



130219024M:100 tests/kit
130619024M: 50 tests/kit

MAGLUMI® Influenza B Virus IgM (CLIA)

INTENDED USE

The kit is an *in vitro* chemiluminescence immunoassay for the qualitative determination of Influenza B Virus (IBV) IgM in human serum and plasma using the MAGLUMI series Fully-auto chemiluminescence immunoassay analyzer and Biolumi series Integrated System, and the assay is used for an aid in the diagnosis and differential diagnosis of individuals with suspected or confirmed Influenza B Virus infection.

SUMMARY

Influenza is one of the major public health problems facing mankind. The most striking epidemiological features of influenza are: sudden outbreaks, rapid spread, varying degrees of epidemic, seasonality, high incidence but low case fatality rate^{1,2}. Influenza viruses are members of the *Orthomyxoviridae* family. Influenza viruses are enveloped particles that contain a single-stranded, segmented RNA genome. They are differentiated from type A, C and D influenza viruses on the basis of the identity of the major internal protein antigens, the nucleoprotein (NP) and matrix (M1) proteins^{3,4}. According to the differences in epidemiology, influenza B virus can be divided into two lineages, Victoria and Yamagata⁵. Large droplets, believed to be the major mode of transmission. Influenza virus spreads among humans either by inhalation of virus-loaded droplets into the respiratory tract, by direct contact, e.g. hand shaking, or by indirect contact with infected individuals via contaminated objects (fomites)⁶. Comparing cases of influenza A to influenza B, children with influenza B were on average two years older, and were more likely to be in school^{7,8}. Disease due to influenza A/H3N2 virus is significantly more severe than that due to influenza A/H1N1 viral subtype and influenza B virus⁹. Symptoms are characterised by various systemic features, including fever, chills, headache, myalgia, malaise, and anorexia, accompanied by respiratory symptoms, including non-productive cough, nasal discharge, and sore throat. Ocular symptoms can also be present and include photophobia, conjunctivitis, lacrimation, and pain with eye movement. When present, fever is the most important physical finding. Gastrointestinal symptoms are seen with higher frequency in children than in adults. The main complications may be associated with clinical diseases such as otitis media, encephalitis, pneumonia and muscle inflammation^{8,10-12}.

IgM antibodies are considered mainly as indicators of acute inflammation, appearing early in the host immune response to pathogens and waning shortly after the appearance of IgG antibodies¹³. The detection of IgM antibody level of influenza virus specific can be used as one of the basis for serological diagnosis¹⁴.

TEST PRINCIPLE

Capture chemiluminescence immunoassay.

The sample, buffer, magnetic microbeads coated with anti-human IgM antibody are mixed thoroughly and incubated, performing a wash cycle after a precipitation in a magnetic field. ABEI labeled with Influenza B Virus antigen are then added and incubated, reacting to form immuno-complexes. After precipitation in a magnetic field, the supernatant is decanted and then a wash cycle is performed. Subsequently, the Starter 1+2 are added to initiate a chemiluminescent reaction. The light signal is measured by a photomultiplier as relative light units (RLUs), which is proportional to the concentration of influenza B IgM present in the sample.

REAGENTS

Kit Contents

Component	Description	100 tests/kit	50 tests/kit
Magnetic Microbeads	Magnetic microbeads coated with anti-human IgM antibody (~10.0 µg/mL) in PBS buffer, NaNa ₃ (<0.1%).	2.5 mL	1.5 mL
Calibrator Low	A low concentration of Influenza B Virus IgM in PBS buffer, NaNa ₃ (<0.1%).	1.0 mL	1.0 mL
Calibrator High	A high concentration of Influenza B Virus IgM in PBS buffer, NaNa ₃ (<0.1%).	1.0 mL	1.0 mL
Buffer	PBS buffer, NaNa ₃ (<0.1%).	22.5 mL	12.0 mL
ABEI Label	ABEI labeled with Influenza B Virus antigen (~50.0 ng/mL) in PBS buffer, NaNa ₃ (<0.1%).	22.5 mL	12.0 mL
Negative Control	PBS buffer, NaNa ₃ (<0.1%).	1.0 mL	1.0 mL
Positive Control	A high concentration of Influenza B Virus IgM (4.00 AU/mL) in PBS buffer, NaNa ₃ (<0.1%).	1.0 mL	1.0 mL

All reagents are provided ready-to-use.

