

# Strep A Rapid Test Strip (Throat Swab)

## Rx Only

### INTENDED USE

The Strep A Rapid Test Strip (Throat Swab) is a rapid chromatographic immunoassay for the qualitative detection of *Streptococcus pyogenes* (Group A  $\beta$ -hemolytic *Streptococcus*, Strep A) antigen from throat swab specimens of symptomatic patients to aid in the diagnosis of Group A *Streptococcus* bacterial infection. All negative test results should be confirmed by bacterial culture because negative results do not preclude infection with Group A *Streptococcus* and should not be used as the sole basis for treatment.

### INTRODUCTION

*Streptococcus pyogenes* is non-motile gram-positive coccus, which contains the Lancefield group A antigen that can cause serious infections such as pharyngitis, respiratory infection, impetigo, endocarditis, meningitis, puerperal sepsis, and arthritis. Left untreated, these infections can lead to serious complications, including rheumatic fever and peritonsillar abscess.<sup>1</sup> Traditional identification procedures for Group A Streptococci infection involve the isolation and identification of viable organisms using techniques that require 24 to 48 hours or longer.<sup>2,3</sup>

The Strep A Rapid Test Strip (Throat Swab) is a rapid test to qualitatively detect the presence of Group A Streptococcal antigen in throat swab specimens, providing results within 5 minutes. The test utilizes specific and sensitive antibodies reactive to the Strep A antigen, is specific to group A with no cross-reactivity from other groups of Streptococci.

### PRINCIPLE

The Strep A Rapid Test Strip (Throat Swab) is a qualitative, lateral flow immunoassay for the detection of Strep A carbohydrate antigen in a throat swab. In this test, antibody specific to Strep A carbohydrate antigen is coated on the test line region of the test. During testing, the extracted throat swab specimen reacts with an antibody to Strep A that is coated onto particles. The mixture migrates up the membrane to react with the antibody to Strep A on the membrane and generate a color line in the test line region. The presence of this color line in the test line region indicates a positive result, while its absence indicates a negative result. To serve as a procedural control, a colored line will always appear in the control line region, indicating that proper volume of specimen has been added and membrane wicking has occurred.

### MATERIALS SUPPLIED

1. 25 Test strips
2. 25 Sterile swabs
3. 25 Disposable extraction tubes (one tube for each test strip)
4. 1 Reagent A (10mL; 2M Sodium Nitrite)
5. 1 Reagent B (10mL; 0.2M Acetic Acid)
6. 1 Positive control (1mL; Non-viable Strep A; 0.05% Proclin300)
7. 1 Negative control (1mL; Non-viable Strep C; 0.05% Proclin300)
8. 1 Package insert
9. 1 Workstation

### MATERIAL REQUIRED BUT NOT PROVIDED

1. Clock or Timer

### WARNINGS AND PRECAUTIONS

1. This kit is for professional in vitro diagnostic use only.
2. Do not use test kit beyond the expiration date printed on the pouch.
3. Do not use test kit if the pouch is punctured or not well sealed.
4. Do not interchange reagent bottle caps.
5. Do not interchange external control solution bottle caps.
6. Discard after use. The test strip cannot be used more than once.
7. The extraction tube and swab are single use items – do not use with multiple specimens.
8. Do not eat, drink or smoke in the area where the specimens and kits are handled.
9. Test strips must remain sealed in the pouch until just prior to use.
10. Reagent A and B are caustic. Avoid contact with eyes, sensitive mucous membranes, cuts, abrasions, etc. If these reagents contact the skin or eyes, flush with a large volume of water.
11. The positive and negative controls contain proclin300 as a preservative.
12. All specimens should be treated as potentially infectious diseases. Protective gloves should be worn when handling the specimen. Wash hands thoroughly afterwards.
13. Disposal of the used strip, swab and extraction tube in accordance with the local infectious disposal law or laboratory rule.

