



BinaxNOW[®]

Influenza A & B

Test Kit

Kit du test de dépistage de la grippe A et B BinaxNOW[®]

BinaxNOW[®] Influenza A & B Testkit

Kit per test BinaxNOW[®] per la rilevazione dei virus influenzali A e B

Kit de teste da influenza A e B BinaxNOW[®]

Kit de la Prueba BinaxNOW[®] para influenza A y B

BinaxNOW[®] Influenza A & B-testsæt

BinaxNOW[®] Influenza A & B testkit

BinaxNOW[®] testsats för influenza A och B

BinaxNOW[®] Influenza A og B-testsett

Κιτ τεστ για τους ιούς της γρίπης A & B BinaxNOW[®]

 inverness medical

KEY TO SYMBOLS / TOUCHE À SYMBOLE / LÖSUNG ZU SYMBOLE / CHIAVE VERSO SIMBOLO / CHAVE PARA SÍMBOLOS / TECLA HASTA SÍMBOLOS / NØGLEN HEN TIL SYMBOLER / TOONSOORT VOOR ZINNEBEELD / NYCKEL TILL SYMBOLERNA / NØKKEL Å SYMBOLER / κλειδί σε σύμβολο



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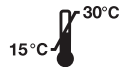
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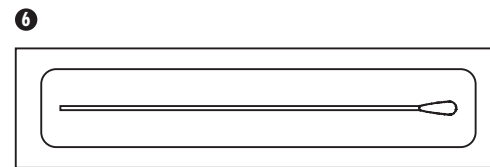
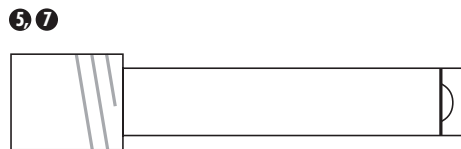
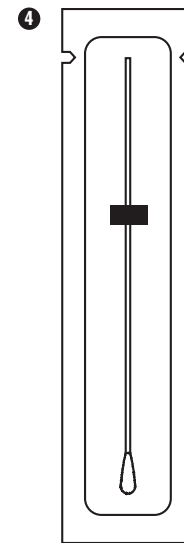
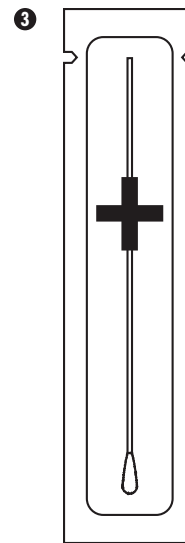
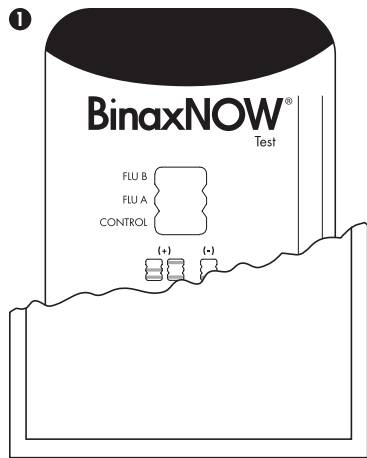
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INTENDED USE

The BinaxNOW® Influenza A & B Test is an *in vitro* immunochromatographic assay for the qualitative detection of influenza A and B nucleoprotein antigens in nasopharyngeal (NP) swab, nasal swab, and nasal wash/aspirate specimens. It is intended to aid in the rapid differential diagnosis of influenza A and B viral infections. Negative test results should be confirmed by cell culture.

Caution: Assay sensitivity for nasal wash/aspirate samples was determined primarily using archived specimens. Users may wish to establish the sensitivity of these specimens on fresh samples.

SUMMARY AND EXPLANATION OF THE TEST

Influenza is a highly contagious, acute, viral infection of the respiratory tract. It is a communicable disease that is easily transmitted through the coughing and sneezing of aerosolized droplets containing live virus. Influenza outbreaks occur each year during the fall and winter months.¹ Type A viruses are typically more prevalent than type B viruses and are associated with most serious influenza epidemics, while Type B infections are usually more mild.

