

# Development of Human Anti-Rubella IgG and IgM Assays for the Abbott ARCHITECT® Instrument\*

J. Prostko<sup>1</sup>, R. Vickstrom<sup>1</sup>, K. Krishnan<sup>1</sup>, Z. Kogan<sup>1</sup>, J. Morey<sup>1</sup>, J. Lagedrost<sup>1</sup>, J. Jacob<sup>1</sup>, G.T. Maine<sup>1</sup>, Rn. Stricker<sup>2</sup>, Rt. Stricker<sup>2</sup>, B. Pustowoit<sup>3</sup>, T. Rice<sup>4</sup>, and R. Eichler<sup>5</sup>

<sup>1</sup>Abbott Diagnostics, Abbott Park, Illinois; <sup>2</sup>Dianalab, Geneva, Switzerland; <sup>3</sup>Institut für Virologie, Universität Leipzig, Leipzig, Germany; <sup>4</sup>Abbott Diagnostics, Sligo, Ireland; <sup>5</sup>Abbott Diagnostics, Wiesbaden, Germany • American Association for Clinical Chemistry Annual Meeting • July 23 – 27, 2006 • Chicago, Illinois

## Abstract

### Objectives

Develop a panel of human anti-Rubella immunoassays on a high throughput automated platform. The ARCHITECT Rubella IgG assay is intended to be used for the quantitative measurement of IgG antibodies to Rubella virus in human sera or plasma to aid in the determination of immune status to Rubella virus. The ARCHITECT Rubella IgM assay is intended to be used for the qualitative measurement of IgM antibodies to Rubella virus in human serum or plasma to aid in the diagnosis of primary or acute Rubella infection.

### Methods

The prototype Rubella assays for the ARCHITECT instrument are two-step immunoassays utilizing Rubella whole virus-coated paramagnetic microparticles for the capture of anti-Rubella antibodies. An acridinium-labeled monoclonal antibody conjugate directed against human IgG or IgM is utilized for detection. Samples from pregnant women, blood donors, hospital patients, prescreened Rubella IgG negative samples, vaccine serial bleeds, and seroconversion panels have been tested on the new ARCHITECT Rubella assays in comparison to the Abbott AxSYM Rubella IgG and IgM assays. Discrepant samples were tested on one additional Rubella IgG or IgM on-market assay and resolved with the consensus.

### Results

The ARCHITECT Rubella IgG shows a resolved relative sensitivity of 99.66% and a resolved relative specificity of 100% compared to AxSYM Rubella IgG on the population described above ( $n = 1,149$ ). The ARCHITECT Rubella IgM assay shows a resolved relative specificity of 99.83% on a population consisting of pregnant women, blood donors and hospitalized patients ( $n = 1,803$ ) and a lower reactive rate than AxSYM Rubella IgM.

### Conclusion

The performance of the new ARCHITECT Rubella IgG and IgM assays was comparable to the AxSYM Rubella IgG and IgM assays.

## Introduction

Primary Rubella virus infection is typically a mild self-limiting disease characterized by a maculopapular rash, fever, malaise and lymphadenopathy. Primary Rubella infection acquired during gestation can seriously complicate pregnancy. Intrauterine transmission of primary Rubella infections may severely damage the fetus, especially during the first trimester. The congenitally infected infant may exhibit one or more of a variety of defects collectively known as Congenital Rubella Syndrome (CRS). Among these are low birth weight, cataracts, deafness, congenital heart disease and mental retardation.

The objective of this study was to evaluate a complete fully-automated Rubella serology panel (Rubella IgG and IgM) that was developed on the Abbott ARCHITECT instrument.

