



**User's Manual**

# **Human Anti-Zaire Ebola virus Nucleoprotein (NP) IgG ELISA Kit**

**REF**

**DEIA-EBOV-2**



**96T**

**RUO**

This product is for research use only and is not intended for diagnostic use.

For illustrative purposes only. To perform the assay the instructions for use provided with the kit have to be used.

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## PRODUCT INFORMATION

### Intended Use

The Human Anti-Zaire Ebola Virus Nucleoprotein (ZEBOV NP) IgG ELISA Kit is an immunoassay suitable for quantifying IgG antibody activity specific for Zaire Ebola nuclear protein in serum or plasma of vaccinated, immunized and/or infected hosts.

This immunoassay is suitable for:

1. Determining immune status relative to non-immune controls;
2. Assessing efficacy of vaccines, including dosage, adjuvantcy, route of immunization and timing;
3. Qualifying and standardizing vaccine batches & protocols

The assay is for research use only (RUO) and is not intended nor validated for diagnosing Ebola virus disease (EVD). Reagents contain no virus or viral antigens. For research use only (RUO), not for diagnosis, cure or prevention of the disease.

### General Description

Ebola virus (EBOV) causes severe disease in humans and in nonhuman primates in the form of viral hemorrhagic fever. Ebola Zaire attacks every organ and tissue in the human body except skeletal muscle and bone. Strains of Ebola include: Zaire, Sudan, Reston and Tai. All cause illness in sub-human primates. Ebola Reston has not caused illness in humans. The mortality rate of Ebola victims is between 60-90%.

Ebola virions consist of seven structural proteins.. At the center is the helical ribonucleocapsid, which consists of the genomic RNA wrapped around a polymer of nucleoproteins (NP). Associated with the ribonucleoprotein is the RNA-dependent RNA polymerase (L) with the polymerase cofactor (VP35) and a transcription activator (VP30). The ribonucleoprotein is embedded in a matrix, formed by the major (VP40) and minor (VP24) matrix proteins. The membrane anchors a glycoprotein (GP1,2) that projects 7 to 10 nm spikes away from its surface. While nearly identical to Marburg virions in structure, Ebola virions are antigenically distinct. Viral proteins (NP, GP, and VP40) are highly immunogenic and could individually or together constitute effective vaccines. Promising vaccine candidates include DNA vaccines or those based on adenoviruses, vesicular stomatitis Indiana virus (VSIV) or filovirus-like particles (VLPs) as all of these candidates could protect nonhuman primates from Ebola virus-induced disease.

### Principles of Testing

The Anti-ZEBOV IgG/IgM ELISA kits are based on the binding of antibodies (IgG) in samples to the recombinant, purified ZEBOV antigen (GP, NP or VP40) immobilized on the microwells. Bound antibody is detected by antihuman 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-ZEBOV IgG 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) in samples is determined relative to anti-ZEBOV IgG/IgM Calibrators and Controls.

### Reagents And Materials Provided

1. Wash Solution Concentrate (100×), 10ml
2. Sample Diluent Concentrate (20×), 10ml
3. Anti-Human IgG HRP Conjugate Concentrate (100×), 0.15ml
4. ZEBOV NP Coated Strip Plate, 8-well strips (12), Coated with purified recombinant ZEBOV NP, and post-coated with stabilizers.
5. Anti-ZEBOV NP Calibrators, 0.65ml each, 1 U/ml, 2.5 U/ml, 5 U/ml, 10 U/ml. Four (4) vials, each containing anti-ZEBOV NP; in buffer with antimicrobial as stabilizers.
6. Human x-ZEBOV NP IgG Positive Control, 0.65 ml, Human serum with anti-ZEBOV NP reactivity; Net OD > 0.5
7. Low NSB Sample Diluent Reduces, nonspecific binding, 30 ml, Buffer with protein, detergents and antimicrobial as stabilizers. Use as is for sample dilution.
8. TMB Substrate, 12 ml, Chromogenic substrate for HRP containing TMB and peroxide.
9. Stop Solution, 12 ml, Dilute sulfuric acid.

