INTENDED USE

The **Human Anti-Vesicular Stomatitis Virus (Indiana) Glycoprotein (VSVIG) IgG** ELISA Kit is an immunoassay suitable for quantifying IgG antibody activity specific for VSVIG in serum or plasma of vaccinated, immunized and/or infected mice.

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 standardizing vaccine batches & protocols

The assay is for research use only (RUO) and is not intended nor validated for diagnosing VSV disease. Reagents contain no virus or viral antigens.

GENERAL INFORMATION

Vesicular stomatitis is a viral disease caused by two distinct serotypes of **vesicular stomatitis virus** (**VSV) —New Jersey (VSNJV) and Indiana (VSIV)**. Clinical disease has been seen in cattle, horses, and pigs and very rarely in sheep, goats, and llamas. Serologic evidence of exposure has been found in many species, including cervids, nonhuman primates, rodents, birds, dogs, antelope, and bats. VSV viruses are bullet shaped (ssRNA ~11kb) and composed of five genes (**N, P, M, G, and L,** representing the nucleocapsid protein, phosphoprotein, matrix protein, glycoprotein, and the large protein). **VSV diagnosis** is based on the presence of typical signs and either antibody detection through serologic tests or virus detection. Several inactivated vaccines containing both the Indiana and New Jersey serotypes are used in Central and South America.

The simple structure and rapid high-titer growth of VSV in mammalian and many other cells has made it a useful tool as a shuttle vector for many vaccines. VSV-GP (Indiana) and New Jersey strain ~53% conserved. The VSIV matrix protein M (Indiana) and New Jersey strains ~61% conserved. The VSV-GP and M antibodies are not cross-reactive. **VSV-Ebola vaccine** is constructed by swapping the wild type VSV-GP (Indiana strain) with the Ebola-GP. It is also referred as **VSV∆G/ZEBOVGP** (for Zaire Ebola strain GP). VSV-based vaccines induce strong protective T cell and antibody responses after a single dose. Recombinant VSVs expressing foreign proteins have been studied as vaccine vectors for a number of pathogens, including HIV, influenza virus, hepatitis C virus, hepatitis B virus (HBV), measles virus, respiratory syncytial virus, severe acute respiratory syndrome virus, Yersinia pestis, papillomavirus, Ebola virus, and Marburg virus. VSIV has low prevalence of preexisting antibodies so it makes VISV a suitable vector for the Ebola vaccine. VSV-based vaccines induce strong protective T cell and antibody responses after a single dose. Vesicular stomatitis viruses are easily propagated in cell culture.

PRINCIPLE OF THE TEST

The Anti-VSVIG IgG/IgM ELISA kits are based on the binding of antibodies (IgG/IgM) in samples to the recombinant, purified VSVIG antigen immobilized on the microwells. Bound antibody is detected by anti-Human IgG or IgM-HRP conjugate. After a washing step, chromogenic substrate (TMB) is added and color is developed by the HRP substrate, which is directly proportional to the amount of anti-VSVIG IgG or IgM present in the sample. Stop Solution is added to terminate the reaction, and Absorbance is then measured using an ELISA reader at 450nm. The presence of antibody (IgG/IgM) in samples is determined relative to anti-VSVIG IgG/IgM Calibrators and Controls.