## Methods

### Rubella IgG

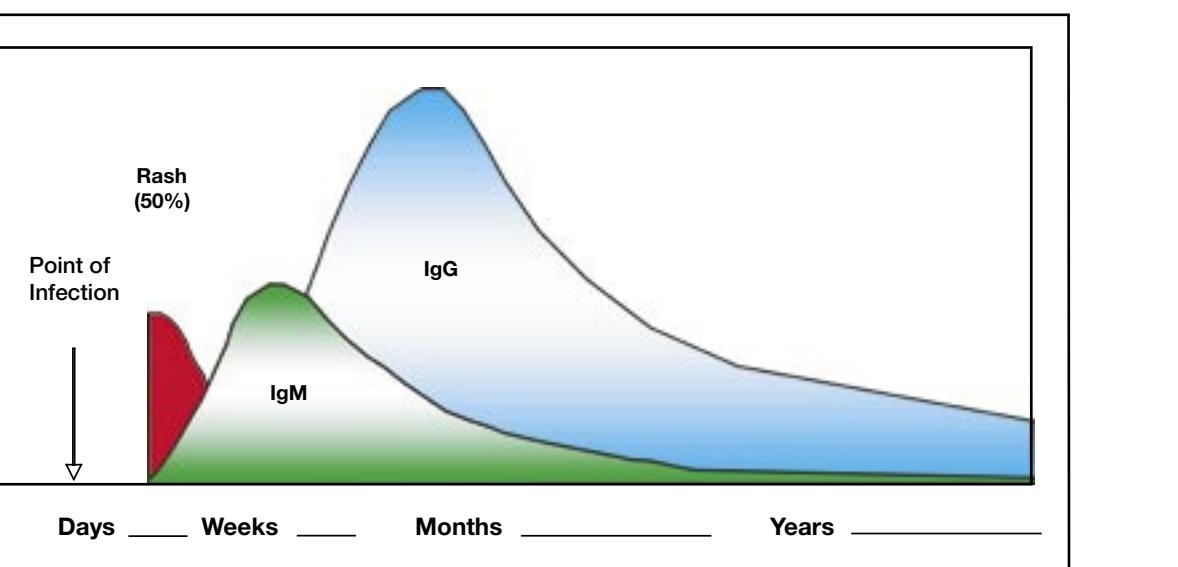
The assay utilizes Rubella virus coated onto paramagnetic microparticles which are incubated with the patient sample. Following a washing step of the microparticles, the solid phase immunocomplex is then incubated with an acridinium-labeled mouse anti-human IgG monoclonal antibody. The microparticles are then washed and the signal is generated via chemiluminescence. The assay reportable range is 0 – 5,000 IU/mL. The predicate assay used for comparison is the Abbott AxSYM Rubella IgG assay. Samples with discordant results were resolved using the Vidas Rubella IgG assay.

## Methods

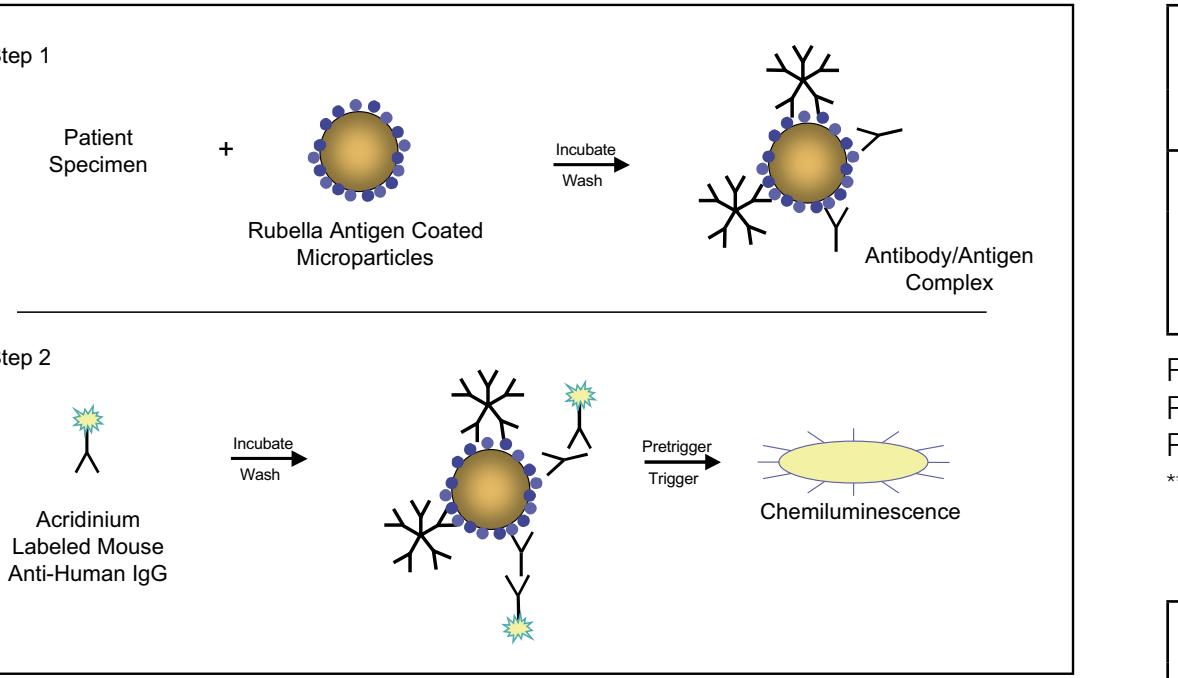
### Rubella IgM

The assay utilizes Rubella virus coated onto paramagnetic microparticles which are incubated with the pretreated patient sample. Following a washing step of the microparticles, the solid phase immunocomplex is then incubated with an acridinium-labeled mouse anti-human IgM monoclonal antibody. The microparticles are then washed and the signal is generated via chemiluminescence. The predicate assay used for comparison is the Abbott AxSYM Rubella IgM assay. Samples with discordant results were resolved using the Vidas and Behring Rubella IgM assays.

