

LEISHMANIA INFANTUM

Enzyme immunoassay for the diagnosis of visceral leishmaniasis

96 assays on individual wells for in vitro use

Instructions for use for article N° 9500

EC reg. N°: H-CH/CA01/IVD/01756



Intended use:

Serological diagnosis (IgG) of visceral leishmaniasis. Sero-epidemiological surveys. Serological control of HIV patients from endemic areas. Post therapy control of HIV-Leishmania co-infected patients.

Principle and presentation:

The kit provides the material needed to perform 96 enzyme-linked immunosorbent assays (ELISA) on microtitration wells sensitized with *Leishmania infantum* soluble promastigote antigens. The presence of parasite specific serum antibodies is detected with a Protein A - alkaline phosphatase conjugate. Sensitized wells are provided as breakable strips for the economical assay of small series of samples.

Material contained in the kit (96 assays):

WELL	9500-01	Breakable ELISA strips sensitized with <i>Leishmania infantum</i> soluble antigens	96	wells
DILB	9500-02	Dilution buffer (10 x) concentrate	50	ml
WASH	9500-03	Washing solution (10 x) concentrate	50	ml
ENZB	9500-04	Enzyme buffer	50	ml
STOP	9500-05	Stopping solution (K ₃ PO ₄)	25	ml
CONTROL -	9500-06	Negative control serum	200	µl
CONTROL -/+	9500-07	Weak positive serum (cut off)	200	µl
CONTROL +	9500-08	Positive control serum	200	µl
CONJ	9500-09	Protein A - alkaline phosphatase conjugate	300	µl
SUBS	9500-10	Phosphatase substrate	20	tablets
		Multipipette reservoir, 25 ml	1	piece
		Frame for ELISA 8-well holder	1	piece

Shelf life and storage:

Store kit at 2° to 8° C (transport at ambient temperature). The expiry date and the lot number of the kit are printed on the side of the box.

Equipment needed but not provided with the kit:

Pipettes (ml and μl). Flasks. Tubes for the dilution of sera. Adhesive tape to cover wells during incubations. Distilled water. Incubator set at 37° C. ELISA reader set at 405 nm.

Preparation of reagents before use:

ELISA wells: open side of aluminum bag 9500-01 and remove number of wells needed. Place sensitized wells in 8-well holder(s). If needed, complete the empty positions in the holder with used wells. Insert holder(s) in the frame in the correct orientation. Reseal open package with desiccant pad.

Dilution buffer: dilute dilution buffer (10 x) concentrate 9500-02, 1/10 in distilled water.

Washing solution: dilute washing solution (10 x) concentrate 9500-03, 1/10 in distilled water. You may also use your own washing solution. Avoid buffers containing phosphate which could inhibit the enzymatic activity of the alkaline phosphatase.

Negative, weak positive (cut off) and positive **control sera:** dilute 10 μl control sera 9500-06 to -08 in 190 μl dilution buffer solution (final dilution 1/20).

Sera to be tested: dilute 10 μl serum in 2.0 ml dilution buffer solution (final dilution 1/201).

Protein A - alkaline phosphatase **conjugate:** dilute conjugate 9500-09 in dilution buffer solution (final dilution 1/51).

Substrate solution: prewarm enzyme buffer 9500-04 at ambient temperature. Before the addition of substrate to the ELISA wells, dissolve tablet(s) of phosphatase substrate 9500-10 in undiluted buffer 9500-04 (1 tablet in 2.5 ml buffer). Vortex until complete dissolution of the tablet(s).

Stopping solution: use reagent 9500-05 undiluted.



Warnings and precautions: Solutions 9500-02, 9500-03, 9500-04 and 9500-09 contain respectively 0.1%, 0.05%, 0.01% and 0.1% of sodium azide (N_aN_3). Solution 9500-02 contain 0.02% of merthiolate. These substances are toxic. The stopping solution 9500-05 (0.5 M K_3PO_4) is irritant.

The negative, weak positive, and positive control sera (9500-06 to -08) are of canine origin.

Volumes to be prepared:

			Total number of wells to be used			
			3-4	5-6	7-8	9-10
Dilution buffer (10 x)	9500-02 + H ₂ O	ml + ml	1 + 9	2 + 18	3 + 27	4 + 36
Washing solution (10 x)	9500-03 + H ₂ O	ml + ml	1 + 9	2 + 18	3 + 27	4 + 36
Conjugate	9500-09 + dilution buffer	μl + μl	10 + 500	15 + 750	20 + 1000	25 + 1250
Control sera	9500-06 to -08 + dilution buffer	μl + μl	10 + 190	10 + 190	10 + 190	10 + 190
Sera to be tested	Serum + dilution buffer	μl + μl	10 + 2000	10 + 2000	10 + 2000	10 + 2000
Substrate solution	9500-10 + 9500-04	tabl. + ml	1 + 2.5	1 + 2.5	1 + 2.5	1 + 2.5

Procedure:

Step 1: Blocking:

Fill completely wells with dilution buffer solution.

