

Malaria Pv/Pf Rapid Device

A rapid, qualitative, two site sandwich immunoassay for the detection of *P. falciparum* specific histidine rich protein-2 (Pf HRP-2) and *P. vivax* specific pLDH. Also for use for specific detection and differentiation of *P. falciparum* and *P. vivax* malaria in areas with high rates of mixed infections. For professional *in vitro* diagnostic use only.

CAT. NO. PRODUCT DESCRIPTION
8/604 Malaria Pv/Pf Rapid Device – 25Tests

INTRODUCTION

Intended Use

Four species of the Plasmodium parasites are responsible for malarial infections in humans: *P. falciparum* (*P.f.*), *P. vivax* (*P.v.*), *P. ovale* and *P. malariae*. Of these *P.f.* and *P.v.* are considered the “Big Two” due to incidence of cerebral malaria and drug resistance associated with *P.f.* malaria, and high rate of infectivity and relapse associated with *P.v.* As the course of treatment is dependent on the species, differentiation between *P.f.* and *P.v.* is of utmost importance for better patient management and speedy recovery.

The BIOTEC Malaria Pv/Pf Rapid Device detection system for *P.f.* malaria is based on the detection of *P.f.* specific histidine rich protein-2 (Pf. HRP-2) which is a water soluble protein that is released from parasitised erythrocytes of infected individuals. The detection system of *P.v.* is based on the presence of *P.v.* specific pLDH.

Principles of the Method

The BIOTEC Malaria Pv/Pf Rapid Device is a rapid immunochromatographic test. As the test sample flows through the membrane assembly, after addition of the clearing buffer, the coloured colloidal gold conjugates of anti Pf HRP-2 antibody and anti *P.v.* specific pLDH antibody complexes the HRP-2 / pLDH in the lysed sample. This complex moves further on the membrane to the test region where it is immobilised by the monoclonal anti Pf HRP-2 antibody and / or monoclonal anti *P.v.* specific pLDH antibody coated on the membrane. This leads to formation of a pink-purple coloured band in the respective regions which confirms a positive test result.

Absence of a coloured band in the test region indicates a negative test result for the corresponding antigen. The unreacted conjugate along with the rabbit globulin colloidal gold conjugate and unbound complex if any, move further on the membrane and are subsequently immobilised by anti-rabbit antibodies coated on the membrane at the control region, forming a pink-purple band. This control band serves to validate the test performance.

PRODUCT CONTENTS

Each kit contains:

1. Individual pouches, each containing:
 - Test Device: Membrane assembly pre-dispensed with monoclonal anti-Pf HRP-2 antibody colloidal gold conjugate, monoclonal anti *P.v.* specific pLDH antibody colloidal gold conjugate, rabbit globulin colloidal gold conjugate, monoclonal anti-Pf HRP-2 antibody, monoclonal anti-*P.v.* specific pLDH antibody, and anti-rabbit antibody at the respective regions.
 - Desiccant pouch
 - 5µl sample loop
2. Clearing buffer in a dropper bottle.
3. Instructions for use.

ITEMS REQUIRED BUT NOT PROVIDED

1. Calibrated micropipette capable of delivering 5µl sample accurately (optional).
2. Specimen collection container.
3. Timer.

STORAGE AND SHELF LIFE

1. Store as packaged in the sealed pouch at 4-30°C.
2. The test device is stable until the expiration date printed on the sealed pouch.
3. The test device must remain in the sealed pouch until use.
4. DO NOT FREEZE.
5. Do not use after the expiration date.
6. Do not re-use device.

WARNINGS & PRECAUTIONS

1. For professional *in vitro* diagnostic use only. NOT FOR MEDICINAL USE.
2. Read the instructions carefully before performing the test.

3. Do not mix reagents from different lots.
4. Handle all specimens as potentially infectious.
5. Do not eat, drink or smoke in the area where the specimens and kits are handled.
6. Do not use if pouch or devices are damaged or if any lines are visible on the device before contact with the specimen.
7. Follow standard bio-safety guidelines for handling and disposal of potentially infective material.
8. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.
9. The used test should be discarded according to local regulations.
10. When used according to the instructions this product presents little risk to the user. However, take note of the following product information. Hazard: **Xn** (harmful). **R22** (harmful if swallowed). **S23** (do not breathe spray), **S46** (if swallowed seek medical advice immediately and show the label), **S61** (avoid release to the environment. Refer to safety data sheet).

SPECIMEN PREPARATION

Fresh blood from finger prick / puncture should be used as a test specimen. However, fresh anti-coagulated whole blood may also be used as a test sample and EDTA or Heparin or Oxalate can be used as suitable anticoagulant.

The specimen should be collected in a clean glass or plastic container. If immediate testing is not possible then the specimen may be stored at 2-8°C for up to 72 hours before testing. Clotted or contaminated blood samples should not be used for performing the test. Fresh blood from finger prick / puncture may also be used as a test specimen.

