INTENDED USE

The Influenza B IgA Antibody ELISA Test Kit has been designed for the detection and the quantitative determination of specific IgA antibodies against Influenza B in serum and plasma. Further applications in other body fluids are possible and can be requested from the Technical Service. This assay is intended for in-vitro diagnostic use only. Laboratory results can never be the only base of a medical report. The patient history and further tests have additionally to be taken into account.

GENERAL DESCRIPTION

The influenza infection is an acute feverish virus infection, which principally leads to an illness of the respiratory tract and appears as an epidemic or pandemic. The infection mostly results from a droplet infection. The virus spreads from the mucous membrane of the upper respiratory to the whole bronchial tract. There the virus and its toxin can lead to a serious inflammation of the bronchial mucosa and a damage of the vessels. After an incubation time of 1 to 3 days the symptoms appear suddenly: Followed by a fast increase of temperature, often accompanied by shivering, the catarrhal leading symptom appears, which contribute to the clinical course beside painful dry cough, tracheitis, laryngitis and frequently a rhinitis and conjunctivitis. The Influenza Viruses form a virus group with principally similar morphological, chemical and biological features. The types A, B and C were defined, from which many other variants are known. The distinction of the types will be possible by the different antigenicity of their nucleoproteins, which are coated by a matrix protein with type-specific antigenicity, too. However, both internal antigens are of less importance for the immunity. The essential antigens are the hemagglutinin and the neuraminidase. Both are surface antigens and subject to a permanent change of their antigenicity, which is called drift or shift. The appearance of permanent new Influenza epidemics and pandemics are particularly facilitated by an antigen variability, because the new drift or shift variants infect a population which is only partly immune or in an extreme case completely susceptible to the disease. The determination of the Influenza type (A, B, and C) gives both the clinician and epidemiologist important indications for further actions. Thus Influenza B often leads to a serious clinical course and an epidemic spread of the virus. Similarly, during an Influenza A epidemic, the epidemiological importance and derived measures for the protection of the individual and population primarily stand in the foreground together with the severity of the clinical symptoms.

PRINCIPLE OF THE TEST

The Influenza B IgA antibody test kit is based on the principle of the enzyme immunoassay (EIA). Influenza B antigen is bound on the surface of the microtiter strips. Diluted patient serum or ready-to-use standards are pipetted into the wells of the microtiter plate. A binding between the IgA antibodies of the serum and the immobilized Influenza B antigen takes place. After a one hour incubation at room temperature, the plate is rinsed with diluted wash solution, in order to remove unbound material. Then ready-to-use anti-human-IgA peroxidase conjugate is added and incubated for 30 minutes. After a further washing step, the substrate (TMB) solution is pipetted and incubated for 20 minutes, inducing the development of a blue dye in the wells. The color development is terminated by the addition of a stop solution, which changes the color from blue to yellow. The resulting dye is measured spectrophotometrically at the wavelength of 450 nm. The concentration of the IgA antibodies is directly proportional to the intensity of the color.

SPECIMEN COLLECTION AND HANDLING

Principally serum or plasma (EDTA, heparin) can be used for the determination. Serum is separated from the blood, which is aseptically drawn by venipuncture, after clotting and centrifugation. The serum or plasma samples can be stored refrigerated (2-8°C) for up to 48 hours, for a longer storage they should be kept at -20 °C. The samples should not be frozen and thawed repeatedly. Lipemic, hemolytic or bacterially contaminated samples can cause false positive or false negative results. For the performance of the test the samples (not the standards) have to be diluted 1:101 with ready-to-use sample diluent (e.g. 5 μL serum + 500 μL sample diluent).

MATERIALS REQUIRED BUT NOT PROVIDED

1. 5 μL-, 100 μL- and 500 μL micro- and multichannel pipets
2. Microtiter Plate Reader (450 nm)
3. Microtiter Plate Washer
4. Reagent tubes for the serum dilution
5. Bidistilled water
REAGENTS PROVIDED

Store kit components at 2-8°C and do not use after the expiry date on the box outer label. Before use, all components should be allowed to warm up to ambient temperature (18-25°C). After use, the plate should be resealed, the bottle caps replaced and tightened and the kit stored at 2-8°C. The opened kit should be used within three months.

**Microtiter Strips:** 12 strips with 8 breakable wells each, coated with a Influenza B antigen (strains Harbin 1+2+3). Ready-to-use.

**Calibrator A (Negative Control):** 2 mL, protein solution diluted with PBS, contains no IgA antibodies against Influenza B. Addition of 0.01 % methylisothiazolone and 0.01 % bromonitrodioxane. Ready-to-use.

**Calibrator B (Cut-Off Standard):** 2 mL human serum diluted with PBS, contains a low concentration of IgA antibodies against Influenza B. Addition of 0.01 % methylisothiazolone and 0.01 % bromonitrodioxane. Ready-to-use.

**Calibrator C (Weak Positive Control):** 2 mL, human serum diluted with PBS, contains a medium concentration of IgA antibodies against Influenza B. Addition of 0.01 % methylisothiazolone and 0.01 % bromonitrodioxane. Ready-to-use.

**Calibrator D (Positive Control):** 2 mL, human serum diluted with PBS, contains a high concentration of IgA antibodies against Influenza B. Addition of 0.01 % methylisothiazolone and 0.01 % bromonitrodioxane. Ready-to-use.

**Enzyme Conjugate:** 15 mL, anti-human-IgA-HRP (rabbit), in protein-containing buffer solution. Addition of 0.01 % methylisothiazolone and 0.01 % bromonitrodioxane and 5 mg/L Prolclin™. Ready-to-use.