Warnings and Precautions

- For *in vitro* diagnostic use.
- For professional use only.
- Exercise the normal precautions required for handling all laboratory reagents.
- Personal protective measures should be taken to prevent any part of the human body from contacting samples, reagents, and controls, and should comply with local operating requirements for the assay.
- A skillful technique and strict adherence to the package insert are necessary to obtain reliable results.
- Do not use kit beyond the expiration date indicated on the label.
- Do not interchange reagent components from different reagents or lots.
- Avoid foam formation in all reagents and sample types (specimens, calibrators and controls).
- All waste associated with biological samples, biological reagents and disposable materials used for the assay should be considered potentially infectious and should be disposed of in accordance with local guidelines.
- This product contains sodium azide. Sodium azide may react with lead or copper plumbing to form highly explosive metal azides. Immediately after disposal, flush with a large volume of water to prevent azide build-up. For additional information, see Safety Data Sheets available for professional user on request.

Note: If any serious incident has occurred in relation to the device, please report to Shenzhen New Industries Biomedical Engineering Co., Ltd. (Snibe) or our authorized representative and the competent authority of the Member State in which you are established.

Reagent Handling

- To avoid contamination, wear clean gloves when operating with a reagent kit and sample. When handling reagent kit, replace the gloves that have been in contact with samples, since introduction of samples will result in unreliable results.
- Do not use kit in malfunction conditions; e.g., the kit leaking at the sealing film or elsewhere, obviously turbid or precipitation is found in reagents (except for Magnetic Microbeads) or control value is out of the specified range repeatedly. When kit in malfunction conditions, please contact Snibe or our authorized distributor.
- To avoid evaporation of the liquid in the opened reagent kits in refrigerator, it is recommended that the opened reagent kits to be sealed with reagent seals contained within the packaging. The reagent seals are single use, and if more seals are needed, please contact Snibe or our authorized distributor.
- Over time, residual liquids may dry on the septum surface. These are typically dried salts and have no effect on assay efficacy.
- Use always the same analyzer for an opened reagent integral.
- For magnetic microbeads mixing instructions, refer to the Preparation of the Reagent section of this package insert.
- For further information about the reagent handing during system operation, please refer to Analyzer Operating Instructions.

Storage and Stability

- Do not freeze the integral reagents.
- Store the reagent kit upright to ensure complete availability of the magnetic microbeads.
- Protect from direct sunlight.

Stability of the Reagents	
Unopened at 2-8°C	until the stated expiration date
Opened at 2-8°C	6 weeks

On-board	4 weeks
----------	---------

Stability of Controls	
Unopened at 2-8°C	until the stated expiration date
Opened at 10-30°C	6 hours
Opened at 2-8°C	6 weeks
Frozen at -20°C	3 months
Frozen and thawed cycles	no more than 3 times

SPECIMEN COLLECTION AND PREPARATION

Specimen Types

Only the specimens listed below were tested and found acceptable.

Specimen Types	Collection Tubes
Serum	Tubes without additive/accessory, or tubes containing clot activator or clot activator with gel.
Plasma	K2-EDTA, Li-heparin

- The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. Follow tube manufacturers' instructions carefully when using collection tubes.

Specimen Conditions

- Do not use grossly hemolyzed/hyperlipidaemia specimens and specimens with obvious microbial contamination.
- Ensure that complete clot formation in serum specimens has taken place prior to centrifugation. Some serum specimens, especially those from patients receiving anticoagulant or thrombolytic therapy, may exhibit increased clotting time. If the serum specimen is centrifuged before a complete clotting, the presence of fibrin may cause erroneous results.
- Samples must be free of fibrin and other particulate matter.
- To prevent cross contamination, use of disposable pipettes or pipette tips are recommended.

Preparation for Analysis

- Inspect all specimens for foam. Remove foam with an applicator stick before analysis. Use a new applicator stick for each specimen to prevent cross contamination.
- Frozen specimens must be completely thawed before mixing. Mix thawed specimens thoroughly by low speed vortexing or by gently inverting. Visually inspect the specimens. If layering or stratification is observed, mix until specimens are visibly homogeneous. If specimens are not mixed thoroughly, inconsistent results may be obtained.
- For reliable results, specimens should be free of fibrin, red blood cells, or other particulate matter. Specimens must be centrifuged prior to testing, transfer clarified specimen to a sample cup or secondary tube for testing. For centrifuged specimens with a lipid layer, transfer only the clarified specimen and not the lipemic material.
- The sample volume required for a single determination of this assay is 10 µL.

Specimen Storage

Specimens removed from the separator, red blood cells or clot may be stored up to 8 hours at 10-30°C or 14 days at 2-8°C, or 12 months frozen at -20°C. Frozen specimens subjected to up to 3 freeze/thaw cycles have been evaluated.

