are identified by
6	their country of origin and date of isolation. Primers were represented on the consensus
7	sequence of the alignment and designed from the most conserved parts of the alignment. Only
8	the RVFV-M-2840R primer was degenerated for 2 nucleotides. (B) Nucleotide sequences,
9	position on the M segment and annealing temperatures of the primers (Tm calculator
10	http://www6.appliedbiosystems.com/support/techtools/calc/).
11	
12	Figure 2
13	Comparative efficiency of the Taqman RT-PCR and the new RT-PCR of ten-fold serial
14	dilutions of tissue culture infected supernatant starting from a Smithburn strain stock titrating
15	to 10 ^{6.3} TCID ₅₀ /ml. Dilutions detected with (A) the Taqman RT-PCR (Bird et al., 2007) (B)
16	the new RT-PCR.
17	
18	Figure 3
19	Alignment of nucleotides 2653 to 2766 of M segment from 52 strains of different origin and
20	from 30 strains detected with the new RT-PCR. Identical nucleotides for all strains are
21	represented by a dot. Strains are identified by their country of origin and date of isolation.

22 Anj: Anjouan, GC: Grande Comore, Mg: Madagscar, Mo: Moheli

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	detection system
	eveloped RT-PCR o
	es tested with the newly de
Table 1	List of viruses tested
Tal	Ľ

Genus	Species	Vector-borne virus	RVF syndrome like associated	Main host
	Belterra virus	Culicidae		Human
	Icoaraci virus	Culicidae	I	Human
Dt.1.c.	Punta Toro virus	Culicidae	I	Human
Phiebovirus	Toscana virus	Phlebotominae	Fever	Human
	Sandfly Naples virus	Phlebotominae	I	Human
	Sandfly Sicilia virus	Phlebotominae	•	Human
	West Nile virus	Culicidae		Human/Animal
	Denmie trine 1 minie	Culicidae	Farrar	Human
	Dengue type 2 virus	Culicidae	Fever	Human
Florinie	Dengue type 3 virus	Culicidae	Fever	Human
SU ILVI VILI	Dengue type 4 virus	Culicidae	Fever	Human
	Yellow fever virus	Culicidae	Fever	Human
	Japanese encephalitis virus	Culicidae	Fever	Human
	Apoï virus	NA	•	Human
	Chikunøunva virus	Culicidae	Fever	Human
Alphavirus	O'Nvone nvone virus	Culicidae	Fever	Human
				TIMITAT
Orthobunyavirus	Schmallenberg virus	Ceratopogonidae	Abortion	Animal
Reovirus	Bluetongue virus serotype 2	Ceratopogonidae	Abortion	Animal
Morbillivirus	Peste des petits ruminants virus	NA	Abortion, Diarrhea	Animal
Influenza virus	H5N1 virus A	NA	Fever	Human/Animal

NA: Not Applicable

Collection area	Number of animals collected during the serosurvey	New RT-PCR, based on the M segment* (% of positive animals)	Taqman RT-PCR (Bird et al., 2007), based on the L segment (% of positive animals)	Incidence levels of seroconversions (%)
Mayotte	104	3/124 (0.29)	0/124 (0)	ND
Union of Comoros	182	20/1063 (10.9)	3/1063 (1.6)	14.4
Madagascar	204	15/1569 (7.35)	2/1569 (0.9)	4.94

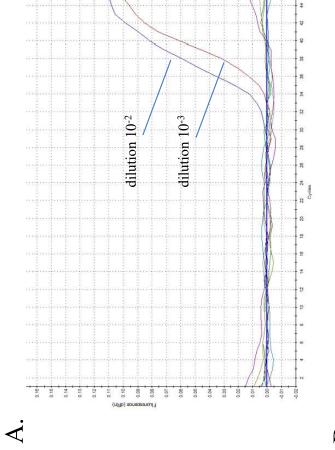
яrchipelago (May r and the Comoroe Mada ţ 1.00 0f 7 756 Jaction cricto . RT_DCR data f tu Table 2 Comparis • 20]