### STORAGE AND STABILITY

Store as packaged in the sealed pouch either at room temperature or refrigerated (2-30°C). DO NOT FREEZE. The test strip is stable through the expiration date printed on the sealed pouch. The test strip must remain in the sealed pouch until use.

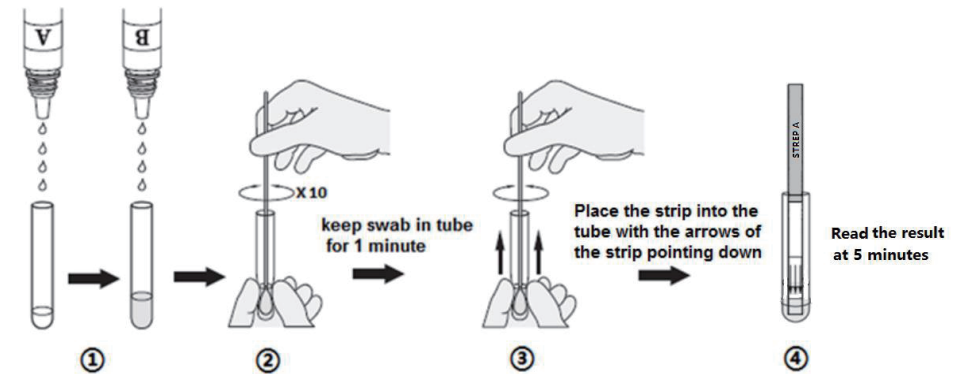
### SPECIMEN COLLECTION AND PREPARATION

1. Only use reagents and sterile swabs provided in the kit.
2. Collect the throat swab specimen with the sterile swab that is provided in the kit. Swab the posterior pharynx, tonsils and other inflamed areas. Avoid touching the tongue, cheeks and teeth with the swab.<sup>4</sup>
3. Testing should ideally be performed immediately after the specimens have been collected. Swab specimens may be stored in a clean, dry plastic tube for up to 48 hours at room temperature or 72 hours at 2-8°C.
4. If a culture is desired, lightly roll the swab tip onto a Group A selective (GAS) blood agar plate before using the swab in the Strep A Rapid Test Strip (Throat Swab).

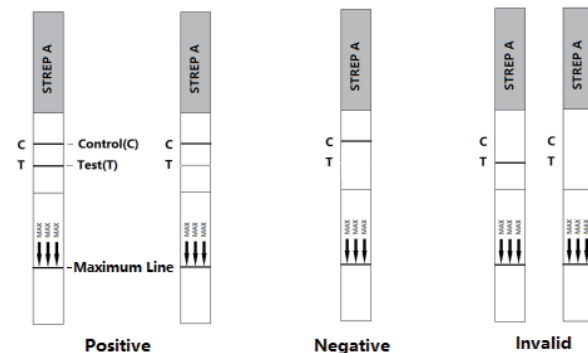
### TEST PROCEDURE

**Do not remove test strip from the foil pouch until ready to perform the assay. Allow the test strip, reagents, throat swab specimen, and/or controls to reach room temperature (15-30°C) prior to testing.**

1. Hold the Reagent A bottle vertically and add 4 full drops of Reagent A to an extraction tube. Reagent A is light red in color. Hold the Reagent B bottle vertically and add 4 full drops to the tube. Reagent B is colorless. Mix the solution by gently swirling the extraction tube.
2. Immediately place the throat swab into the extraction tube. Agitate the swab 10 times in the tube. Leave the swab in the tube for 1 minute. Then press the swab against the side of the tube and squeeze the bottom of the tube as the swab is withdrawn. Discard the swab.
3. Remove the test strip from the foil pouch. Place the test strip into the tube with the arrows of the strip pointing down and then start the timer. Do not handle or move the strip until the test is complete and ready for reading.
4. Wait for the colored line(s) to appear. Read the result at 5 minutes. Do not read the result after 10 minutes.