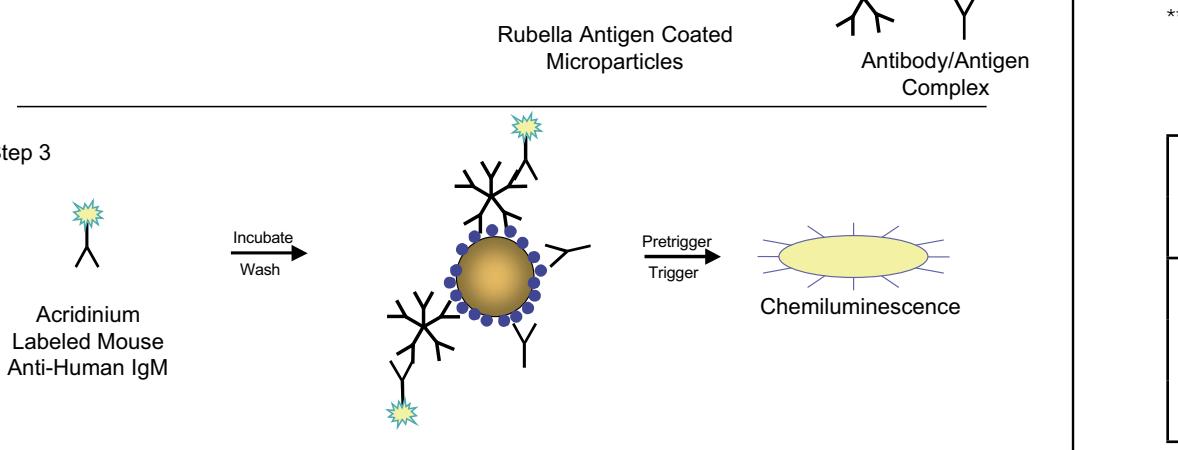
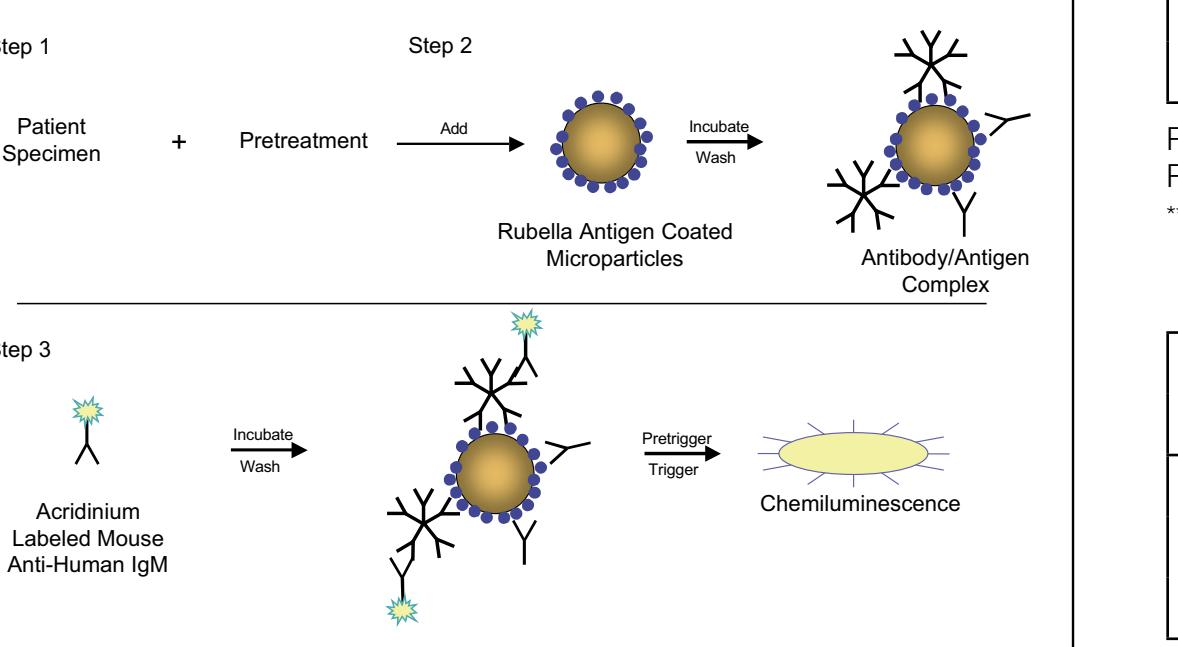
### Standard Serology for Rubella



