

SeroPertussis™ Toxin

The **SeroPertussis™ Toxin** is a newly introduced line of ELISA-based tests for quantitative detection of IgG and IgA antibodies to Pertussis Toxin, as expressed in International Units per milliliter (IU/ml).



The kits were developed in complete accordance with the recently released recommendations of the EU reference laboratories and as required, the WHO standard calibrators are used for standardized quantification ^(1,2).

The SeroPertussis™ Toxin tests utilize purified Pertussis Toxin as an antigen and by well determined cut-off enable specific detection of antibodies against *B.pertussis*, while avoiding detection of *B.parapertussis* infections.

Reliable

- Highly specific and sensitive
- Calibrated according to the WHO standards

Convenient

- User-friendly procedure, utilizing common dilution, and reagents
- Can be performed on an automated system
- Validated procedures for automation is provided

Easy To Use

- Simple formulation for conversion from absorbance to IU/ml
- Convenient interpretation of results (differentiation between negatives, acute infection, past infection and recent vaccination)
- Ready-To-Use Controls and Conjugates
- Color-coded reagents
- Break-apart plate

References:

1. N. Guiso, G. Berbers, N. K. Fry, Q. He , M. Riffelmann, C. H. Wirsing von König, EU Pertstrain group (2011) What to do and what not to do in serological diagnosis of pertussis: recommendations from EU reference laboratories. Eur J Clin Microbiol Infect Dis 30:307–312
2. Xing D, Wirsing von König CH, Newland P, Riffelmann M, Meade BD, Corbel M, Gaines-Das R (2009) Characterization of reference materials for human antiserum to pertussis antigens by an international collaborative study. Clin Vaccine Immunol 16(3):303–311

Ordering Information

Kit Name	No. Test/kit	Catalog No.
SeroPertussis™ Toxin IgG	96	1231-01
SeroPertussis™ Toxin IgA	96	1233-01

Whooping cough is a highly contagious bacterial infection of the respiratory tract, caused by *Bordetella pertussis*.

The illness is characterized by a prolonged paroxysmal cough often accompanied by an inspiratory whoop. Disease presentation varies with age and history of previous exposure or vaccination.

Young infants can appear at a clinic or hospital with apnea and no other disease symptoms. Adults and adolescents with some immunity can exhibit only mild symptoms or have the typical prolonged paroxysmal cough. In all infected people, the cough can continue for months.

Evidence is increasing that *B.pertussis* infections occur more frequently in older children and adults in vaccinated populations than had been commonly recognized. These individuals may play an important role in the transmission to infants too young to be vaccinated.

Adequate laboratory diagnosis is important for the control and prevention of pertussis.



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