

Influenza A+B MonlabTest®



MO-804004 20 TESTS

IVD

One Step test to detect Influenza A and B virus

A rapid, one step test for the qualitative detection of Influenza type A and type B antigens from human nasopharyngeal specimens (swab, nasopharyngeal wash and aspirate).

For professional *in vitro* diagnostic use only.

INTENDED USE

The Influenza A+B MonlabTest® is a rapid chromatographic immunoassay for the qualitative detection of Influenza type A (including subtypes A/H1N1, A/H3N2, A/H5N1) and type B antigens in human nasopharyngeal specimens to aid in the diagnosis of Influenza infection.

SYNTHESIS

Although a wide variety of viral agents are capable of causing lower respiratory tract infections in children and adults, influenza A & B; respiratory syncytial virus (RSV); parainfluenza viruses 1, 2, and 3; and adenovirus are the most common. Of these, influenza A & B and RSV are the most important causes of medically attended acute respiratory illness. In addition to sharing a similar seasonal prevalence, it is important to remain cognizant that influenza A & B and RSV share overlapping clinical features and infection potential for certain high-risk patient groups (e.g., extremes of age, underlying cardiopulmonary disease and immunosuppression).

PRINCIPLE

The Influenza A+B MonlabTest® is a qualitative lateral flow immunoassay for the detection of Influenza type A and type B antigen in human nasopharyngeal samples. The membrane is pre-coated with monoclonal antibodies against Influenza type A and type B antigens on the test line region. During testing, the sample reacts with the particle coated with anti-Influenza antibodies which was pre-dried on the test strip. The mixture moves upward on the membrane by capillary action. In the case of a positive result the specific antibodies present on the membrane will react with the mixture conjugate and generate one (A/B) or two (A and B) coloured lines. A green coloured band always appears in the control line and serves as verification that sufficient volume was added, that proper flow was obtained and as an internal control for the reagents.

PRECAUTIONS

- For professional *in vitro* diagnostic use only.
- Do not use after expiration date.
- The test should remain in the sealed pouch until use.
- Do not use the test if pouch is damaged.
- Follow Good Laboratory Practices, wear protective clothing, use disposal gloves, do not eat, drink or smoke in the area.
- All the specimens should be considered potentially hazardous and handled in the same manner as an infectious agent.
- The test should be discarded in a proper biohazard container after testing.
- The test must be carried out within 2 hours of opening the sealed bag.
- Do not use frozen samples.

STORAGE AND STABILITY

Store as packaged in the sealed pouch either at refrigerated or room temperature (2-30°C/36-86°F). The test is stable through the expiration date printed on the sealed pouch. Do not freeze.

MATERIALS PROVIDED

- 20 Tests
- Instructions for use
- 1 Diluent of Influenza A+B (Sample diluent; V=12mL)
- 20 Sterile swabs
- 20 Plastic pipettes
- 20 Testing tubes or vials
- 1 Influenza A+B Control +

MATERIALS REQUIRED BUT NO PROVIDED

- Specimen collection container
- Disposable gloves
- Timer
- Vortex

SPECIMEN COLLECTION AND PREPARATION

Nasopharyngeal swab method:

- Bend shaft to follow curve of nasopharynx.
- Insert swab through nostril to posterior nasopharynx.
- Rotate swab a few times to obtain infected cells.
- For an optimal sample, repeat procedure using other nostril.

Nasopharyngeal aspirate method (suction apparatus, sterile suction catheter):

- Instill several drops of solution saline into each nostril.
- Place catheter through nostril to posterior nasopharynx.
- Apply gentle suction. Using rotating motion, slowly withdraw catheter.

- For an optimal sample, repeat procedure using other nostril.

Send specimen to lab immediately (testing sensitivity decrease over time)

Cool specimen to 2°-4°C (36°-40°F) during storage and transport. Do not freeze.

For a longer conservation during transport, it can be used a VIROCULT® medium cooled in a refrigerator for a maximum period of 7 days.

PROCEDURES

Allow the tests, samples and buffer to reach to room temperature (15-30°C/59-86°F) prior to testing. Do not open pouches until ready to perform the assay.

To process the collected nasopharyngeal wash or aspirate samples (see illustration 1):

Use a separate pipette and testing tube for each sample. Add the nasopharyngeal wash or aspirate sample (6 drops) in a testing tube or vial. Add the diluent (9 drops) and mix with vortex (60s). Remove the Influenza A+B MonlabTest® from its sealed pouch and use it as soon as possible. Use a separate device for each sample. Dispense 4 drops into the specimen well (S). Start the timer. Read the result at 10 minutes after dispensing the sample.