Specimen Shipping

- Package and label specimens in compliance with applicable local regulations covering the transport of clinical specimens and infectious substances.
- Do not exceed the storage limitations listed above.

PROCEDURE

Materials Provided

Influenza B Virus IgM (CLIA) assay, control barcode labels.

Materials Required (But Not Provided)

- General laboratory equipment.
- Fully-auto chemiluminescence immunoassay analyzer Maglumi 600, Maglumi 800, Maglumi 1000, Maglumi 2000, Maglumi 2000 Plus, Maglumi 4000, Maglumi 4000 Plus, MAGLUMI X3, MAGLUMI X6, MAGLUMI X8, or Integrated System Biolumi 8000 and Biolumi CX8.
- Additional accessories of test required for the above analyzers include Reaction Module, Starter 1+2, Wash Concentrate, Light Check, Tip, and Reaction Cup. Specific accessories and accessories' specification for each model refer to corresponding Analyzer Operating Instructions.
- Please use accessories specified by Snibe to ensure the reliability of the test results.

Assay Procedure

Preparation of the Reagent

- Take the reagent kit out of the box and visually inspect the integral vials for leaking at the sealing film or elsewhere. If there is no leakage, please tear off the sealing film carefully.
- Open the reagent area door; hold the reagent handle to get the RFID label close to the RFID reader (for about 2s); the buzzer will beep; one beep sound indicates successful sensing.
- Keeping the reagent straight insert to the bottom along the blank reagent track.
- Observe whether the reagent information is displayed successfully in the software interface, otherwise repeat the above two steps.
- Resuspension of the magnetic microbeads takes place automatically when the kit is loaded successfully, ensuring the magnetic microbeads are totally resuspended homogenous prior to use.

Assay Calibration

- Select the assay to be calibrated and execute calibration operation in reagent area interface. For specific information on registrating calibrations, refer to the calibration section of Analyzer Operating Instructions.
- Execute recalibration according to the calibration interval required in this package insert.

Quality Control

- When new lot used, check or edit the quality control information.
- Scan the control barcode, choose corresponding quality control information and execute testing. For specific information on registrating quality controls, refer to the quality control section of the Analyzer Operating Instructions.

Sample Testing

- After successfully loading the sample, select the sample in interface and edit the assay for the sample to be tested and execute testing. For specific information on registrating samples, refer to the sample section of the Analyzer Operating Instructions.

To ensure proper test performance, strictly adhere to Analyzer Operating Instructions.

Calibration

Traceability: This method has been standardized against the Snibe internal reference standard.

Test of assay specific calibrators allows the detected relative light unit (RLU) values to adjust the master curve.

Recalibration is recommended as follows:

- Whenever a new lot of Reagent or Starter 1+2 is used.
- Every 14 days.
- The analyzer has been serviced.
- Control values lie outside the specified range.

Quality Control

Controls are recommended for the determination of quality control requirements for this assay and should be run in singlicate to monitor the assay performance.

Refer to published guidelines for general quality control recommendations, for example Clinical and Laboratory Standards Institute (CLSI) Guideline C24 or other published guidelines¹⁵.

Quality control is recommended once per day of use, or in accordance with local regulations or accreditation requirements and your laboratory's quality control procedures, quality control could be performed by running the Influenza B Virus IgM assay:

- Whenever the kit is calibrated.
- Whenever a new lot of Starter 1+2 or Wash Concentrate is used.

Controls are only applicable with MAGLUMI and Biolumi systems and only used matching with the same top seven LOT numbers of corresponding reagents. For each target value and range refer to the label.

The performance of other controls should be evaluated for compatibility with this assay before they are used. Appropriate value ranges should be established for all quality control materials used.

Control values must lie within the specified range, whenever one of the controls lies outside the specified range, calibration should be repeated and controls retested. If control values lie repeatedly outside the predefined ranges after successful calibration, patient results must not be reported and take the following actions:

- Verify that the materials are not expired.
- Verify that required maintenance was performed.
- Verify that the assay was performed according to the package insert.
- If necessary, contact Snibe or our authorized distributors for assistance.

If the controls in kit are not enough for use, please order Influenza B Virus IgM (CLIA) Controls (REF: 160201274MT) from Snibe or our authorized distributors for more.

■ RESULTS

Calculation

The analyzer automatically calculates the Influenza B Virus IgM concentration in each sample by means of a calibration curve which is generated by a 2-point calibration master curve procedure. The results are expressed in AU/mL. For further information please refer to the Analyzer Operating Instructions.