PROCEDURE

1. Bring the kit components to room temperature before testing.
2. Open the pouch and retrieve the device, sample loop and desiccant. Check the colour of the desiccant. It should be blue. If it has turned colourless or pink, discard the device and use another device. *Once opened, the device must be used immediately.*

3. Tighten the vial cap of the clearing buffer provided with the kit in the clockwise direction to pierce the dropper bottle nozzle.
4. Evenly mix the anti-coagulated blood sample by gentle swirling. Dip the sample loop into the blood sample. Ensuring that a loop full of blood is retrieved, blot the blood so it collects on to the sample pad in the sample port 'A'. (This delivers approximately 5µl of the whole blood specimen).

OR

5. If finger prick blood is being used, touch the sample loop to the blood on the finger prick. Ensuring that a loop full of blood is retrieved, immediately blot the specimen on to the sample pad in the sample port 'A' Care should be taken that the blood sample has not clotted and the transfer to the sample pad is immediate.

OR

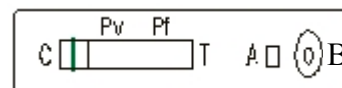
6. Alternatively, 5µl of the anti-coagulated or finger prick specimen may be delivered to the sample pad in the sample port 'A' using a micropipette.

NOTE: Ensure the blood from the sample loop has been completely taken up by the sample pad.

7. Immediately dispense four drops of the clearing buffer into port 'B', by holding the plastic dropper bottle vertically.
8. Read the results at the end of 15 minutes. However, if the background of the test window has not cleared within this time, wait for another 15 minutes before reading the results as follows:

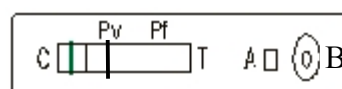
INTERPRETATION

Negative for malaria: Only one pink-purple band appears at the control window 'C'.

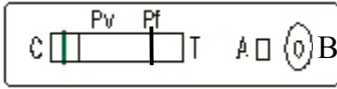


Positive for malaria:

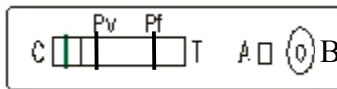
- **P. vivax malaria:** In addition to the control band, a pink purple band appears at region 'Pv' in the test window 'T'.



- ***P. falciparum* malaria:** In addition to the control band, a pink-purple band appears at region 'Pf' in the test window 'T'.



- **Mixed infection:** In addition to the control band, two pink-purple bands appear at region 'Pv' and 'Pf' in the test window 'T'.



The test should be considered invalid if no bands appear or the control line is absent on the device. Repeat the test with a new device ensuring that the test procedure has been followed accurately.

Limitations

1. As with all diagnostic tests, the results must always be correlated with clinical findings.
2. The results of test are to be interpreted within the epidemiological, clinical and therapeutic context.
3. When it seems indicated, reference parasitological techniques should be considered (microscopic examination of the thick smear and thin blood films).
4. Any modification to the above procedure and / or use of other reagents will invalidate the test procedure.
5. The device and buffer of different lots must not be mixed and used.
6. The BIOTEC Malaria Pv/Pf Rapid Device is 100% sensitive to *P.f.* and *P.v.* malaria. However, a negative test result does not rule out the possibility of infection with *P. ovale* and *P. malariae*.
7. In case of infection with *P.v.* usually the 'Pv' bands can be employed for monitoring success of anti-malarial therapy. However, since treatment duration and medication used affect the clearance of parasites, the test should be repeated after 5-10 days of start of treatment.
8. If the reaction of the test remains positive with the same intensity after 5-10 days, post treatment, the possibility of a resistant strain of malaria has to be considered.

9. In *P.f.* malaria infection, Pf. HRP-2 is not secreted in gametogony stage. Hence, in "carriers", the 'Pf' band may be absent.
10. Since Pf HRP-2 persists for up to a fortnight even after successful therapy, a positive test result does not indicate a failed therapeutic response. If the reaction of the test remains positive with the same intensity after 5-10 days, post treatment, the possibility of a resistant strain of malaria has to be considered.
11. The 'Pv' band can be used for monitoring success of anti-malarial therapy, in cases of stand-alone *P.v.* infection. For monitoring success of anti-malarial therapy in cases of stand-alone *P.f.* infection or mixed infection, employing a pan specific pLDH based system is recommended after 5-10 days of initiation of the chemotherapeutic agent.
12. Most blood samples clear within the running time of the test. However, in a few fresh samples and especially in stored samples, the background clearance may be delayed for 15-20 minutes more. In such cases it is strongly recommended to extend the reading time by another 15 minutes so that the results can be interpreted against a clear background.

PERFORMANCE CHARACTERISTICS

In an in-house study a panel of 207 samples whose results were earlier confirmed with microscopy were tested with The BIOTEC Malaria Pv/Pf Rapid Device. The results obtained were as follows:

Sample	No. samples	Malaria Pv/Pf Rapid Device		Sensitivity	Specificity
		Pos	Neg		
P.f. pos.	22	22	0	100%	-
P.v. pos.	17	17	0	100%	-
Malaria negative	168	0	168	-	100%

REFERENCES

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6. Quintana M., *et. al.*, (1998) Malaria diagnosis by dipstick assay in a Honduran Population with coendemic *Plasmodium falciparum* and *Plasmodium vivax*. *Am. J. Trop. Med. Hyg.* 59(6) 868-871.
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KEY TO SYMBOLS



Temperature limitation



Use by/Expiry date

IVD

In Vitro Diagnostic



Harmful (Xn)