

# RESPIRATORY SYNCYTIAL VIRUS ANTIGEN



Respiratory Syncytial Virus (RSV) is the most important cause of pneumonia and bronchiolitis in infants and small children.<sup>1,2</sup> Like the other respiratory viruses, RSV causes a range of respiratory illness, the most common being a cold with profuse rhinorrhea. RSV infections appear in large outbreaks every winter.

PRODUCT #	DESCRIPTION	BUFFER	PROTEIN CONCENTRATION	STORAGE	PACKAGING
8175	Viral Strain: Long  Propagated in FRhK Cells  UV Inactivated	PBS  pH 7.3 - 7.7	0.3-0.5mg/mL  (<10% Viral Protein)	-65°C or Below	1, 5, 10, & 100mL  Aliquots HDPE Plastic Bottles  Shipped on Dry Ice

RSV is very contagious, and most children have experienced infection by two years of age. Immunity to RSV does not prevent re-infections. Re-infections tend to be less severe than primary infections and occur throughout life. RSV also can be an unusual cause of significant respiratory illness in normal and elderly adults.

In normal infants and children, the virus is shed for two to three weeks overall or one to two weeks after the children appear in the hospital.<sup>3</sup> Because of its high infectivity and because hospital staff as well as patients are susceptible, RSV has emerged as the most frequent cause of infections on pediatric wards.<sup>4</sup>

## RSV Antigen Description

Various RSV differences between strains are probably of little or no practical importance from a diagnostic point of view, since available reagents, including monoclonal antibodies, react equally with all clinical isolates.

RSV is recovered almost exclusively from the respiratory tract. The specimens containing the most abundant virus are secretions obtained early in the course of the illness.

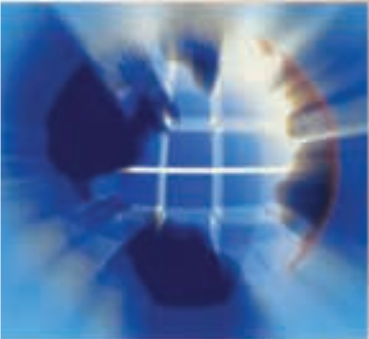
<sup>1</sup> Chanock, R. M., and L. Finberg. 1957. Recovery from infants with respiratory illness of a virus related to chimpanzee coryza agent (CCA). II. Epidemiologic aspects of infection in infants and young children. *Am. J. Hyg.* 66:291-300.

<sup>2</sup> Chanock, R. M., H. W. Kim, A. J. Vargosko, A. Deleva, K. M. Johnson, C. Cumming, and R. H. Parrott. 1961. Respiratory syncytial virus. I. Virus recovery and other observations during 1960 outbreak of bronchiolitis, pneumonia, and minor respiratory diseases in children. *J. Am. Med. Assoc.* 176:647-653.

<sup>3</sup> Hall, C. B., R. G. Douglas, and J. M. Geiman. 1976. Respiratory syncytial virus infections in infants: quantitation and duration of shedding. *J. Pediatr.* 89:1-15.

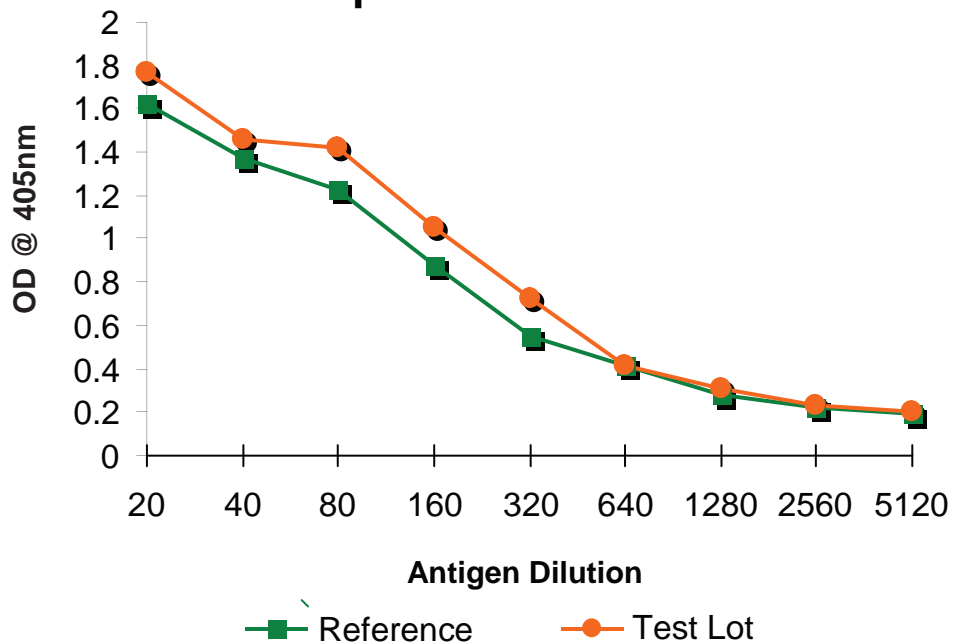
<sup>4</sup> *Manual of Clinical Microbiology*-5th ed.; editor in chief, Albert Balows; editors, William J. Hausler, Jr...[et al.].

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Respiratory Syncytial Virus (RSV) is a single-stranded RNA virus belonging to the Paramyxoviridae family.

## RSV Antigen Titration of Test Lot Compared to a Reference



In general, it is more satisfactory to make a specific diagnosis of RSV infection by recovery of the virus (or identification by rapid methods) from a properly obtained and handled secretion specimen than by serological methods. Serological methods are often of secondary importance, although in large studies they may give valuable information, and in individual instances in which cultures were not obtained they may be well worth performing.

RSV Antigen is available for use in ELISA test kits as a positive control or antigen for serological testing. The product is a partially purified extraction inactivated with UV light.

VA-RSV 06/09/09

For more information contact:  
5171 Wilfong Road • Memphis, TN USA 38134  
888.530.0140 • 207.283.6500  
Fax: 207.283.4800  
E-mail: [info@meridianlifescience.com](mailto:info@meridianlifescience.com)

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[www.MERIDIANLIFESCIENCE.COM](http://www.MERIDIANLIFESCIENCE.COM)

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