Interpretation of Results

The expected range for the Influenza B Virus IgM assay was obtained by testing 178 Influenza B Virus IgM positive patients and 203 Influenza B Virus IgM negative people, gave the following expected value by ROC curve:

- Non-reactive: A result less than 1.00 AU/mL (<1.00 AU/mL) is considered to be negative.
- Reactive: A result greater than or equal to 1.00 AU/mL (≥1.00 AU/mL) is considered to be positive.

Results may differ between laboratories due to variations in population and test method. It is recommended that each laboratory establish its own reference interval.

■ LIMITATIONS

- Results should be used in conjunction with patient's medical history, clinical examination and other findings.
- If the Influenza B Virus IgM results are inconsistent with clinical evidence, additional testing is needed to confirm the result.
- Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits which employ mouse monoclonal antibodies^{16,17}

Additional information may be required for diagnosis.

- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with *in vitro* immunoassays. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed¹⁸.
- Bacterial contamination of the specimens may affect the test results.

■ SPECIFIC PERFORMANCE CHARACTERISTICS

Representative performance data are provided in this section. Results obtained in individual laboratories may vary.

Precision

Precision was determined using the assay, samples and controls in a protocol (EP05-A2,EP05-A3) of the CLSI (Clinical and Laboratory Standards Institute): duplicates at two independent runs per day for 20 days at three different sites using three lots of reagent kits (n = 720). The following results were obtained:

Sample	Mean (AU/mL) (n=720)	Within-Run		Between-Run		Reproducibility	
		SD (AU/mL)	%CV	SD (AU/mL)	%CV	SD (AU/mL)	%CV
Serum Pool 1	0.745	NA	NA	NA	NA	NA	NA
Serum Pool 2	1.469	0.039	2.64	0.048	3.25	0.161	10.95
Serum Pool 3	5.795	0.143	2.47	0.163	2.81	0.445	7.69
Plasma Pool 1	0.689	NA	NA	NA	NA	NA	NA
Plasma Pool 2	1.460	0.043	2.96	0.051	3.52	0.166	11.36
Plasma Pool 3	6.064	0.159	2.62	0.165	2.71	0.654	10.78
Negative Control	0.205	NA	NA	NA	NA	NA	NA
Positive Control	3.993	0.109	2.72	0.149	3.73	0.315	7.89

Analytical Specificity

Interference

Interference was determined using the assay, three samples containing different concentrations of analyte were spiked with potential endogenous and exogenous interferents in a protocol (EP7-A2) of the CLSI. The measurement deviation of the interference substance is within ±10%. The following results were obtained:

Interference	No interference up to	Interference	No interference up to
Hemoglobin	1500 mg/dL	Influenza B Virus IgG	1:128(titer)
Intralipid	1500 mg/dL	K2-EDTA	9 mg/mL
Bilirubin	30 mg/dL	Heparin lithium salt	80 IU/mL
HAMA	30 mg/mL	Oseltamivir	75 mg/L
ANA	398 AU/mL	Zanamivir	10 mg/L
Rheumatoid factor	1500 IU/mL	Peramivir	600 mg/L
Total IgG	4086 mg/dL	Arbidol	200 mg/L
Total IgM	364 mg/dL		

Cross-Reactivity

The assay is highly specific for Influenza B Virus IgM antibodies, with no observed cross-reactivity to Influenza A virus IgM, Influenza B Virus IgG, Human parainfluenza virus IgM, *Legionella pneumophila* IgM, Respiratory syncytial virus IgM, Adenovirus IgM, Cocksackie virus B group IgM, *Mycoplasma pneumoniae* IgM, *Chlamydia pneumoniae* IgM, *Streptococcus pneumoniae* IgM, *Haemophilus influenzae* IgM, *Klebsiella pneumoniae* IgM, *Mycobacterium tuberculosis* IgM, *Anti-Treponema pallidum*, Measles virus IgM, Mumps virus IgM, Herpes simplex virus type 1 IgM, Cytomegalovirus IgM, Rhinovirus IgM, Human metapneumovirus IgM, Toxoplasma gondii IgM, Rubella virus IgM, EB virus nucleocapsid antigen IgM, Varicella zoster virus IgM.

High-Dose Hook

No high-dose hook effect was seen for Influenza B Virus IgM concentrations up to 2600 AU/mL.

Relative Sensitivity

The relative sensitivity of the Influenza B Virus IgM assay was determined by testing 238 samples collected from expected positive population with commercial assay confirmation of Influenza B Virus IgM positive result.

N of samples	Reactive	Relative Sensitivity	95% CI
238	234	98.32%	95.76%-99.34%

Relative Specificity

The relative specificity of the Influenza B Virus IgM assay was determined by testing 812 samples collected from expected negative population with commercial assay confirmation of Influenza B Virus IgM negative result.

