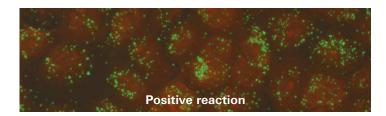


Anti-Chlamydia MIF (IgA, IgG, IgM)





- Parallel determination of antibodies against C. trachomatis, C. pneumoniae and C. psittaci
- Clear reduction of cross reactivity by inactivation of the shared lipopolysaccharide (LPS) antigen
- Simplified focusing for cell-based substrates compared to yolk sac matrix

Technical data

Antigen substrate Elementary bodies of C. trachomatis, C. pneumoniae and C. psittaci

Sample material Serum or plasma

Sample dilution Qualitative: 1:10 (IgA, IgM), 1:100 (IgG); semiquantitative: from 1:10/100/1000 etc.

Test procedure IgA, IgG: 30 min (sample) / 30 min (conjugate), room temperature

IgM: 60 min (sample) / 30 min (conjugate), 37 °C

Microscopy Objective: 20x

Light source: EUROIMMUN LED, EUROStar Bluelight or mercury vapour lamp Excitation filter: 450–490 nm, colour separator: 510 nm, blocking filter: 515 nm

Reagents Ready for use, with the exception of the PBS-Tween buffer (for dilutions and washing steps)

Stability 18 months from the date of manufacture when stored at +2°C to +8°C

Test kit format 10 slides, each containing 5 or 10 test fields; kits include all necessary reagents

(for RF absorption EUROSORB is also required, order no. ZF 1270-0145)

Order no. FI 2191-1005-3 A, G or M (example for a test kit including 10 slides with 5 fields each)

Related products FR 2191-###-3 A, G or M: Anti-Chlamydia MIF EUROPattern (IgA, IgG, IgM)

Clinical significance

The infectious agents Chlamydia trachomatis, C. psittaci and C. pneumoniae belong to the human pathogenic Chlamydia genus. They are among the smallest intracellular gram-negative bacteria.

In humans, C. trachomatis can cause infections of the eyes (serovars A–C) and the urogenital tract (serovars D–K, L1–L3). Infections with the C. trachomatis serovars D–K often proceed asymptomatically. If symptoms develop they are urethritis, epididymitis and prostatitis in men, and urethritis, cervicitis and salpingitis/adnexitis in women. Chronic infections of the inner female genital organs lead in many cases to sterility. Secondary infertility in men has also been shown. After a urogenital infection with C. trachomatis, sequelae such as reactive arthritis may develop.

C. pneumoniae is transmitted by aerosols and causes infections of the upper respiratory tract. Most infections proceed asymptomatically. A large proportion of adults have had an infection with C. pneumoniae and are seropositive to the pathogen. Reinfections may occur.

C. psittaci can be found in large quantities in the secretions and excrements of infected birds where it remains alive for long periods. The inhalation of infected dust leads to the zooanthroponoses ornithosis or psittacosis (parrot fever) in humans. In addition to flu-like symptoms, life-threatening pneumonia can develop during the course of the infection, which is often accompanied by further organ manifestations.

Diagnostic application

The EUROIMMUN Anti-Chlamydia MIF (micro-immunofluorescence assay), based on purified elementary bodies of the species C. trachomatis, C. pneumoniae and C. psittaci as the antigen, supports the diagnosis of Chlamydia infections. By inactivation of the lipopolysaccharide (LPS) antigen, cross reactions within the Chlamydia species and to other bacteria are minimised, so that species-specific antibody detection is possible. In addition, a fourth BIOCHIP with non-infected cells allows reliable differentiation between unspecific and specific fluorescence.

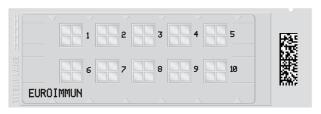
Autoimmune diagnostics Infection diagnostics Allergy diagnostics Antigen detection Molecular genetic diagnostics Automation

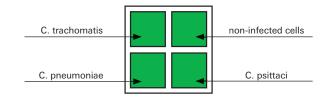




BIOCHIP arrangement

The EUROIMMUN Anti-Chlamydia MIF is available in two formats: slides with 5 or 10 fields. One test field contains four BIOCHIPs.







Reference range

Titer 1: <10 (IgA, IgM) or titer 1: <100 (IgG)

Prevalence, sensitivity and specificity

Antigen substrate	lg class	n	Panel	Prevalence (%)
C. trachomatis	lgA	200	Healthy blood donors	8
		97	Positive C. trachomatis direct detection	47
		41	Prostitutes	56
	lgG	200	Healthy blood donors	16
		100	Positive C. trachomatis direct detection	48
		41	Prostitutes	68
	lgM	200	Healthy blood donors	4
C. pneumoniae	IgA	212	Healthy blood donors	39
		30	Antibody positive samples	100
	IgG	216	Healthy blood donors	63
		30	Antibody positive samples	100
	lgM	200	Healthy blood donors	1
C. psittaci	IgA	200	Healthy blood donors	0
		81	Bird owners	15
	IgG	200	Healthy blood donors	7
		78	Bird owners	24
	IgM	200	Healthy blood donors	1

Antigen substrate	lg-		Commercial Anti-Chlamydia MIF	
	class	n	Specificity (%)	Sensitivity (%)
C. trachomatis	IgA	121	89	82
	IgG	124	88	91
	lgM	204	93	94
C. pneumoniae	IgA	122	82	94
	IgG	122	89	76
	lgM	204	97	93
C. psittaci	IgA	130	97	53 100°
	IgG	128	92	60 86*
	IgM	204	100	100

with respect to isolated positive samples in the MIF reference test



Analytical specificity

The outer membranes of all three Chlamydia species are very similar. By inactivation of the LPS (lipopolysaccharide), cross reactions are significantly reduced but not excluded.



Literature

- 1. AWMF S2k Leitlinie (2016). Infections with Chlamydia trachomatis.
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- 3. Robert Koch-Institut. Infektionen durch Chlamydien (Teil 1): Erkrankungen durch Chlamydia trachomatis. Epidemiologisches Bulletin Nr. 37 (2009).
- 4 Robert Koch-Institut. Infektionen durch Chlamydien (Teil 2): Erkrankungen durch Chlamydophila psittaci, Chlamydophila pneumoniae und Simkania negevensis. Epidemiologisches Bulletin Nr. 9 (2010).
- 5. CDC. Sexually Transmitted Diseases Treatment Guidelines. MMWR Vol.64 No.3 (2015).