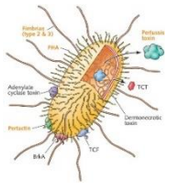
INTENDED USE

The Human Anti-B. Pertussis Antigens IgG ELISA Kit detects and quantifies *B. pertussis* IgG specific for toxin/toxoid, FHA, and/or LPS in serum or plasma of vaccinated or immunized humans. This immunoassay is suitable for:

- Determining immune status relative to non-immune controls
- Assessing efficacy of vaccines, including dosage, adjuvantcy, route of immunization and timing
- Qualifying and/or standardizing vaccine batches and protocols

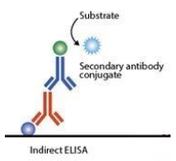
This kit is for research use only (RUO), not for diagnosis or therapeutic purposes.

GENERAL INFORMATION



Pertussis, also known as Whooping Cough, is a highly contagious disease caused by *Bordetella pertussis* bacteria. Vaccines for pertussis (available in combination with vaccines for tetanus, diphtheria, H. influenza b, hepatitis & polio) use acellular components, primarily the inactivated toxin. The **toxin (PTX)**, a protein exotoxin, produced only by *B. pertussis*, is central to pertussis pathogenesis; vaccination with the toxoid elicits high levels of protection from the disease. Also included in whole pertussis (acellular) vaccines are several highly immunogenic antigens: **pertactin (PRN or p69),** an outer membrane protein, filamentous hemagglutinins (**FHA**), antigenically distinct fimbriae proteins (**FIM2/3),** and lipopolysaccharide **(LPS).** Both FHA and FIM2/3 are extracellular proteins which participate in attachment of bacteria to substrates and are considered virulence factors. The ADI Anti-*B. pertussis* Antigens ELISA quantifies antibodies produced by vaccines or individual antigen vaccination as well as from infection with pertussis bacteria.

PRINCIPLE OF THE TEST



The Human Anti-B. Pertussis Antigens IgG ELISA kit is based on the binding of human anti-pertussis antigen IgG in samples to pertussis antigens immobilized on the microwells. Anti-pertussis antigen IgG antibody is detected by anti-human IgG specific antibody conjugated to HRP (horseradish peroxidase) enzyme. After a washing step, chromogenic substrate (TMB) is added and color is developed by the enzymatic reaction of HRP on the substrate which is directly proportional to the amount of anti- pertussis antigen IgG present in the sample. Stopping Solution is added to terminate the reaction and absorbance at 450nm is then measured using an ELISA microwell reader. The activity of human IgG antibody in samples is calculated relative to anti-pertussis antigen calibrators.

PRODUCT SPECIFICATIONS

Specificity

Purified *B. pertussis* FHA, LPS, and toxoid are used to coat the microwells; post-coating contains BSA. Thus the assay is specific for antibodies directed to these pertussis antigens and/or BSA. The anti-human IgG HRP conjugate reacts with human IgG antibodies that bind to pertussis antigens on the plate. IgA, IgM, and IgE class antibodies would not be measured above background signals.

KIT CONTENTS

The microtiter well plate and all other reagents, if unopened, are stable at 2-8° C until the expiration date printed on the box label. Stabilities of the working solutions are indicated under Reagent Preparation.

To Be Reconstituted: Store as indicated.

Component	Preparation Instructions
Wash Solution Concentrate (100x) Cat. No. WB-100, 10ml	Dilute the entire volume 10ml + 990ml with distilled or deionized water into a clean stock bottle. Label as **Working Wash Solution** and store at 4° C for long term and RT for short term.
Sample Diluent Concentrate (20x) Cat. No. SD-20T, 10ml	Dilute the entire volume, 10ml + 190ml with distilled or deionized water into a clean stock bottle. Label as **Working Sample/Conjugate Diluent** and store at 2-8° C until the kit lot expires or is used up.
Anti-Human IgG-HRP Conjugate Concentrate (100x) Part: H-HuG.2a11, 0.15ml	Peroxidase conjugated anti-human IgG in buffer with detergents and antimicrobial. Dilute fresh as needed; 10ul of concentrate to 1ml of **Working Sample/Conjugate Diluent** is sufficient for 1 8-well strip. Use within the working day and discard. Return 100X to 2-8° C storage.

Ready For Use: Store as indicated on labels.