KIT CONTENTS

The microtiter well plate and all other reagents, if unopened, are stable at 2-8^{0}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 ambient temp. 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-MsG.211, 0.15ml	Peroxidase conjugated anti-Human IgG in buffer with detergents and antimicrobial as stabilizers. 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
VSVIG Coated Strip Plate	327301	8-well strips (12)	Coated with purified recombinant VSVIG, and post-coated with stabilizers.
Anti-VSVIG Calibrators			
1 U/ml 2.5 U/ml 5 U/ml 10 U/ml	327302B 327302C 327302D 327302E	0.65 ml 0.65 ml 0.65 ml 0.65 ml	Four (4) vials, each containing anti-VSVIG; in buffer with antimicrobial as stabilizers.
Anti-VSVIG Positive Control	327302-PC	0.65 ml	Serum with anti-VSVIG reactivity; Net OD > **0.5**
Low NSB Sample Diluent Reduces non-specific binding	TBTm **Not** for HRP Conjugate dilution.	30 ml	Buffer with protein, detergents and antimicrobial as stabilizers. 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 for diluting samples and Anti-Human IgG HRP Concentrate.
- Stock bottle to store diluted Wash Solution; 0.2 to 1L.
- ELISA plate reader at 450 nm wavelength 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 10 times the initial dilution and performed the same day 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 (p5-7) 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 **1 U/ml Calibrator**. This is usually 1:100 or greater dilution for Human serum with normal levels of IgG and IgM.
- Run the Anti-VSVIG IgG Positive Control; net OD > **0.5** (Positive Control OD – Low NSB buffer OD).
- 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 a set of **Calibrator**s, which validate that the assay was performed to specifications: **10 U/ml** should give a high signal (>1.5 OD); **1 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 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 2.

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.

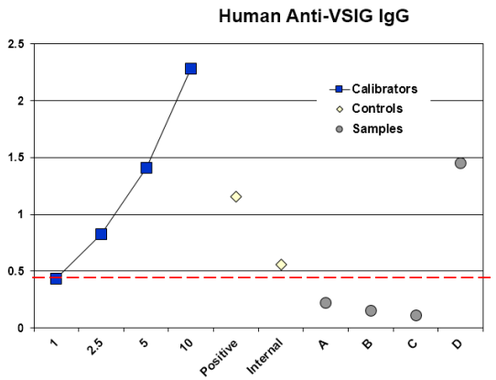
INTERPRETATION OF RESULTS

Method A. Antibody Activity Threshold Index

Compare Samples to **1 U/ml Calibrator** or **Internal Control**

= Positive/Negative Cut-off.

Example:



Results

The **sensitivity** of the assay to detect anti-VSVIG IgG, from either natural infection or vaccination, is controlled so that the **1 U/ml Calibrator** represents a threshold OD for most true positives in human serum diluted to 1:100 or greater. Visual inspection of the data in the above graph shows the following:

Calibrators – dilution curve of an anti-VSVIG antibody, derived from GP immunization, shows the OD range of the assay; high value indicates optimal sensitivity of the assay.
1 U/ml: a 'Cut-off' line has been drawn to indicate a threshold distinguishing between **Positive/Negative**. **Note**: This is not a clear-cut threshold, rather a low OD area that could represent either low positives or high background negatives.

Positive Control – antiserum with reactivity to VSVIG; net OD > **0.5**. This Control may be used to normalize between-assay variation.

Internal Control – a true positive from an immune host 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 1 U/ml Calibrator for Positive/Negative discrimination purposes.

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

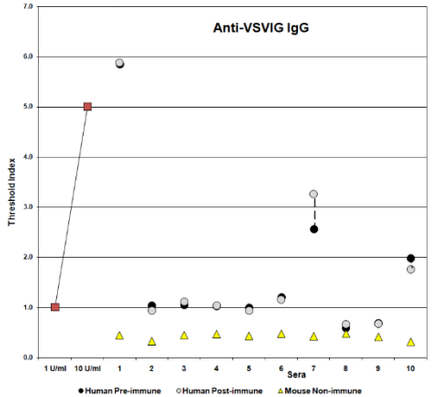
The **1 U/ml** Calibrator can be used to calculate a **Threshold Index** that numerically discriminates Positive/Negative (see p6):

- Divide each Sample net OD by the 1 U/ml Calibrator net OD. Values above 1.0 are a measure of **Positive** Antibody Activity; below 1.0 are **Negative** for antibody.

ASSAY PERFORMANCE

Example:

Human & Mouse Serum IgG
A panel of pre-immune and post-immune (day 56) **human** serum from individuals immunized with a **VSV-Ebola vaccine** lacking the GP construct**,** and a panel of normal **Human** serum**,** were tested for anti-VSVIG IgG (1:100 dilution). **Threshold Index** was calculated using the **1** U/ml **Cal**.