Rapid diagnosis of influenza A and B has become more important due to the availability of effective antiviral therapy. Rapid diagnosis of influenza can lead to reduced hospital stays, antimicrobial use and cost of hospital care.¹

The BinaxNOW® Influenza A & B Test provides a simple, rapid method for the diagnosis of influenza A and B using NP swab, nasal swab, and nasal wash/aspirate specimens. The easy-to-use format and rapid results allow for its use in "STAT" testing where it can provide information to assist with treatment and hospitalization decisions.

There are many different subtypes of type A influenza viruses, some of which can be found in birds.³ Direct human infection by Avian influenza A (H5N1), an influenza virus subtype that occurs mainly in birds, was first reported in 1997. Since then there have been other cases of H5N1 infections among humans leading to a concern that H5N1 could mutate, enabling it to spread more easily from one person to another.⁴ Due to the small percentage of documented cases of patients infected with avian influenza, the utility of rapid tests in managing those patients is currently unknown.

PRINCIPLES OF THE PROCEDURE

The BinaxNOW® Influenza A & B Test is an immunochromatographic membrane assay that uses highly sensitive monoclonal antibodies to detect influenza type A and B nucleoprotein antigens in NP specimens. These antibodies and a control antibody are immobilized onto a membrane support as three distinct lines and combined with other reagents/pads to construct a test strip. This test strip is mounted inside a cardboard, book-shaped hinged test device.

Swab specimens require a sample preparation step, in which the sample is eluted off the swab into elution solution, saline or transport media. Nasal wash/aspirate samples require no preparation. Sample is added to the top of the test strip and the test device is closed. Test results are interpreted at 15 minutes based on the presence or absence of pink-to-purple colored Sample Lines. The blue Control Line turns pink in a valid assay.

REAGENTS AND MATERIALS

MATERIALS PROVIDED

Note: The materials provided in the test kit are sufficient for testing nasal wash/aspirate specimens only. If swab specimens will be tested, the Nasopharyngeal Swab Accessory Pack (see last page for ordering information) may be purchased.

BinaxNOW® Influenza A & B Test KIT Refer to illustrations on pull-out flap.

- 1 **Test Devices:** A cardboard, book-shaped hinged test device containing the test strip. A/Texas/1/77 was the master influenza virus strain used to develop the monoclonal antibodies incorporated into the test device.
- 2 **Transfer Pipettes:** Fixed volume (100 µl) transfer pipettes used to transfer sample to the test devices. Use only pipettes provided by Binax or a calibrated pipette capable of delivering 100 µl sample volume.
- 3 **Positive Control Swab:** Inactivated influenza A/Beijing or influenza A/Texas/1/77 (H3N2) virus and inactivated influenza B/Harbin or influenza B/Hong Kong/5/72 virus dried onto a swab. The influenza viruses are originally grown in embryonic eggs and are Formalin or gamma radiation

inactivated. Formalin treated viruses are tested for inactivation and non-infectiousness by re-growing virus in embryonic eggs. Viruses are considered inactivated when no viral propagation is seen in eggs.

- 4 **Negative Control Swab:** Inactivated *Streptococcus* Group A dried onto swab. Organism used to inoculate the swab is heat inactivated, and then tested for inactivation and non-infectiousness by standard culture. The organisms are determined to be inactivated when no growth is present on the plate.
- 5 **Elution Solution Vials for Control Swabs:** Vials containing elution solution used to prepare the Control Swabs for testing.