Component	Part	Amt	Contents
Pertussis Antigen Coated Strip Plate	960101	8-well strips (12)	Coated with PTX, FHA, & LPS; post-coated with stabilizers.
Anti- Pertussis Calibrators			
10 U/ml 25 U/ml 50 U/ml 100 U/ml	960122B 960122C 960122D 960122E	0.65ml 0.65ml 0.65ml 0.65ml	Four (4) vials, each containing anti-pertussis antibodies; in buffer with antimicrobial.
Anti-Pertussis Positive Control	960-122-PC	0.65ml	Anti-pertussis diluted in buffer with protein, detergents and antimicrobial. [Value range on label]
Low NSB Sample Diluent Reduces non-specific binding	TBTm **Not** for HRP Conjugate dilution	30 ml	Buffer with protein, detergents and antimicrobial. Use as is for sample dilution. See **Assay Design**, page 3.
TMB Substrate	80091	12 ml	Chromogenic substrate for HRP containing TMB and peroxide.
Stop Solution	80101	12 ml	Dilute sulfuric acid.

Materials Required But Not Provided:

- Pipettors and pipettes that deliver 100ul and 1-10ml.
- Disposable glass or plastic 5-15ml tubes
- Stock bottle to store diluted Wash Solution; 0.2 to 1L.
- Distilled or deionized water to dilute reagent concentrates.
- ELISA reader at 450 nm and ELISA plate washer

ASSAY DESIGN AND SET-UP

Sample Collection and Handling

Serum and other biological fluids may be used as samples with proper dilution to avoid solution matrix interference. For **serum**, collect blood by venipuncture, allow clotting, and separate the serum by centrifugation at room temperature. If samples will not be assayed immediately, store refrigerated for up to a few weeks or frozen for long-term storage.

Antibody Stability & Dilution

Initial dilution of serum into **Working Sample Diluent** (WSD) is recommended to stabilize antibody activity. This enhances reproducible sampling and stabilizes the antibody activity for years, stored refrigerated or frozen. Further dilution into **Low NSB Sample Diluent** (LNSD), which provides the lowest assay background, should be at least 5 times the initial dilution and performed the same week as the assay.

Example: Initial (1/5): **10**ul serum + **40**ul WSD [or 0.1ml + 0.4ml]
Further (1/50): **10**ul initial (1/5) + **90**ul LNSD (1/50)

Assay Design

Review Interpretation of Results (p. 5-7) before proceeding:

- Select the proper sample dilutions accounting for expected potency of positives and minimizing non-specific binding (NSB) and other matrix effects; for example, net signal for non-immune samples should be lower than the **10 U/ml Calibrator**. This is usually 1:200 or greater dilution for human serum with normal levels of IgG and IgM.
- Run a Sample Diluent **Blank**. This signal is an indicator of proper assay performance, especially of washing efficacy, and is used for net OD calculations, if required. Blank OD should be <0.3.
- Run the Anti-Pertussis Positive Control; the value range is on the label.
- Run a set of **Calibrators**, which validate that the assay was performed to specifications: **100 U/ml** should give a high signal (>1.5 OD); **10 U/ml** should give a low signal which can be used to discriminate at the Positive/Negative threshold (see Interpretation of Results, p. 5).

Plate Set-up

Bring all reagents to room temperature (18-30°C) equilibration (at least 30 minutes).

- Determine the number of wells for the assay run. Duplicates are recommended, including 8 Calibrator wells and 2 wells for each sample control to be assayed.
- Remove the appropriate number of microwell strips from the pouch and return unused strips to the pouch. Reseal the pouch and store refrigerated.
- Add 200-300ul Working Wash Solution to each well and let stand for about 1-5 minutes. Aspirate or dump the liquid and pat dry on a paper towel before sample addition.

Assay Procedure

ALL STEPS ARE PERFORMED AT ROOM TEMPERATURE. After each reagent addition, gently tap the plate to mix the well contents prior to beginning incubation.

1. 1st Incubation [100ul – 60 min; 4 washes]

- Add 100ul of calibrators, samples, and controls each to pre-determined wells.
- Tap the plate gently to mix reagents and incubate for 60 minutes.
- Wash wells 4 times and pat dry on fresh paper towels. As an alternative, an automatic plate washer may be used. Improper washes may lead to falsely elevated signals and poor reproducibility.

2. 2nd Incubation [100ul – 30 min; 5 washes]

- Add 100ul of diluted Anti-Human IgG HRP to each well.
- Incubate for 30 minutes.
- Wash wells 5 times as in step 1.

3. Substrate Incubation [100ul – 15 min]

- Add 100ul TMB Substrate to each well. The liquid in the wells will begin to turn blue.
- Incubate for 15 minutes in the dark, e.g., place in a drawer or closet.