Incubate for 5 to 15 minutes at ambient temperature (blocking).

Remove dilution buffer by aspiration or by shaking the strips over the sink.

Step 2: Incubation with serum samples:

Fill the first well of the first strip with 100 µl dilution buffer only (no-serum blank).

Fill the subsequent three wells with 100 µl diluted negative, weak positive (cut off) and positive control sera respectively (100 µl each).

Fill remaining wells with the diluted sera to be tested (100 µl each).

Cover wells with adhesive tape and incubate for 30 minutes at 37° C.

Remove sera and wash 4 x with washing solution.

Step 3: Incubation with conjugate:

Distribute 100 µl diluted Protein A - alkaline phosphatase conjugate in each well.

Cover wells with adhesive tape and incubate for 30 minutes at 37° C.

Remove conjugate and wash 4 x with washing solution.

Step 4: Incubation with substrate:

Distribute 100 µl substrate solution per well.

Cover wells with adhesive tape and incubate for 30 minutes at 37° C.

Stop the reaction by the addition of 100 µl stopping solution to each well.

Step 5: Measurement of absorbances:

Wipe bottom of wells, eliminate bubbles and measure absorbances at 405 nm.

Interpretation:

Subtract value of the no-serum blank from all measured values. The test is valid if the following criteria are met: absorbance(A) of positive control > 1.200, A of negative control < 15% of A of positive control, A of blank against air < 0.350.

The antibody concentration of the weak positive (cut off) serum 9500-07 has been set to discriminate optimally between sera of clinically documented cases of leishmaniasis and healthy human sera .

The result is **negative** when the absorbance of the analyzed sample is lower than the absorbance of the weak positive serum 9500-07. In this case, the IgG antibody concentration against ***Leishmania infantum*** soluble antigens is clinically non-significant.

The result is **positive** when the absorbance of the analyzed sample is higher than the absorbance of the weak positive serum 9500-07. In this case, the IgG antibody concentration against ***Leishmania infantum*** soluble antigens is considered as clinically significant.

Sensitivity and specificity of the assay:

The sensitivity of the test is better than 95% in immunocompetent patients suffering from visceral leishmaniasis due to *L. infantum*. For HIV-*Leishmania* co-infected patients the sensitivity of the test is between 60 and 85%. A negative serology and a positive culture may occur in these patients when they are immunosuppressed or infected with other *Leishmania* species such as *L. major* or *L. braziliensis*.

The specificity of the test is better than 95% with sera from Swiss blood donors. Crossreactivity might occur in some other parasitic infections such as African trypanosomiasis, Chagas disease and cutaneous and mucocutaneous leishmaniasis. Internal evaluation showed that hemorrhagic, lipemic or icteric sera do not interfere with the results of the test.

Dog sera can be tested with this kit in the same conditions.

Repeatability were assessed by testing 2 human serum samples in 24 wells on 1 assay.
Reproducibility were assessed by testing the 2 human serum samples on 10 different assays.

	Repeatability		Reproducibility	
	Sample 1	Sample 2	Sample 1	Sample 2
Average (absorbance)	1.005	1.766	1.381	2.187
Standard deviation (absorbance)	0.061	0.086	0.097	0.114
Variation coefficient (%)	6.1	4.9	7.1	5.2

References:

Badaro, R., Reed, S.G., Barral, A., Orge, G., Jones, T.C. (1986) Evaluation of the micro enzyme-linked immunosorbent assay (ELISA) for antibodies in American visceral leishmaniasis: antigen selection for detection of infection specific responses. Am. J. Trop. Med. Hyg. **35**: 72-78.

Daleine, G., Deniau, M., Matheron, S., Lepout, C., Lebras, J. (1994) Leishmaniose viscérale au cours de l'infection à VIH: avantages du sérodiagnostic par technique ELISA. Pres. Med. **23**: 672-673.

Nassar, N., Gangneux, J.P., Sulahian, A., Derouin, F. (1996) Leishmaniose viscérale au cours du sida: Difficultés du diagnostic sérologique, évaluation d'une nouvelle trousse ELISA. Feuilles de Biologie. **37**: 39-42.

Senaldi, G., Xiao-su, H., Hoessli, D.C., Bordier, C. (1996) Serological diagnosis of visceral leishmaniasis by a dot-enzyme immunoassay for the detection of a *Leishmania donovani*-related circulating antigen. Journal of Immunological Methods. **193**: 9-15.

Maia, C., Nunes, M., Cristovao, J., Campino, L. (2010) Experimental canine leishmaniasis: Clinical, parasitological and serological follow-up. Acta Tropica. **116**: 193-199.



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