**Substrate:** 15 mL, TMB (tetramethylbenzidine). Ready-to-use.

**Stop Solution:** 15 mL, 0.5 M sulfuric acid. Ready-to-use.

**Sample Diluent:** 60 mL, PBS/BSA buffer. Addition of 0.095 % sodium azide. Ready-to-use.

**Washing Buffer:** 60 mL, PBS + Tween 20, 10x concentrate. Final concentration: dilute 1+9 with distilled water. If during the cold storage crystals precipitate, the concentrate should be warmed up at 37°C for 15 minutes.

**Plastic Foils:** 2 pieces to cover the microtiter strips during the incubation.

**Plastic Bag:** Resealable, for the dry storage of non-used strips.

ASSAY PROCEDURE

1. Reagent And Sample Preparation

   **Washing Solution:** dilute before use 1+9 with distilled water. If during the cold storage crystals precipitate, the concentrate should be warmed up at 37°C for 15 minutes.

   1) Strict adherence to the protocol is advised for reliable performance. Any changes or modifications are the responsibility of the user.
   2) All reagents and samples must be brought to room temperature before use, but should not be left at this temperature longer than necessary.
   3) Calibrators and samples should be assayed in duplicates.
   4) A calibration curve should be established with each assay.
   5) Return the unused microtiter strips to the plastic bag and store them dry at 2-8°C.

2. Assay Steps

   1) Prepare a sufficient amount of microtiter wells for the calibrators, controls and samples in duplicate as well as for a substrate blank.
   2) Pipet 100 μL each of the diluted (1:101) samples and the ready-to-use calibrators and controls respectively into the wells. Leave one well empty for the substrate blank.
   3) Cover plate with the enclosed foil and incubate at room temperature for 60 minutes.
   4) Empty the wells of the plate (dump or aspirate) and add 300 μL of diluted washing solution. This procedure is repeated totally three times. Rests of the washing buffer are afterwards removed by gentle tapping of the microtiter plate on a tissue cloth.
   5) Pipet 100 μL each of ready-to-use conjugate into the wells. Leave one well empty for the substrate blank.
   6) Cover plate with the enclosed foil and incubate at room temperature for 30 minutes.
   7) Empty the wells of the plate (dump or aspirate) and add 300 μL of diluted washing solution. This procedure is repeated totally three times. Rests of the washing buffer are afterwards removed by gentle tapping of the microtiter plate on a tissue cloth.
   8) Pipet 100 μL each of the ready-to-use substrate into the wells. This time also the substrate blank is pipetted.
   9) Cover plate with the enclosed foil and incubate at room temperature for 20 minutes in the dark (e.g. drawer).
   10) To terminate the substrate reaction, pipet 100 μL each of the ready-to-use stop solution into the wells. Pipet also the substrate blank.
   11) After thorough mixing and wiping the bottom of the plate, perform the reading of the absorption at 450 nm (optionally reference wavelength of 620 nm). The color is stable for at least 60 minutes.
EVALUATION

The mean values for the measured absorptions are calculated after subtraction of the substrate blank value. The difference between the single values should not exceed 10%.

1. Qualitative Evaluation

The calculated absorptions for the patient sera, as mentioned above, are compared with the value for the cut-off standard. If the value of the sample is higher, there is a positive result. For a value below the cut-off standard, there is a negative result. It seems reasonable to define a range of +/-20% around the value of the cut-off as a grey zone. In such a case the repetition of the test with the same serum or with a new sample of the same patient, taken after 2-4 weeks, is recommended. Both samples should be measured in parallel in the same run. The positive control must show at least the double absorption compared with the cut-off standard.

2. Quantitative Evaluation

The ready-to-use standards and controls of the Influenza B antibody kit are defined and expressed in arbitrary units (U/mL). This results in an exact and reproducible quantitative evaluation. Consequently for a given patient follow-up controls become possible. The values for controls and standards in units are printed on the labels of the vials. For a quantitative evaluation the absorptions of the standards and controls are graphically drawn against their concentrations. From the resulting reference curve the concentration values for each patient sample can then be extracted in relation to their absorptions. It is also possible to use automatic computer programs.

ASSAY CHARACTERISTICS

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<tr>
<th></th>
<th>IgG</th>
<th>IgA</th>
<th>IgM</th>
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<tbody>
<tr>
<td>Intra-Assay-Precision</td>
<td>9.2%</td>
<td>7.3%</td>
<td>8.2%</td>
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<tr>
<td>Inter-Assay-Precision</td>
<td>8.9%</td>
<td>8.0%</td>
<td>9.6%</td>
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<td>Inter-Lot-Precision</td>
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<td>1.1-5.9</td>
<td>3.3-9.7</td>
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<tr>
<td>Analytical Sensitivity</td>
<td>1.07U/mL</td>
<td>1.38U/mL</td>
<td>1.19U/mL</td>
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<tr>
<td>Recovery</td>
<td>89-107%</td>
<td>94-106%</td>
<td>71-92%</td>
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<tr>
<td>Linearity</td>
<td>71-123%</td>
<td>77-124%</td>
<td>82-123%</td>
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<tr>
<td>Clinical Specificity</td>
<td>89%</td>
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<tr>
<td>Clinical Sensitivity</td>
<td>100%</td>
<td>85%</td>
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<tr>
<td>Cross-Reactivity</td>
<td>No cross-reactivity to RSV, Adenovirus and Parainfluenza 1/2/3.</td>
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<tr>
<td>Interferences</td>
<td>No interferences to bilirubin up to 0.3 mg/mL, hemoglobin up to 8.0 mg/mL and triglycerides up to 5.0 mg/mL.</td>
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REFERENCES