### INTERPRETATION OF RESULTS



**Positive:** Two lines appear. One colored line should be in the control line region (C) and another apparent colored line should be in the test line region (T).

**Negative:** One colored line appears in the control line region(C). No line appears in the test line region (T).

**Invalid:** Control line fails to appear.

**NOTE:** Insufficient specimen volume, incorrect operation procedure, or performing expired tests are the most likely reasons for control band failure.

#### QUALITY CONTROL

##### Internal Quality Control

Internal procedural controls are included in the test. A color line appearing in the control region (C) is an internal positive procedural control. It confirms sufficient specimen volume, adequate membrane wicking and correct procedural technique.

##### External Quality Control

In addition to your laboratory's standard quality control procedures, it is recommended that a positive and negative external control be tested at least once within each test kit and by each operator performing testing within a kit. This will verify that the reagents and test strips are working properly and the operator is able to correctly perform the test procedure.

##### Procedure for External Quality Control Testing

1. Add 4 full drops of Reagent A and 4 full drops of Reagent B into an extraction tube. Tap the bottom of the tube gently to mix the liquid.
2. Add 1 full drop of positive or negative control solution into the tube, holding the bottle upright.
3. Place a clean swab into this extraction tube and agitate the swab in the solution by rotating it at least 10 times. Leave the swab in the extraction tube for 1 minute. Then express the liquid from the swab head by rolling the swab against the inside of the extraction tube and squeezing the extraction tube as the swab is withdrawn. Discard the swab.
4. Continue with Step 3 of **TEST PROCEDURE** Section. If the controls do not yield the expected results, do not use the test results. Repeat the test or contact your distributor.

#### LIMITATIONS

1. The Strep A Rapid Test Strip (Throat Swab) is for in vitro diagnostic use only. The test should be used for the detection of Group A Streptococcal antigen in throat swab specimens only. Neither the quantitative value nor the rate of increase in Group A Streptococcal antigen concentration can be determined by this qualitative test.
2. This test will only indicate the presence of Group A Streptococcal antigen in the specimen from both viable and non-viable Group A *Streptococcus* bacteria.
3. A negative result must be confirmed by culture. A negative result may be obtained if the concentration of the Group A Streptococcal antigen present in the throat swab is not adequate or is below the detectable level of the test.
4. The sterile swabs provided with this test must be used for specimen collection. Other swabs have not been validated with this test.
5. As with all diagnostic tests, all results must be interpreted together with other clinical information available to the physician.

#### PERFORMANCE CHARACTERISTICS

##### Analytical Sensitivity

The limit of detection of the test is  $7.2 \times 10^3$  CFU/mL. This was established by testing cultures of *Streptococcus pyogenes* with a known number of organisms, ATCC 19615. The organisms were serially diluted and spiked with clinical matrix and tested by Strep A Rapid Test Strip (Throat Swab).

##### Clinical Sensitivity and Specificity

The Strep A Rapid Test Strip (Throat Swab) was used to evaluate 368 throat swab specimens collected from three physician offices patients presenting with pharyngitis. The test result compared to the culture method. The below table summarizes the data.

Clinical Performance: Strep A Rapid Test vs. Culture

Strep A Rapid Test Strip (Throat Swab) Results	Reference Culture Results	
	Positive	Negative
Positive	200	1
Negative	6	161
Total	206	162

Sensitivity: 97.1% (200/206); 95%CI = 93.7% - 98.8%  
 Specificity: 99.4% (161/162); 95%CI = 96.2% - 100.0%

Clinical Performance Stratified by Age

Age	Sensitivity	Sensitivity(95%CI)	Specificity	Specificity(95%CI)
0 ~ 5	97.4%(74/76)	90.4% - 99.8%	98.1%(52/53)	89.1% - 100.0%
5+ ~ 21	96.7%(119/123)	91.7% - 99.0%	100%(88/88)	95.0% - 100.0%
21+	100%(7/7)	59.6% - 100.0%	100%(21/21)	81.8% - 100.0%
All	97.1% (200/206)	93.7% - 98.8%	99.4% (161/162)	96.2% - 100.0%

##### Cross-Reactivity

To confirm the cross-reactivity of Strep A Rapid Test Strip (Throat Swab), organisms likely to be found in the respiratory tract were tested and were all found to be negative when tested with the Strep A Rapid Test Strip (Throat Swab). The tested concentration of each microorganism is documented in the following table. No microbial interference was found for each microorganism at the listed concentration.