N of samples	Non-reactive	Relative Specificity	95% CI
812	806	99.26%	98.40%-99.66%

■ REFERENCES

1. Javanian M, Barary M, Ghebrehewet S, et al. A brief review of influenza virus infection[J]. Journal of medical virology, 2021, 93(8): 4638-4646.
2. Ryu S, Cowling B J. Human influenza epidemiology[J]. Cold Spring Harbor Perspectives in Medicine, 2021,11(12):a038356.
3. Webster R G, Bean W J, Gorman O T, et al. Evolution and ecology of influenza A viruses[J]. Microbiology and molecular biology reviews, 1992, 56(1): 152-179.
4. Chiapponi C, Faccini S, De Mattia A, et al. Detection of influenza D virus among swine and cattle, Italy[J]. Emerging infectious diseases, 2016, 22(2): 352.
5. Yang J, Lau Y C, Wu P, et al. Variation in influenza B virus epidemiology by lineage, China[J]. Emerging infectious diseases, 2018, 24(8): 1536.
6. World Health Organization Writing Group, Bell D, Nicoli A, et al. Nonpharmaceutical Interventions for Pandemic Influenza, International Measures. Emerg Infect Dis,2006,12(1):81-87.
7. Olson DR, Heffernan RT, Paladini M, et al. Monitoring the impact of influenza by age: emergency department fever and respiratory complaint surveillance in New York City. PLoS Med. 2007;4(8): e247.
8. Hite LK, Glezen WP, Demmler GJ, et al. Medically attended pediatric influenza during the resurgence of the Victoria lineage of influenza B virus. Int J Infect Dis. 2007;11(1):40-47.
9. Esposito S, Molteni C G, Daleno C, et al. Clinical and socioeconomic impact of different types and subtypes of seasonal influenza viruses in children during influenza seasons 2007/2008 and 2008/2009[J]. BMC Infectious Diseases, 2011, 11(1):271-271.
10. Paules C, Subbarao K. Influenza[J]. Lancet. 2017;390(10095):697-708
11. Peltola V, Ziegler T, Ruuskanen O. Influenza A and B virus infections in children[J]. Clinical infectious diseases, 2003, 36(3): 299-305.
12. McCullers J A, Facchini S, Chesney P J, et al. Influenza B virus encephalitis[J]. Clinical infectious diseases, 1999, 28(4): 898-900.
13. Skountzou I, Satyabhama L, Stavropoulou A, et al. Influenza virus-specific neutralizing IgM antibodies persist for a lifetime[J]. Clinical and Vaccine Immunology, 2014, 21(11): 1481-1489.
14. Buchner Y I, Heath R B, Collins J V, et al. Detection of antibodies of the IgM class in sera of patients recently infected with influenza viruses[J]. Journal of Clinical Pathology, 1976, 29(5): 423-427.
15. CLSI. Statistical Quality Control for Quantitative Measurement Procedures: Principles and Definitions. 4th ed. CLSI guideline C24. Wayne, PA: Clinical and Laboratory Standards Institute; 2016.
16. Robert W. Schroff, Kenneth A. Foon, Shannon M. Beatty, et al. Human Anti-Murine Immunoglobulin Responses in Patients Receiving Monoclonal Antibody Therapy[J]. Cancer Research, 1985, 45(2):879-885.
17. Primus F J, Kelley E A, Hansen H J, et al. "Sandwich"-type immunoassay of carcinoembryonic antigen in patients receiving murine monoclonal antibodies for diagnosis and therapy[J]. Clinical Chemistry, 1988, 34(2):261-264.
18. Boscatto L M, Stuart M C. Heterophilic antibodies: a problem for all immunoassays[J]. Clin Chem 1988;34(1):27-33.

■ SYMBOLS EXPLANATIONS

	Consult instructions for use		Manufacturer
	Temperature limit (Store at 2-8°C)		Use-by date
	Contains sufficient for<n> tests		Keep away from sunlight
	This way up		Authorized representative in the European Community
	In vitro diagnostic medical device		Kit component
	Catalogue number		Batch code
	CE marking with notified body ID number		

MAGLUMI® and Biolumi® are trademarks of Snibe. All other product names and trademarks are the property of their respective owners.

	Shenzhen New Industries Biomedical Engineering Co., Ltd. No.23, Jinxiu East Road, Pingshan District, 518122 Shenzhen, P.R. China Tel: +86-755-21536601 Fax: +86-755-28292740
	Shanghai International Holding Corp. GmbH (Europe) Eiffestrasse 80, 20537 Hamburg, Germany Tel: +49-40-2513175 Fax: +49-40-255726