Note: If your microplate reader does not register optical density (OD) above 2.0, incubate for less time, or read OD at 405-410 nm (results are valid).

4. Stop Step [Stop: 100ul]

- Add 100ul of Stop Solution to each well.
- Tap gently to mix. The enzyme reaction will stop; liquid in the wells will turn yellow.

5. Absorbance Reading

- Use any commercially available microplate reader capable of reading at 450nm wavelength. Use a program suitable for obtaining OD readings and data calculations if available.
- Read absorbance of the entire plate at 450nm using a single wavelength within 30 minutes after Stop Solution addition. If available, program to subtract OD at 630nm to normalize well background.

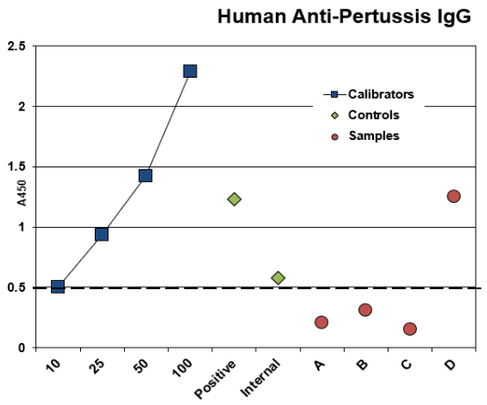
INTERPRETATION OF RESULTS

A. Antibody Activity Threshold Index

Compare Samples to **10 U/ml Calibrator** or **Internal Control**

= Positive/Negative Cut-off.

Example:



Results

The **sensitivity** of the assay to detect anti-Pertussis Antigens IgG, from either natural infection or vaccination, is controlled so that the **10 U/ml Calibrator** represents a threshold OD for most true positives in human serum diluted to 1:200 or greater. Visual inspection of the data in the above graph shows the following:

Calibrators – dilution curve of antiserum from pertussis antigen immunization shows the OD range of the assay; high value indicates optimal sensitivity of the assay.

10 U/ml: a 'Cut-off' line has been drawn to indicate a threshold distinguishing between **Positive/Negative**. This is not a clear-cut threshold, rather a low OD area that could represent either low positives or high background negatives.

Positive Control – serum showing reactivity to pertussis antigens; the value range is on the label. This Control may be used to gauge precision and to normalize between-assay variation.

Internal Control – a true positive from an immune human that represents the investigator's experience in distinguishing low positive from negative samples (not in kit). This should be run in each assay to supplement the 10 U/ml Calibrator for Positive/Negative discrimination purposes.

Samples A,B,C,D – 3 samples (1:200) (A, B, C) are negative: below the threshold; 1 sample (D) is positive: clearly above the threshold.

The 10 U/ml Calibrator can be used to calculate a **Threshold Index** that numerically discriminates Positive/Negative:

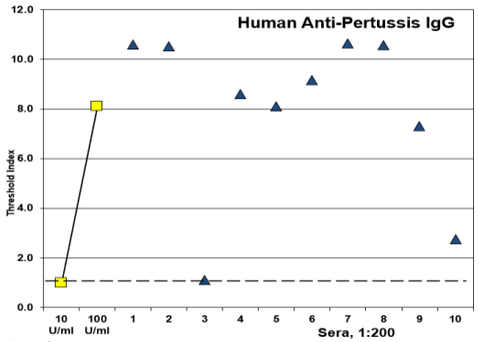
- Divide each Sample net OD by the 10 U/ml Calibrator net OD. Values above 1.0 are a measure of **Positive** Antibody Activity; below 1.0 are **Negative** for antibody.

INTERPRETATION OF RESULTS (cont)

Example:

Human Serum/Plasma IgG

A panel of human serum/plasma of unknown history was tested for anti-pertussis IgG (1:200 dilution in Low NSB Sample Diluent). **Threshold Index** was calculated using the **10** U/ml **Cal**.



Results

Anti-Pertussis Antigens IgG:
Nine (9) NHS/P were distinctly positive (above 1.0 TI); one serum (3) was borderline. When a significant portion of the positives are **>4** Index, it may be more useful to run dilution curves to calculate titers (see next page).

Notes:

1. **Positives** may be due to prior encounter with the bacteria or from pertussis immunization.
2. When the **Positive Index** is **above 5.0,** using a dilution curve to calculate titer is a more accurate quantitation method (see Method C).
3. The **sensitivity** of the assay may be adjusted by changing the sample dilutions: a) increase dilution (e.g., 1:300) to lower the signals of borderline positives to negative; b) decrease dilution (e.g., 1:100) to convert borderline samples to positive. With the latter, the values of negatives may increase, so an alternative threshold should be considered using known negatives to develop a **Positive Index (**see below) or use an **Internal Control** (Page 5).