NASOPHARYNGEAL (NP) SWAB ACCESSORY PACK (Available Separately)

- 6 **NP Swabs:** Sterile foam swabs for use in the BinaxNOW® Influenza A & B Test. Other sterile flexible shaft NP swabs may be used in place of the Binax provided swabs. Refer to Specimen Collection and Handling section for details.
- 7 **Elution Solution Vials for Swab Specimens:** Vials containing elution solution used to prepare the Swab Specimens for testing. Transport media or saline may be used in place of Binax Elution Solution. Refer to Specimen Collection and Handling — Transport Media section for details.

MATERIALS NOT PROVIDED

Clock, timer or stopwatch; nasal wash collection containers and in some kits swabs for collection of nasopharyngeal and/or nasal swabs.

PRECAUTIONS

1. For *in vitro* diagnostic use.
2. Leave test device sealed in its foil pouch until just before use.
3. Do not use kit past its expiration date.
4. Do not mix components from different kit lots.
5. The **WHITE** sample pad at the top of the test strip contains reagents that extract the target antigen from the virus. To ensure optimum performance, add the sample **SLOWLY** (drop-by-drop) to the **MIDDLE** of this pad such that all of the sample volume absorbs into the pad.
6. Solutions used to make the control swabs are inactivated using standard methods. However, patient samples, controls, and test devices should be handled as though they could transmit disease. Observe established precau-



- tions against microbial hazards.
7. If infection with a novel influenza A virus is suspected based on current clinical and epidemiological screening criteria recommended by public health authorities, specimens should be collected with appropriate infection control precautions for novel virulent influenza viruses and sent to state or local health departments for testing. Viral culture should not be attempted in these cases unless a BSL 3+ facility is available to receive and culture specimens.³
 8. **INVALID RESULTS** can occur when an insufficient volume of specimen is added to the test device. To ensure delivery of an adequate volume, make certain that the lower shaft of the transfer pipette is full and does not contain air spaces before dispensing contents of the pipette onto the Sample Pad of the device. If air spaces are present, expel the specimen back into the container by squeezing the top bulb and redraw the specimen into the pipette. Use a new pipette if necessary.
 9. When testing nasal wash/aspirate samples, avoid viscous areas of the sample when drawing specimen into the transfer pipette. If the pipette becomes clogged, such that the lower shaft of the pipette is not full, expel the specimen back into container by squeezing the top bulb and redraw the specimen into the pipette. Use a new pipette if necessary.
 10. All transfer pipettes and elution solution vials are single use items – do not use with multiple specimens.
 11. Performance characteristics for influenza A were established when influenza A/H3 and A/H1 were the predominant influenza A viruses in circulation. When other influenza A viruses are emerging, performance characteristics may vary.
 12. The ability of this test to detect avian influenza was determined using cultured avian influenza viruses; the performance characteristics of this test with specimens collected from humans infected with H5N1 or other avian influenzas is unknown.

STORAGE AND STABILITY

Store kit at room temperature (59-86°F, 15-30°C). The BinaxNOW® Influenza A & B Test kit and reagents are stable until the expiration dates marked on their outer packaging and containers.

QUALITY CONTROL

Daily Quality Control:

The BinaxNOW® Influenza A & B Test has built-in procedural controls. For daily quality control, Binax suggests that you record these controls for each test run.

Procedural Controls:

- A. An untested device has a blue line at the “Control” position. If the test flows and the reagents work, this blue line will always turn pink in a tested device.
- B. The clearing of background color from the result window is a negative background control. The background color in the window should be light pink to white within 15 minutes. Background color should not hinder reading of the test.

External Positive and Negative Controls:

Good laboratory practice suggests the use of positive and negative controls to ensure that:

- test reagents are working; and
- the test is correctly performed.

BinaxNOW® Test kits contain Positive and Negative Control Swabs. These swabs will monitor the entire assay. Test these swabs with each new shipment received. Other controls may be tested in order to conform with:

- local, state and/or federal regulations;
- accrediting groups, and/or;
- your lab’s standard Quality Control procedures.

Refer to CLSI EP12-A and 42 CFR 493.1256 for guidance on proper QC practices (U.S. customers only).

