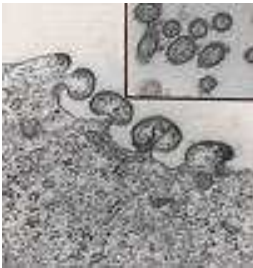


Respiratory syncytial Virus (RSV)



The Respiratory syncytial viruses cause respiratory tract infections in patients of all ages. It is the major cause of lower respiratory tract infection during infancy and childhood.

The virus occurs worldwide and leads to a characteristic syncytium of monster cells in cell cultures. RSV mainly infects epidemic-like infants and small children and leads to an infection of the respiratory tract. The virus is highly contagious; more than 50% of all children till the age of one year are exposed.

RSV infects the epithel cells of the upper respiratory tract. A spread by cell-to-cell fusion is likely. The necrosis of such syncytium, inflammable exsudate and an obstruction of the respiratory tract by consortia can cause several problems. With a descent of the viruses in the lower respiratory tract an oedema may arise as well as the alveoli may collapse.

For most people, RSV produces only mild symptoms, often indistinguishable from common colds and minor illnesses. Three quarter of all infections with infants run harmless as a rhinitis in the nasopharynx tract. Complications like otitis may be observed. RSV can cause bronchiolitis and pneumonia, leading to severe respiratory illness requiring hospitalization and, rarely, causing death. This is more likely to occur in patients that are immunocompromised or infants born prematurely.

In temperate climates there is an annual epidemic during the winter months. In tropical climates, infection is most common during the rainy season. In the United States, 60 % of infants are infected during their first RSV season, and nearly all children will have been infected with the virus by 2-3 years of age. Natural infection with the RSV does not induce protective immunity, and thus people can be infected multiple times.

Species	Disease	Symptoms	Mechanism of infection
Respiratory Syncytial Virus (RSV)	Rhinitis, bronchiolitis, pneumonia, croup rarely tonsillitis, pharyngitis	cold, cough, pharyngitis, claustrophobia (throat), Zyanose, Hypoxie	Transmission by droplets Smear infection by contaminated surfaces

Infections may be diagnosed by:

Microscopy: IF

Serology: Determination of specific antibodies based on the ELISA-technique

NovaLisa™ Respiratory syncytial Virus IgA/IgG/IgM ELISA:

The NovaLisa™ Respiratory syncytial Virus IgA/IgG/IgM ELISA is intended for the qualitative determination of IgA-/IgG-/IgM- class antibodies against Respiratory syncytial Viruses in human serum or plasma (citrate).

Antigens:

Purified Respiratory syncytial Virus antigens (strain RuS)

Specific performance characteristics:

	Intraassay			Interassay			Sensitivity %	Specificity %
	n	Mean	CV %	n	Mean	CV %		
IgA	24	0,88	4,9	12	1,28	5,2	>90	>90
IgG	24	1,25	8,5	12	2,69	6,0	>90	>90
IgM	24	0,77	2,6	12	2,02	5,4	93,3	>95

Order information:

ELISA	Number of determinations	Product number
Respiratory syncytial Virus IgA	96	RSVA0380
Respiratory syncytial Virus IgG	96	RSVG0380
Respiratory syncytial Virus IgM	96	RSVM0380