Results

Human Anti-VSVIG IgG: three (3) **pre-immune** samples were positive (above 1.0 threshold); the other seven were negative or borderline; the samples did not change in titer **post-immune.**

Human Anti-VSVIG IgG: all samples were negative (below 1.0 threshold).

Notes:

1. **Positives** (of non-immunized individuals) may be due to prior encounter with the virus or non-VSVIG proteins with common epitopes, or may be an aspect of the innate immune repertoire.
2. The **sensitivity** of the assay may be adjusted by changing the sample dilutions:
   a) **increase dilution** (e.g., 1:200) to lower the signals of borderline positives to negative
   b) **decrease dilution** (e.g., 1:50) 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.

INTERPRETATION OF RESULTS (cont)

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.

Method C. Titers from Sample Dilution Curves

The titer of elevated antibody activity calculated from a dilution curve of each sample is recommended as the most accurate quantitative method. Best precision can be obtained using the following guidelines:

1. Use an OD value Index in the mid-range of the assay (2.0 – 0.5 OD); this provides the best sensitivity and reproducibility for comparing experimental groups and replicates. An arbitrary 1.0 OD is commonly used.
2. Prepare serial dilutions of each sample to provide a series that will produce signals higher and lower than the selected index. With accurate diluting, duplicates may not be required if at least 4 dilutions are run per sample.
3. A 5-fold dilution scheme is useful to efficiently cover a wide range which produces ODs both above and below 1.0 OD. The dilution scheme can be tightened to 3-fold or 2-fold for more precise comparative data.
4. The Positive and Sensitivity Control values can be used to normalize inter-assay values.

Calculations

1. On a log scale of inverse of Sample Dilution as the x-axis, plot the OD values of the two dilutions of each positive sample having ODs above and below the OD value of the Index (arbitrary or selected Calibrator).
2. From a point-to-point line drawn between the two sample ODs, read the dilution value (x-axis) corresponding to the OD of the selected Index
   = **IgG Antibody Activity Units**

PRODUCT SPECIFICATIONS

Specificity
Recombinant (E. coli), highly purified (>95%) VSV Indiana glycoprotein entire extracellular domain is used in the kit as antigen. VSV-GPs, Indiana and NJ are about 51% conserved at the protein level. VSV-I G is conserved 78% in Maraba virus, Cocal virus (72%), and Alagoas virus (63%) GPs. VSV-I G antibody crossreactivity with the GP of these viruses has not been studied.

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: http://4adi.com/commerce/info/showpage.jsp?page_id=1060&category_id=2430&visit=10

Instruction Manual No. M-AE-327300-1

Recombivirus™ Human Anti-Vesicular Stomatitis Virus Indiana Glycoprotein (VSVIG) IgG ELISA Kit

ELISA KIT # AE-327310-1

For the Quantitation of Anti-VSVIG IgG in Human Serum or Plasma

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

ALPHA DIAGNOSTIC INTERNATIONAL

6203 Woodlake Center Drive • San Antonio• Texas 78244 • USA.

Phone (210) 561-9515 • Fax (210) 561-9544
Toll Free (800) 786-5777 Email: service@4adi.com

ELISA Kit Components	Amount	Part
VSVIG Coated Strip Plate	8-well strips (12)	327301
Anti- VSVIG Positive Control	0.65 ml	327300PC
Anti- VSVIG Calibrator 1 U/ml	0.65 ml	327302B
Anti- VSVIG Calibrator 2.5 U/ml	0.65 ml	327302C
Anti- VSVIG Calibrator 5 U/ml	0.65 ml	327302D
Anti- VSVIG Calibrator 10 U/ml	0.65 ml	327302E
Anti-Human IgG HRP Conjugate (100X)	0.15 ml	H-MsG.211
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	AE-327300-1