If the correct control results are not obtained, do not report patient results. Contact Technical Service during normal business hours (EST).

SPECIMEN COLLECTION AND HANDLING

Use freshly collected specimens for optimal test performance. Inadequate specimen collection or improper sample handling/transport may yield a false-negative result.

Nasal Wash/Aspirates

Collect nasal washes in standard containers. Test as soon as possible. Washes can be held at 2-8°C for up to 24 hours prior to testing in the BinaxNOW® Test.

Nasopharyngeal and Nasal Swabs

Use sterile cotton, rayon, foam or polyester flexible-shaft NP swabs to collect nasopharyngeal sample. Use cotton, rayon, foam or polyester solid shaft swabs to collect nasal swab samples. Calcium alginate swabs are not recommended for use in this test.

Elute swab samples within one hour of collection. Test as soon as possible. Eluted swab samples can be held at 2-8°C for up to 24 hours prior to testing in the BinaxNOW® Test. If needed, transport sample at 2-8°C in a leak-proof container.

Allow all samples to warm to room temperature before testing in the BinaxNOW® Test. Swirl gently to mix before testing.

Transport Media:

The following transport media were tested and are acceptable for use in the BinaxNOW® Test.

- Amies Media
- Brain Heart Infusion Broth
- Dulbecco Medium
- Hank’s Balanced Salt Solution
- M4 Media
- M4-RT Media
- M5 Media
- Phosphate Buffer Solution
- Saline
- Stuart’s Media
- Tryptose Phosphate Broth
- UTM-RT Media
- Veal Infusion Broth



It has been determined that Sucrose-Phosphate Buffer may not be suitable for use with this test.

SAMPLE PREPARATION PROCEDURE

Nasal Wash/Aspirate:

Nasal wash/aspirate samples do not need preparation. Go to Test Procedure.

Nasopharyngeal and Nasal Swab Elution Using Transport Media:

Elute swab in 0.5 to 3.0 ml of saline or transport media by vigorously rotating the swab in the liquid. Refer to Specimen Collection and Handling section for acceptable transport media. Go to Test Procedure. If eluting swab in the Binax Elution Solution, follow the Swab Elution procedure below.

Swab (Control & Patient) Elution using Binax Elution Solution:

1. Binax elution solution test vials are pre-filled. Twist off the test vial cap.
2. Put the swab to be tested into test vial. Rotate the swab vigorously three (3) times in the liquid.
3. Press the swab against the side of the vial and turn as you remove it from the vial. This removes sample from the swab.
4. Discard the swab.
5. Test the liquid sample (from the test vial) in the BinaxNOW® Test as soon as possible. Go to Test Procedure.



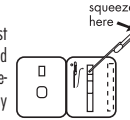
TEST PROCEDURE

1. Remove device from the pouch just prior to testing and lay flat on work bench.

2. Fill pipette by firmly squeezing the top bulb and placing pipette tip into sample. Release bulb while tip is still in sample. This will pull liquid into the pipette. Make sure there are no air spaces in the lower part of the pipette.
3. See arrow on test device to find **WHITE** sample pad at the top of the test strip. **SLOWLY** (drop by drop) add entire contents of pipette (100 µl) to the **MIDDLE** of this pad such that all of the sample volume absorbs into this pad. **DO NOT** add sample to the pink/purple colored pad.



4. Immediately peel off adhesive liner from the test device. Close and securely seal the device. Read result in window 15 minutes after closing the device. Results read before or after 15 minutes may be inaccurate.



Note: When reading test results, tilt the device to reduce glare on the result window, if necessary.

RESULT INTERPRETATION

For a **NEGATIVE SAMPLE**, the BLUE Control Line in the **BOTTOM THIRD** of the window turns a pink-to-purple color. No other line appears.