To process the collected nasopharyngeal swab (see illustration 2):

Use a separate testing tube or vial for each sample (swab). Add the diluent (15 drops) into the testing tube or vial, put the nasopharyngeal swab, mix (30-60s) and extract as much liquid possible from the swab. Remove the Influenza A+B MonlabTest® from its sealed pouch and use it as soon as possible. Use a separate device for each sample. Dispense 4 drops into the specimen well (S). Start the timer. Read the result at 10 minutes after dispensing the sample.

If the samples used come from VIROCULT® medium, add 75µL of medium and 25 µL of reagent in a testing tube and mix. Dispense 4 drops of the homogenized mixture into the specimen well (S). Start the timer. Read the result at 10 minutes after dispensing the sample.

Illustration 1 Nasopharyngeal aspirate or wash

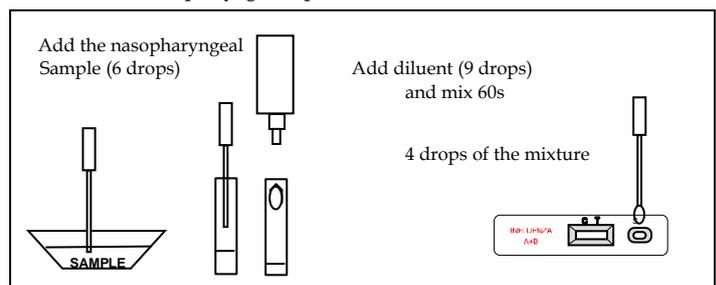
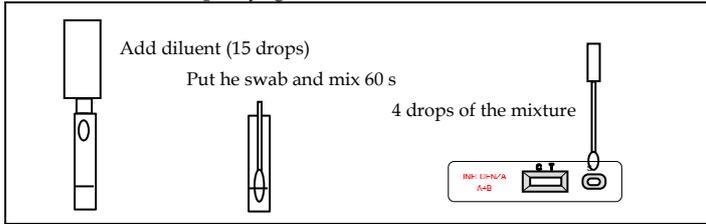


Illustration 2 Nasopharyngeal swab



INTERPRETATION OF RESULTS

Illustration 3



POSITIVE:

Influenza A positive: Two lines appear across the central window, in the result line region (**red** test line marked with the letter T) and in the control line region (**green** control line marked with the letter C).

Influenza B positive: Two lines appear across the central window, in the result line region (**blue** test line marked with the letter T) and in the control line region (**green** control line marked with the letter C).

Influenza A+B positive: Three lines appear across the central window, in the result line region two lines (**red** test line and **blue** test line marked with the letter T) and in the control line region (**green** control line marked with the letter C).

NEGATIVE: Only one **green** band appears across the control line region marked with the letter C (control line).

INVALID: A total absence of the green control coloured band regardless the appearance or not of the **red** and/or **blue** test lines. Note: Insufficient specimen volume, incorrect procedural techniques or deterioration of the reagents are the most likely reasons for control line failure. Review the procedure and repeat the test with a new test. If the problem persists, discontinue using the test kit and contact your local distributor.

NOTES ON THE INTERPRETATION OF RESULTS

The intensity of the red and/or blue coloured band in the result line region (T) will vary depending on the concentration of antigens in the specimen. However, neither the quantitative value, nor the rate of increase in antigens can be determined by this qualitative test.

QUALITY CONTROL

Internal procedural controls are included in the test:

- A green line appearing in the control line region (C). It confirms sufficient specimen volume and correct procedural technique.

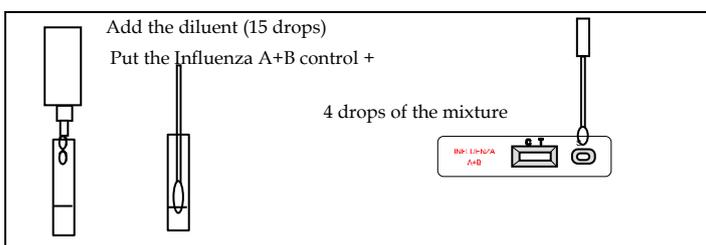
External Quality Control

Each kit contains a positive control material. Use the control swab to check that the extraction reagents and the test are working properly. Also use the controls to test that you are able to correctly perform the test procedure.