### ARCHITECT Rubella IgG Assay



### ARCHITECT Rubella IgM Assay

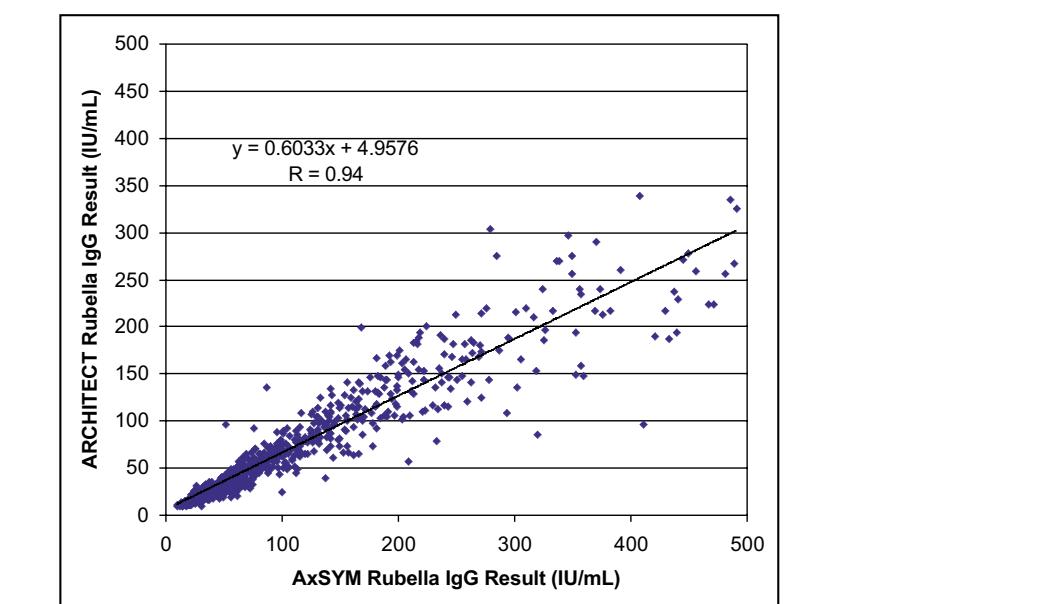


## Results

### ARCHITECT Rubella IgG and IgM Imprecision

Control ID	N	Mean	Within-Run		Between-Run		Total	
			SD	%CV	SD	%CV	SD	%CV
ARCHITECT Rubella IgM Negative Control Index	450	0.04	0.004	9.92	0.005	10.96	0.007	15.57
ARCHITECT Rubella IgM Positive Control Index	450	3.75	0.069	1.85	0.108	2.88	0.143	3.82
ARCHITECT Rubella IgG Low Positive Control (25 IU/mL)	320	24.72	0.960	3.89	1.000	4.06	1.540	6.25
ARCHITECT Rubella IgG High Positive Control (300 IU/mL)	320	284.31	10.610	3.73	15.770	5.55	31.950	11.24

### Correlation Plot of ARCHITECT and AxSYM Rubella IgG Assays



### ARCHITECT Rubella IgG Relative Specificity and Sensitivity

Panel	Cutoff Grayzone to	
	Bleed	Day
RP014	1.00	10.0
	0.75	5.0
	0.06	0.04
	0.29	3.50
	0.39	1.50
	0.30	1.40
	0.18	0.50
	0.29	0.70
	0.60	1.40
	5.41	20.55
	3.43	12.10
	3.26	24.80
	2.11	47.40
	2.40	97.10
	1.90	89.60
	1.21	60.80
	1.17	56.20
	0.87	48.60
	0.75	54.70

### Relative Agreement: 99.21% (1005/1013)\*\*

Relative Sensitivity: 99.20% (870/877)\*\*

Relative Specificity: 99.26% (135/136)\*\*

\*\* Equivocal results excluded from calculation

### ARCHITECT Rubella IgG Resolved Relative Specificity and Sensitivity

Panel	Cutoff Grayzone to	
	Bleed	Day
RP014	1.00	10.0
	0.75	5.0
	0.06	0.04
	0.29	3.50
	0.39	1.50
	0.30	1.40
	0.18	0.50
	0.29	0.70
	0.60	1.40
	5.41	20.55
	3.43	12.10
	3.26	24.80
	2.11	47.40
	2.40	97.10
	1.90	89.60
	1.21	60.80
	1.17	56.20
	0.87	48.60
	0.75	54.70

Resolved Relative Sensitivity: 99.66% (871/874)\*\*

Resolved Relative Specificity: 100.0% (139/139)\*\*

\*\* Equivocal results excluded from calculation

### ARCHITECT Rubella IgM Relative Specificity

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