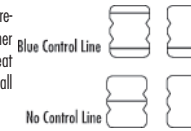
For a **FLU A POSITIVE SAMPLE**, the BLUE Control Line turns a pink-to-purple color AND a second pink-to-purple Sample Line appears above it in the **MIDDLE THIRD** of the window. Any Sample Line, even when very faint, is positive.



For a **FLU B POSITIVE SAMPLE**, the BLUE Control Line turns a pink-to-purple color AND a second pink-to-purple Sample Line appears above it in the **TOP THIRD** of the window. Any Sample Line, even when very faint, is positive.



A test is **INVALID** if the Control Line remains BLUE or is not present at all, whether a Sample Line(s) is present or not. Repeat Invalid tests with a new test device. Call Technical Service if the problem persists.



REPORTING OF RESULTS

Result	Suggested Report
Positive for Flu A	Positive for Flu A protein antigen. This result does not rule out co-infections with other pathogens or identify any specific influenza A virus subtype.
Positive for Flu B	Positive for Flu B protein antigen. This result does not rule out co-infections with other pathogens or identify any specific influenza B virus subtype.
Negative	Negative for Flu A and Flu B protein antigens. Infection due to Flu A and Flu B cannot be ruled out. Flu A and/or Flu B antigen in the sample may be below the detection limit of the test. Binax suggests culture of negative samples.

LIMITATIONS

A negative test result does not exclude infection with influenza A and B. Therefore, the results obtained with the BinaxNOW® Influenza A & B Test should be used in conjunction with clinical findings to make an accurate diagnosis. Additional testing is required to differentiate any specific influenza A and B subtypes or strains, in consultation with state or local public health departments.

The BinaxNOW® Influenza A & B Test detects both viable and non-viable influenza A and B. Test performance depends on antigen load in the specimen and may not correlate with cell culture performed on the same specimen.

Monoclonal antibodies may fail to detect, or detect with less sensitivity, influenza A and B viruses that have undergone minor amino acid changes in the target epitope region.



Performance of the BinaxNOW® Influenza A & B Test has not been established for monitoring antiviral treatment of influenza.

Positive and negative predictive values of *in vitro* diagnostic tests are highly dependent on prevalence. False negative test results are more likely during peak activity when prevalence of disease is high. False positive test results are more likely during periods of low influenza activity when prevalence is moderate to low.

Visibly bloody samples may not be appropriate for use in the BinaxNOW® Influenza A & B Test.

Individuals who have received nasally administered influenza A vaccine may test positive in commercially available influenza rapid diagnostic tests for up to three days after vaccination.

Children tend to shed virus more abundantly and for longer periods of time than adults. Therefore, *in vitro* diagnostic tests for influenza may have lower sensitivity in adults than in children.

EXPECTED VALUES

The prevalence of influenza varies from year to year, with outbreaks typically occurring during the fall and winter months.¹ The rate of positivity found in influenza testing is dependent on many factors including the method of specimen collection, the test method used, geographic location, and the disease prevalence in specific localities. Type A viruses are typically associated with most serious influenza epidemics, while Type B are typically milder. In multi-center clinical studies conducted by Binax outside the U.S. during the 2004 respiratory season and in the US during the 2004-2005 respiratory season, the average prevalence of influenza A (as determined by viral cell culture) was 18%. The average prevalence of influenza B was 3%.

PERFORMANCE CHARACTERISTICS

The clinical performance of the BinaxNOW® Influenza A & B Test was established in multi-center, prospective, clinical studies conducted at a central testing laboratory outside the US during the 2004 respiratory season and at three US trial sites during the 2005-2006 respiratory season. Additional performance testing was conducted on retrospective frozen clinical samples collected from

symptomatic patients at multiple physician offices, clinics and hospitals located in the Southern, Northeastern and Midwestern regions of the United States and from one hospital in Sweden.