Quality Control Procedure:

Influenza A+B Positive control: Remove the Influenza A+B positive control from its sealed pouch. Add the diluent (15 drops) in a testing tube. Put the Influenza A+B positive control swab, mix 60 seconds and extract as much liquid possible from the swab. Discard the swab. Remove the test from its sealed pouch and dispense 4 drops of the positive control liquid into the specimen well (S).

Result: Influenza A+B POSITIVE (see interpretation of results).



LIMITATIONS

1. Influenza A+B MonlabTest® will only indicate the presence of Influenza in the specimen (qualitative detection) and should be used for the detection of Influenza type A and type B antigens in nasopharyngeal specimens only (from swab, aspirate or wash). Neither the quantitative value nor the rate of increase in Influenza antigens concentration can be determined by this test.
2. If the test result is negative and clinical symptoms persist, additional testing using other clinical methods is recommended. A negative result does not at any time preclude the possibility of Influenza infection.
3. This test provides a presumptive diagnosis of Influenza infections. All results must be interpreted together with other clinical information and laboratory findings available to the physician.

EXPECTED VALUES

Influenza types A or B viruses cause epidemics of disease almost every winter. In the United States, these winter influenza epidemics can cause illness in 10% to 20% of people and are associated with an average of 36,000 deaths and more than 200,000 hospitalizations per year.

PERFORMANCE CHARACTERISTICS

Sensitivity and specificity

Different virus extract dilutions were tested directly in the sample diluent or spiked in a negative nasal specimen in accordance with the kit instructions.

The detection of Influenza type A and type B with Influenza A+B MonlabTest® showed >99% of sensitivity compared with another commercial rapid test and showed >99% of specificity compared with the commercial rapid test.

Cross-Reactivity

It was performed an evaluation to determine the cross reactivity of Influenza A+B MonlabTest®. There is not cross reactivity with common respiratory pathogens, other organisms and substances occasionally present in nasopharyngeal samples:

- Respiratory Syncytial Virus
- Adenovirus

REFERENCES

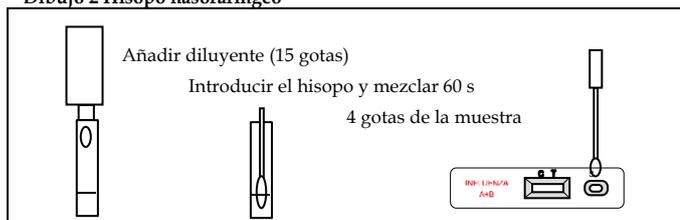
1. BARENFANGER et al., "Clinical and Financial Benefits of Rapid Detection of Respiratory Viruses: an Outcomes Study". Journal of Clinical Microbiology. August 2000, Vol 38 No 8, p. 2824-2828.

SYMBOLS FOR IVD COMPONENTS AND REAGENTS

	Manufacturer		For <i>in vitro</i> diagnostic use only
	Don't re-use		Consult instructions for use
	Contains sufficient for <n> tests		Keep dry
	Catalogue Code		Temperature limitation
	Lot Number		Use by



Dibujo 2 Hisopo nasofaríngeo



INTERPRETACIÓN DE LOS RESULTADOS

Dibujo 3



POSITIVO:

Influenza A positivo: Dos líneas en la zona central de la ventana, en la zona de resultados, una **roja** llamada línea de test marcada con la letra T, y en la zona de control una línea **verde**, línea de control marcada con la letra C.

Influenza B positivo: Dos líneas en la zona central de la ventana, en la zona de resultados, una **azul** llamada línea de test marcada con la letra T, y en la zona de control una línea **verde**, línea de control marcada con la letra C.

Influenza A+B positivo: Tres líneas de test en la zona central de la ventana, zona de resultados, una **roja** y una **azul** marcadas con la letra T, y en la zona de control una línea **verde**, línea de control marcada con la letra C.

NEGATIVO: Únicamente una línea de color **verde** se verá en la zona de control marcada con la letra C (llamada línea de control).

INVALIDO: Ausencia total de la línea de control de color verde, a pesar de que aparezcan o no las líneas **roja** y/o **azul** en la zona de resultados. Nota: un volumen insuficiente de muestra, un procedimiento inadecuado o un deterioro de los reactivos podrían ser la causa de la no aparición de la línea de control. Revisar el procedimiento y repetir la prueba con un nuevo test. Si el problema persiste, dejar de utilizar los tests y contactar con su distribuidor.