## Materials Required But Not Supplied

1. Pipettors and pipettes that deliver 100ul and 1-10ml.
2. Disposable glass or plastic 5-15ml tubes for diluting samples and Anti-Human IgG HRP Concentrate.
3. Stock bottle to store diluted Wash Solution; 0.2 to 1L.
4. Distilled or deionized water to dilute reagent concentrates.
5. Microwell plate reader at 450 nm wavelength and ELISA plate washer

## Storage

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.

## Specimen Collection And Preparation

### 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.

**Caution:** Human serum and other bodily fluids may contain infectious material. Always wear gloves when handling human samples, including the standards and controls (which have been tested non-reactive for HbsAg and Anti-HIV), and dispose of these samples and containers as biohazard waste.

### Antibody Stability

Initial dilution of serum into Working Sample Diluent 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, which provides the lowest assay background, should be at least 5 times the initial dilution and performed the same day as the assay.

## Plate Preparation

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

1. 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.
2. Remove the appropriate number of microwell strips from the pouch and return unused strips to the pouch. Reseal the pouch and store refrigerated.
3. 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.

## Reagent Preparation

### 1. Wash Solution Concentrate (100x)

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.

### 2. Sample Diluent Concentrate (20x)

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.

### 3. Anti-Human IgG HRP Conjugate Concentrate (100x)

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.

## Assay Procedure

### Assay Design

#### Review Interpretation of Results before proceeding:

1. 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 1:200 or greater dilution for human serum with normal levels of IgG.
2. Run the Human Anti-ZEBOV NP IgG Positive Control; net OD > 0.5.
3. 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.
4. Run a set of Calibrators, 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.

#### 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. 1<sup>st</sup> Incubation [100ul – 60 min; 4 washes]



- a. Add 100ul of calibrators, samples and controls each to predetermined wells.
- b. Tap the plate gently to mix reagents and incubate for 60 minutes.
- c. 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. 2<sup>nd</sup> Incubation [100ul – 30 min; 5 washes]**

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

## **3. Substrate Incubation [100ul – 15 min]**

- a. Add 100ul TMB Substrate to each well. The liquid in the wells will begin to turn blue.
- b. 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]**

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

## **5. Absorbance Reading**

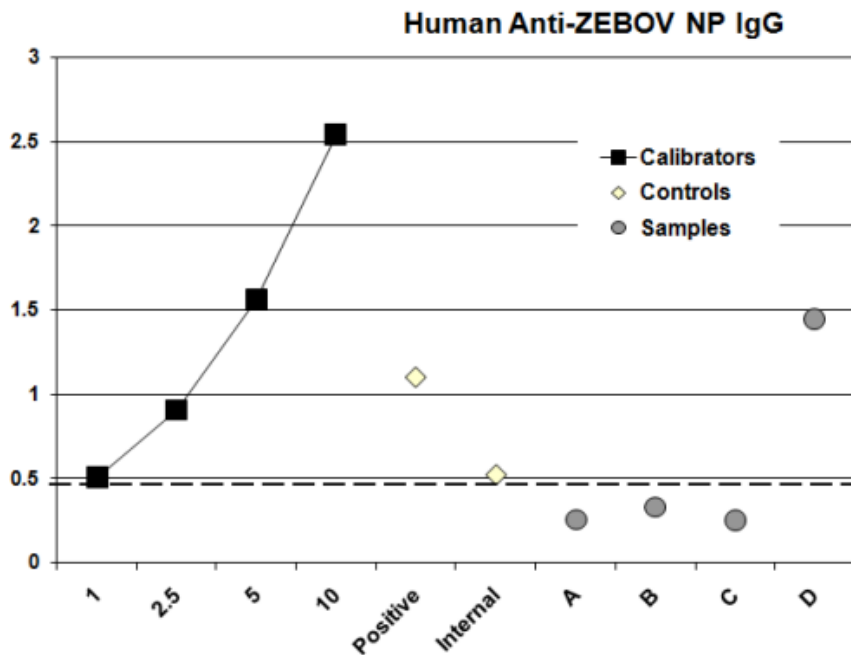
- a. Use any commercially available microplate reader capable of reading at 450nm wavelength. Use a program suitable for obtaining OD readings, and data calculations if available.
- b. Read absorbance of the entire plate at 450nm using a single wavelength within 30 minutes after Stop Solution addition.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

