Extent of Circulation of Incorrectly Labeled Adenovirus 50 and 51 Prototype Preparations

The last two discovered adenoviral serotypes were adenovirus 50, which belongs to species B1, and adenovirus 51, which belongs to species D (2). As recently described, these two viruses were wrongly labeled vice versa in August 2000 (1). Unfortunately, these wrongly labeled preparations were sent to the American Type Culture Collection (ATCC) in Manassas, VA, and the Centers for Disease Control and Prevention (CDC), Atlanta, GA. As already mentioned in the letter of de Jong et al. to the Journal of Clinical Microbiology, CDC discovered the mistake very quickly in September 2000. ATCC was informed immediately by de Jong et al. about the mistake (1). Therefore, the letter by de Jong et al. in the Journal of Clinical Microbiology implies that only adenovirus 50 and 51 samples delivered by ATCC before September 2000 were affected by mislabeling. However, ATCC continued to deliver wrongly labeled adenovirus 50 and 51 samples. On 2 January 2002 we ordered adenovirus type 50 (ATCC VR-1501) and adenovirus type 51 (ATCC VR-1502) and received these on 16 January 2002. These samples were clearly mislabeled which caused considerable confusion in a study on human adenovirus phylogeny (3). We contacted ATCC on the topic of suspected mislabeling and did not receive an answer confirming this suspicion until 24 February 2004. We are afraid that a significant number of research institutions and diagnostic laboratories have received wrongly labeled adenovirus 50 and 51 after September 2000 and are not aware of this mistake. Therefore, any adenovirus 50 or 51 sample delivered by ATCC should be considered wrongly labeled as long as the contrary has not been proven. We suggest that ATCC should actively contact every laboratory that received wrongly labeled samples in order to minimize damage to the scientific community and to the quality of virus diagnostics.

REFERENCES


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Ed. Note: The authors of the published article declined to respond. The following comments are from Barry W. Waters of the ATCC:

“In October 2000, the depositor of adenovirus 50 and adenovirus 51 (Dr. de Jong) informed ATCC that, based on PCR testing carried out at the CDC, these two samples may have been switched. The result would be that the lot that we had labeled adenovirus 50 may be adenovirus 51 and vice versa.

“Based on the provided information, an investigation was launched and the materials in question were analyzed using the same PCR method that was utilized by CDC. The results were not consistent with the CDC results, and it was concluded that the samples received from Dr. de Jong had been correctly labeled.

“Following a complaint in 2003 that these two lots were mixed up, new lots being produced were tested using an optimized, adenovirus species-specific system. Optimization of this test method was performed in conjunction with Dr. Erdman (originator of the species-specific identification method for adenovirus) and was completed in December 2003. The results of these tests did demonstrate that the lots were mislabeled and adenovirus 50 was adenovirus 51 and vice versa.

“Given this information, the product was removed from the catalogue and letters were sent to all of our customers who had purchased either of the products informing them of the mix-up. These letters were sent in February 2004, including one to Dr. A. Heim (the author of the letter above), informing him of the issues.

“Dr. Heim is now suggesting that ATCC inform all of our customers of the mix-up so that they can minimize damage caused by this mislabeling. As can be seen from the above, this is unnecessary as it was done in February 2004.”

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