NOTAS DE AYUDA EN LA INTERPRETACIÓN DE RESULTADOS

La intensidad de la línea roja y/o azul de la zona de resultados (T) variará dependiendo de la concentración de antígenos que se encuentre en la muestra. Sin embargo, esta prueba cualitativa no puede determinar ni la cantidad ni el incremento de antígenos presentes.

CONTROL DE CALIDAD

Existe un control interno del procedimiento incluido en el test:

- La línea verde que aparece en la zona de control (C). Esta línea confirma que el volumen añadido de muestra ha sido suficiente y que el procedimiento ha sido el adecuado.

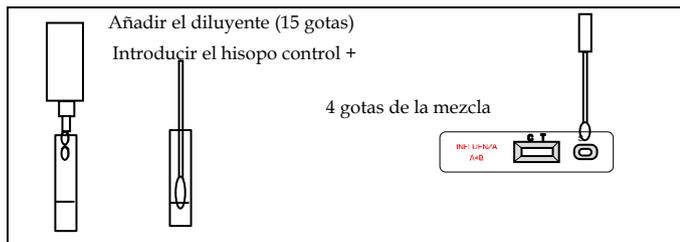
Control de calidad externo

Cada kit contiene un control positivo. Utilice el control para el comprobar que los reactivos de extracción y el test funcionan correctamente. Utilice también el control para comprobar que se ha realizado de forma correcta el procedimiento del test.

Procedimiento de Control de Calidad:

Control positivo Influenza A+B: sacar el control positivo Influenza A+B de su envase. Añadir el diluyente (15 gotas) en un tubo de ensayo. Poner el hisopo de control positivo de Influenza A+B, mezclar 60 segundos y extraer el máximo líquido posible del hisopo. Desechar el hisopo. Sacar de su envase el test y dispensar 4 gotas del líquido control positivo en la zona de muestra marcada con una S.

Resultado: Influenza A+B positivo (ver interpretación resultados).



LIMITACIONES

1. Influenza A+B MonlabTest® únicamente indicará la presencia de virus Influenza en la muestra (detección cualitativa) por lo que debería ser utilizado solamente para la detección de antígenos tipo A o B de Influenza en muestras nasofaríngeas (a partir de hisopos, aspirados o lavados). Ni la cantidad, ni el aumento de antígenos de Influenza pueden ser determinados por este test.
2. Si el test muestra un resultado negativo y los síntomas clínicos continúan, es recomendable la utilización de otras pruebas o métodos. Un resultado negativo no es concluyente para descartar una infección por Influenza.
3. Este test proporciona una posible infección por Influenza. Todos los resultados deben ser interpretados por un médico junto con todos los hallazgos clínicos y de laboratorio.

VALORES ESPERADOS

Los virus de Influenza tipo A y tipo B causan epidemias casi todos los inviernos. En Estados Unidos, estas epidemias de Influenza en invierno pueden causar enfermedad en 10-20% de las personas y suelen llevar asociadas una media de 36000 muertes y más de 200000 hospitalizaciones cada año.

CARACTERÍSTICAS DEL TEST

Sensibilidad y Especificidad

Diluciones de diferentes extractos del virus fueron testadas directamente sobre la muestra o incluidas en muestras nasales negativas siguiendo las instrucciones del kit.

La detección de Influenza tipo A y tipo B muestra >99% de sensibilidad al comparar los resultados con otro test rápido del mercado y una especificidad de >99% frente al mismo test.

Reacciones cruzadas

Se llevó a cabo una evaluación para determinar la posible reacción cruzada de Influenza A+B MonlabTest®. No existe ninguna reacción cruzada con algunos patógenos comunes respiratorios, otros organismos y otras sustancias que pueden encontrarse en muestras nasofaríngeas:

- Virus Respiratorio Sincitial
- Adenovirus

BIBLIOGRAFÍA

1. BARENFANGER et al., "Clinical and Financial Benefits of Rapid Detection of Respiratory Viruses: an Outcomes Study". Journal of Clinical Microbiology. August 2000, Vol 38 No 8, p. 2824-2828.

SIMBOLOS UTILIZADOS PARA COMPONENTES Y REACTIVOS IVD

	Fabricante		Uso de diagnóstico <i>in vitro</i>
	No reutilizar		Consultar las instrucciones de uso
	Contiene suficiente para <n> test		Mantener seco
	Código		Límite de temperatura
	Número de lote		Fecha de caducidad