B. Positive Index
Experimental sample values may be expressed relative to the values of Control or Non-immune samples, by calculation of a **Positive Index**. One typical method is as follows:

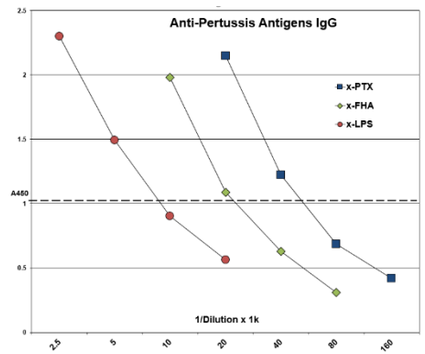
1. Calculate the net OD mean + 2 SD of the Control/Non-immune samples = **Positive Index**.
2. Divide each sample net OD by the Positive Index. Values above 1.0 are a measure of **Positive** Antibody Activity; below 1.0 are **Negative** for antibody.

A sample value would be **Positive** if significantly above the value of the pre-immune serum sample or a suitably determined non-immune panel or pool of samples, tested at the same sample dilution.
This calculation also **quantifies** the positive Antibody Activity level, assigning a higher value to samples with higher Antibody Activity, and vice versa.

INTERPRETATION OF RESULTS (cont)

C. Antibody Titer

The most accurate method for comparing antibody potencies is by calculation of a titer, using an OD reading in the linear range of dilution curves of each antibody as **Index.** In the example below, **IgG** titers were calculated as inverse of the dilution that produced a **1.0 OD** in the assay.



Results
Antisera specific to each of the coated pertussis antigens showed moderate to high titers.

Mouse Anti-PTX: Titer: **55.8 k**

Rabbit Anti-FHA: Titer: **21.2 k**

Human Anti-LPS: Titer: **7.6 k**

Calibrator Curve Quantitation

To quantitate antibody activity from a calibrator curve (such as provided with the kit), the dilution curve of the samples must be parallel to the calibrator curve to avoid different values being obtained from different regions of the curve. In cases of non-parallelism, antibody activity is best expressed as a titer relative to the titer of a reference positive, as shown above.

Assay Sensitivity

The pertussis antigen coating level, HRP conjugate concentration and Low NSB Sample Diluent are optimized to differentiate anti-pertussis antigen IgG from background (non-antibody) signal with human serum samples diluted 1:200.

PRECAUTIONS AND SAFETY INSTRUCTIONS

Calibrators, Sample Diluent, and Antibody HRP contain bromonitrodioxane (BND: 0.05%, w/v). Stop Solution contains dilute sulfuric acid. Follow good laboratory practices and avoid ingestion or contact of any reagent with skin, eyes, or mucous membranes. All reagents may be disposed of down a drain with copious amounts of water. MSDS for TMB, sulfuric acid, and BND can be requested or obtained from the ADI website.

Instruction Manual No. M-960-110-PHG

Human Anti-*B. Pertussis* Antigens IgG ELISA Kit

Cat. No. 960-110-PHG, 96 tests

For Quantitation of Anti-*B. Pertussis* Toxin (PTX), Filamentous Hemagglutinin (FHA), & Lipopolysaccharide (LPS) IgG in Serum, Plasma, or other Biological Fluids

For research use only, not for diagnostic or therapeutic use.

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ELISA Kit Components	Amount	Part #
Pertussis Antigens Coated Strip Plate	8-well strips (12)	960-101
Anti-Pertussis Positive Control	0.65 ml	960-122PC
Anti-Pertussis Calibrator 10 U/ml	0.65 ml	960-122B
Anti-Pertussis Calibrator 25 U/ml	0.65 ml	960-122C
Anti-Pertussis Calibrator 50 U/ml	0.65 ml	960-122D
Anti-Pertussis Calibrator 100 U/ml	0.65 ml	960-122E
Anti-Human IgG HRP Conjugate (100X)	0.15 ml	H-HuG.2a11
Sample Diluent (20x)	10 ml	SD20T
Low NSB Sample Diluent	30 ml	TBTm
Wash Solution Concentrate (100X)	10 ml	WB-100
TMB Substrate	12 ml	80091
Stop Solution	12 ml	80101
Product Manual	1 ea	M-960-110-PHG