Clinical Studies:

BinaxNOW® Influenza A & B Test Performance vs. Cell Culture / DFA – Prospective Study

A total of 846 prospective specimens collected from children (less than 18 years of age) and adults (18 years or older) were evaluated in the BinaxNOW® Influenza A & B Test and compared to culture/DFA. Evaluated specimens include nasopharyngeal and nasal swabs collected from patients presenting with influenza-like symptoms. Forty-four percent (44%) of the population tested was male, 56% female, 54% pediatric (< 18 years), and 46% adult (≥ 18 years). No differences in test performance were observed based on patient age or gender. A/H3 and A/H1 were the predominant influenza subtypes observed during this time.

BinaxNOW® A & B Test performance by sample type versus cell culture / DFA, including 95% confidence intervals, is listed below.

BinaxNOW® Influenza A & B Test Performance vs. Cell Culture / DFA for Detection of Flu A

Test Sensitivity				
Sample	+/+	-/+	% Sens	95% CI
NP Swab	53	16	77%	65-86%
Nasal Swab	85	17	83%	74-90%
Overall	138	33	81%	74-86%

Test Specificity				
Sample	-/-	+/-	% Spec	95% CI
NP Swab	278	3	99%	97-100%
Nasal Swab	378	16	96%	93-98%
Overall	656	19	97%	96-98%

BinaxNOW® Influenza A & B Test Performance vs. Cell Culture / DFA for Detection of Flu B

Test Sensitivity				
Sample	+/+	-/+	% Sens	95% CI
NP Swab	2	2	50%	9-91%
Nasal Swab	9	4	69%	39-90%
Overall	11	6	65%	39-85%

Test Specificity				
Sample	-/-	+/-	% Spec	95% CI
NP Swab	346	0	100%	99-100%
Nasal Swab	481	2	100%	98-100%
Overall	827	2	100%	99-100%

BinaxNOW® Influenza A & B Test Performance vs. Cell Culture / DFA – Retrospective Study

A total of 293 retrospective frozen clinical samples were evaluated in the BinaxNOW® Influenza A & B Test and compared to culture/DFA. All clinical samples were collected from symptomatic patients at multiple physician offices, clinics and hospitals located in the Southern, Northeastern and Midwestern regions of the United States and from one hospital in Sweden. Fifty-three percent (53%) of the population tested was male, 47% female, 62% pediatric (<18 years) and 38% adult (≥ 18 years). Nasal wash/aspirate specimens comprised approximately 61% of the samples tested, while NP swabs represented 39%. No differences in test performance were observed based on patient age and gender or based on sample type tested.

BinaxNOW® A & B Test performance by sample type versus cell culture / DFA, including 95% confidence intervals, is listed below.



BinaxNOW® Influenza A & B Test Performance vs. Cell Culture/ DFA for Detection of Flu A

Test Sensitivity				
Sample	+/+	-/+	% Sens	95% CI
NP Swab	19	8	70%	50-86%
Wash/Aspirate	51	6	89%	78-96%
Overall	70	14	83%	73-90%

Test Specificity				
Sample	-/-	+/-	% Spec	95% CI
NP Swab	77	9	90%	81-95%
Wash/Aspirate	117	6	95%	89-98%
Overall	194	15	93%	88-96%

BinaxNOW® Influenza A & B Test Performance vs. Cell Culture/ DFA for Detection of Flu B

Test Sensitivity				
Sample	+/+	-/+	% Sens	95% CI
NP Swab	0	0	N/A	N/A
Wash/Aspirate	8	7	53%	27-78%
Overall	8	7	53%	27-78%

Test Specificity				
Sample	-/-	+/-	% Spec	95% CI
NP Swab	111	2	98%	93-100%
Wash/Aspirate	155	10	94%	89-97%
Overall	266	12	96%	92-98%

Analytical Sensitivity:

The BinaxNOW® Test limit of detection (LOD), defined as the concentration of influenza virus that produces positive BinaxNOW® Test results approximately 95% of the time, was identified by evaluating different concentrations of inactivated Flu A/Beijing and inactivated Flu B/Harbin in the BinaxNOW® Test.