## **Calculation**

### **1. 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-NP 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 1:200 or greater. Visual inspection of the data in the above graph shows the following:

**Calibrators** – dilution curve of an anti-ZEBOV NP antibody, derived from NP 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. The is not a clear-cut threshold, rather a low OD area that could represent either low positives or high background negatives.

**Positive Control** – a human serum showing natural reactivity to ZEBOV NP; net OD > 0.5. This Control can be used 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 1 U/ml Calibrator for Positive/Negative discrimination purposes.

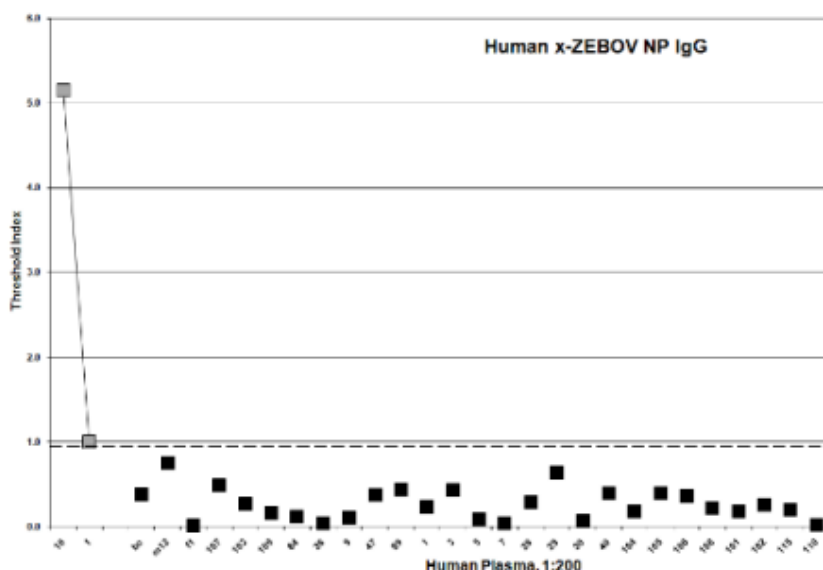
**Samples A,B,C,D** – 3 samples (A, B, C) are negative: below the threshold; 1 sample (D) is positive: clearly above the threshold.

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

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.

### Example:

Human Serum/Plasma IgG: A panel of human serum/plasma of unknown history were tested for anti-ZEBOV NP IgG (1:200 dilution). Threshold Index was calculated using the 1 U/ml Cal.



### 3. 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:

- 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.
- 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.
- 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.
- The Positive and Sensitivity Control values can be used to normalize inter-assay values.

#### Calculations:

- 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).
- 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

### Specificity

#### The following are used for coating antigens:

Ebola Nucleoprotein (NP) antigen: Zaire Ebola NP, full length, His-tag, E. coli expressed protein (>95% pure).

Ebola VP40 antigen: Zaire Ebola VP40, full length, no tag, E. coli expressed protein (>95% pure).

Ebola Glycoprotein (GP) antigen: Zaire Ebola GP, full length minus TM domain, His-tag, Sf9 expressed protein (>95% pure).

Sequence Conservation in Ebola subtypes.

	Zaire	Bundi- bugyo	Cote D'Ivo.	Res- ton	Sudan	Marb- urg
NP	100%	75%	69%	69%	67%	53%
VP40	100%	82%	69%	74%	75%	34%
GP	100%	65%	64%	57%	54%	NA

Although the 3 Ebola virus antigens are significantly conserved in various Ebola serotype and also in related Marburg viruses, it is not known if the antibodies elicited by one Ebola strain will be cross-reactive with antigens from other strains.

### Precautions

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.