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	Month 7 - 11/2010	1/2010	Month 9 - 01/2011	1/2011	Month 10 - 02/2011	02/2011	Month 11 - 03/2011	03/2011	Month 12 - 04/2011	04/2011	Month 13 -	- 05/2011	Month 16 - 08/2011	08/2011
Sample ID	Virology (new RT-PCR)	Serology (ELISA)												
GCCMR0034	+			+		+		+		+		+		+
1ATV004	+			+		+		+		+		+		+
Mg 221 / 2EZM016		ı	+	,	,	+	ı	+	,	+		+	ı	+
Mg 206 / 1AAR011b	,	ı	*+	,	,	+	ı	+	,	+	ı	+	ı	+
1AV0015		ı		,	+	,	ı	+	·	+		+	ı	+
Mg 236 / 1ABE013b	,	ı	,		+	,	,	,	,	+	,	+	ı	+
UAJE018	+	ı		,	,	,	·	,		·		ı	ı	
Mg 222 / 2ETa 023	ı	ı	+	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	
Mg 236 / 1ABE012	·	ı	·	ı	+	ı	ı	ı	·	ı		ı	ı	,
Mg 264 / 1AAR009b	ı	ı	ı	ı	ı	ı	+	ı	ı	ı	ı	ı	ı	
2ERA019b		ı	·			·	+					ı	ı	ı
Mg 299 / 2FBE001		·							+			+	·	+
Mg 299 / 2FBE003		ı					·		+			ı	ı	ı
Mg 275 / 2FFA030		ı					ı		+	ı		ı	ı	ı
GCCMR 0258	·	ı	·	ı	·	ı	ı	·		ı	+	ı	ı	,
GCBMR 0246		ı					ı			ı	+	ı	ı	ı
ABMR 0029		·									+	ı	·	ı
ABMR 0030											+	·	·	
CVII 28 / GCCMR1017		ı		,	,	,	ı	,		ı		ı	+	•
CVII 28 / GCCMR1020							·					·	+	•
CVII 31 / GCCMR1032		ı		,		,	ı	·		ı	·	ı	*+	
CVII 40 / GCCSG0539	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	*+	ı
CVII 46 / GCCSG0570	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	+	ı
CVII 33 / GCBSG0507		ı				·	·			·		ı	+	
CVII 39 / GCBSG0536	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	+	ı
CVII 55 / GCBSG0615		ı		ı		·	·			ı		ı	+	•
CVII 66 / GCOSG0716		·					·			·		ı	+	'
CVII 14		ı				·	·	·				ı	+	•
CVII 15 /ABMR0094	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	+	ı
CVII 20 / ABMR0121		ı	,	,	,	,	ı	,		ı	·	ı	+	•
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Table(s)

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5'-CAAIIGCAIACCCIIIGCCIGGGC-3' 2,142 - 2,160						C		
	VFV-M-276		CAATTGCATAUCCTTTGUCTGGGC-37		2,742 - 2,766	0/.		
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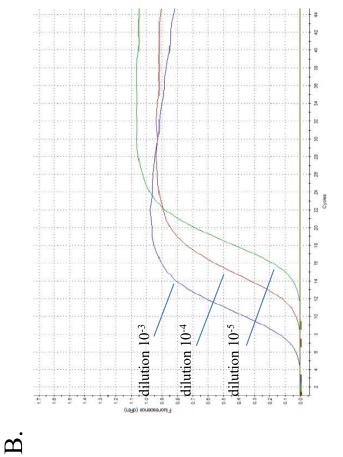


Figure 2

Figure(s)

(S)		2,660	2,680	2,700	2,720	2,740	2,76
onsensus	Genbank accession N°	COVECCEDODCYCYYYY	U G G G G G U U C A G U U A G C C U (CUCACUGGAC GC AG AGGGC AU	UUCAGGCUCAAAUAGCUUU	UCUUUCAUUGAGAGCCCAG	FC AA AG G GU AUG C
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Fig.3.

Highlights

- A highly sensitive real-time PCR assay for the detection of Rift Valley Fever virus
- Sensibility tested on 2,756 serum from Madagascar and the Comoros archipelago
- Comparison with a RVF specific quantitative real time RT-PCR reference technique
- System specific and 7.7 times more sensitive than the reference technique
- Diagnostic tool for the detection of low viral loads in inter-epizootic periods