Twelve (12) different operators each interpreted 2 devices run at each concentration for a total of 24 determinations per level. The following results identify a concentration of 1.03×10^2 ng/ml as the LOD for Flu A/Beijing and 6.05×10^1 ng/ml for Flu B/Harbin.

Flu A/Beijing		
Concentration (ng/ml)	# Detected	% Detected
1.03×10^2 (LOD)	23/24	96
5.60×10^1 (Cutoff)	*	50
3.27×10^1 (High Neg)	4/24	17
True Negative	0/24	0

Flu B/Harbin		
Concentration (ng/ml)	# Detected	% Detected
6.05×10^1 (LOD)	23/24	96
2.42×10^1 (Cutoff)	11/24	46
1.51×10^1 (High Neg)	6/24	25
True Negative	0/24	0

*Linear regression was used to calculate a line equation, which was then used to project the cutoff concentration of Flu A/Beijing.

Analytical Reactivity:

The influenza A and B strains listed tested positive in the BinaxNOW® Influenza A & B Test at concentrations specified. Although the specific influenza strains causing infection in humans can vary year to year, all contain the conserved nucleoproteins targeted by the BinaxNOW® Test.² Performance characteristics of the BinaxNOW® Influenza A & B Test for detecting influenza A virus from human specimens was established when H1 and H3 subtypes were prevalent. Performance characteristics of the test when other influenza A virus subtypes are emerging as human pathogens have not been established.

Influenza Strain	ATCC #	Concentration
Flu A/WS/33 (H1N1)	VR-825	10^2 - 10^4 CEID ₅₀ /ml
Flu A/NWS/33 (H1N1)	VR-219	10^2 - 10^4 CEID ₅₀ /ml
Flu A/Hong Kong/8/68 (H3N2)	VR-544	10^2 - 10^4 CEID ₅₀ /ml
Flu A/Aichi/2/68 (H3N2)	VR-547	10^2 - 10^4 CEID ₅₀ /ml
Flu A/New Jersey/8/76 (Hsw1N1)	VR-897	10^2 - 10^4 CEID ₅₀ /ml
Flu A/Mal/302/54 (H1N1)	VR-98	10^2 - 10^4 CEID ₅₀ /ml
Flu A/Port Chalmers/1/73 (H3N2)	VR-810	10^2 - 10^4 CEID ₅₀ /ml
Flu A/Hong Kong/156/97 (H5N1)	—	1.3×10^2 TCID ₅₀ /ml
Flu A/Vietnam/1194/04 (H5N1)	—	1.0×10^4 TCID ₅₀ /ml
Flu A/Chicken/NY/117228-7/01 (H5N2)	—	1.0×10^4 EID ₅₀ /ml
Flu A/Turkey/VA/SEP-66/02 (H7N2)	—	1.0×10^5 EID ₅₀ /ml
Flu B/Lee/40	VR-101	10^2 - 10^4 CEID ₅₀ /ml
Flu B/Brigit	VR-786	10^2 - 10^4 CEID ₅₀ /ml
Flu B/Russia/69	VR-790	10^2 - 10^4 CEID ₅₀ /ml
Flu B/Hong Kong/5/72	VR-791	10^2 - 10^4 CEID ₅₀ /ml
Flu B/R75	VR-789	10^2 - 10^4 CEID ₅₀ /ml

Analytical Specificity (Cross-Reactivity):

To determine the analytical specificity of the BinaxNOW® Influenza A & B Test, 36 commensal and pathogenic microorganisms (27 bacteria, 8 viruses and 1 yeast) that may be present in the nasal cavity or nasopharynx were tested. All of the following microorganisms were negative when tested at concentrations ranging from 10^4 to 10^8 TCID₅₀/ml (viruses), 10^7 to 10^8 organisms/ml (bacteria) and 10^4 organisms/ml (yeast).

Bacteria	Viruses	Yeast
<i>Acinetobacter</i>	Adenovirus	<i>Candida albicans</i>
<i>Bordetella pertussis</i>	Coronavirus	
<i>Enterococcus faecalis</i>	Coxsackie B4	
<i>Escherichia coli</i>	Cytomegalovirus (CMV)	
<i>Gardnerella vaginalis</i>	Parainfluenza 1	
<i>Haemophilus influenzae</i>	Parainfluenza 2	
<i>Klebsiella pneumoniae</i>	Parainfluenza 3	
<i>Lactobacillus casei</i>	Respiratory Syncytial Virus (RSV)	
<i>Legionella pneumophila</i>		
<i>Listeria monocytogenes</i>		
<i>Moraxella catarrhalis</i>		
<i>Neisseria gonorrhoeae</i>		
<i>Neisseria meningitidis</i>		
<i>Neisseria sicca</i>		
<i>Neisseria subflava</i>		
<i>Proteus vulgaris</i>		
<i>Pseudomonas aeruginosa</i>		
<i>Serratia marcescens</i>		
<i>Staphylococcus aureus</i>		
<i>Staphylococcus aureus</i> (Cowan protein A producing strain)		
<i>Staphylococcus epidermidis</i>		
<i>Streptococcus, Group A</i>		
<i>Streptococcus, Group B</i>		
<i>Streptococcus, Group C</i>		
<i>Streptococcus, Group F</i>		
<i>Streptococcus mutans</i>		
<i>Streptococcus pneumoniae</i>		

Interfering Substances:

The following substances, naturally present in respiratory specimens or that may be artificially introduced into the nasal cavity or nasopharynx, were evaluated in the BinaxNOW® Influenza A & B Test at the concentrations listed and were found not to affect test performance. Whole blood (1%) did not interfere with the interpretation of negative BinaxNOW® Test results, but did interfere with the interpretation of Flu A LOD positive samples. Therefore, visibly bloody samples may not be appropriate for use in this test.

Substance	Concentration
1 OTC mouthwash	20%
3 OTC nasal sprays	15%
3 OTC throat drops	15%
2 OTC throat sprays	20%
4-acetamidophenol	10 mg/ml
Acetylsalicylic acid	15 mg/ml
Albuterol	20 mg/ml
Chlorpheniramine	5 mg/ml
Dextromethorphan	10 mg/ml
Diphenhydramine	5 mg/ml
Guaiacal glycerol ether	20 mg/ml
Oxymetazoline	0.05%
Phenylephrine	50 mg/ml
Phenylpropanolamine	20 mg/ml
Rebetol®	500 ng/ml
Relenza®	20 mg/ml
Rimantadine	500 ng/ml
Synagis®	0.1 mg/ml
Tamiflu®	50 mg/ml

Transport Media:

The following transport media were tested in the BinaxNOW® Influenza A & B Test as negative samples (no virus present) and after inoculation with the LOD levels of Influenza A & B. Media did not impact BinaxNOW® Test performance, with the media alone testing negative in the NOW® Test and media inoculated with LOD Influenza A & B testing positive on the appropriate test line in BinaxNOW® Test.

Amies Media
Brain Heart Infusion Broth
Dulbecco Medium
Hank's Balanced Salt Solution
M4 Media

M4-RT Media
M5 Media
Phosphate Buffer Solution
Saline
Stuart's Media
Tryptose Phosphate Broth
UTM-RT Media
Veal Infusion Broth

It has been determined that Sucrose-Phosphate Buffer may not be suitable for use with this test.

Reproducibility Study:

A blind study of the BinaxNOW® Influenza A & B Test was conducted at 3 separate sites using panels of blind coded specimens containing negative, low positive, and moderate positive samples. Participants tested each sample multiple times on 3 different days. There was 97% (242/250) agreement with expected test results, with no significant differences within run (replicates tested by one operator), between run (3 different days), between sites (3 sites), or between operators (6 operators).

ORDERING INFORMATION

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