Microorganism	Concentration Tested	Microorganism	Concentration Tested
<i>Arcanobacterium haemolyticum</i>	$2.6 \times 10^8$ CFU/mL	<i>Staphylococcus epidermidis</i>	$2.1 \times 10^8$ CFU/mL
<i>Bordetella pertussis</i>	$7.5 \times 10^8$ CFU/mL	<i>Staphylococcus marcescens</i>	$1.5 \times 10^8$ CFU/mL
<i>Candida albicans</i>	$9.5 \times 10^8$ CFU/mL	<i>Staphylococcus haemolyticus</i>	$1.58 \times 10^8$ CFU/mL
<i>Corynebacterium diphtheria</i>	$5.37 \times 10^8$ CFU/mL	<i>Streptococcus agalactiae</i> (Group B)	$7.9 \times 10^7$ CFU/mL
<i>Enterococcus faecalis</i>	$2.3 \times 10^8$ CFU/mL	<i>Streptococcus dysgalactiae</i> (Group C)	$1.43 \times 10^5$ CFU/mL
<i>Enterococcus faecium</i>	$4.4 \times 10^8$ CFU/mL	<i>Streptococcus sp. (bovis II)</i> Group D	$5.6 \times 10^8$ CFU/mL
Enterovirus (VR-28 Human Coxsackievirus)	$1.6 \times 10^8$ TCID <sub>50</sub> /mL	<i>Streptococcus sp.</i> Strain H60R (Group F)	$1 \times 10^8$ CFU/mL
<i>Escherichia coli</i>	$1.1 \times 10^8$ CFU/mL	<i>Streptococcus anginosus</i> (Group G)	$4.2 \times 10^7$ CFU/mL
<i>Fusobacterium necrophorum</i>	$7.3 \times 10^8$ CFU/mL	<i>Streptococcus pneumoniae</i>	$4.2 \times 10^6$ CFU/mL
<i>Haemophilus parahaemolyticus</i>	$1.3 \times 10^8$ CFU/mL	<i>Streptococcus salivarius</i>	$8.7 \times 10^8$ CFU/mL
<i>Haemophilus influenzae</i>	$4.5 \times 10^8$ CFU/mL	<i>Streptococcus mitis</i>	$5.9 \times 10^8$ CFU/mL
<i>Haemophilus parainfluenzae</i>	$1.6 \times 10^8$ CFU/mL	<i>Streptococcus mutans</i>	$4.7 \times 10^8$ CFU/mL
Human metapneumovirus (HMPV-27 A2)	$3.55 \times 10^5$ TCID <sub>50</sub> /mL	<i>Streptococcus oralis</i>	$6.4 \times 10^8$ CFU/mL
Human coronavirus OC43	$1.7 \times 10^5$ TCID <sub>50</sub> /mL	<i>Streptococcus sanguis</i>	$1.5 \times 10^8$ CFU/mL
<i>Klebsiella pneumoniae</i>	$3.1 \times 10^8$ CFU/mL	<i>Yersinia enterocolitica</i>	$2.0 \times 10^8$ CFU/mL
<i>Legionella pneumophila</i>	$1 \times 10^4$ bacteria/mL	<i>Adenovirus Type I</i>	$3.09 \times 10^8$ TCID <sub>50</sub> /mL
<i>Lactobacillus sp. (Lactobacillus casei)</i>	$6.5 \times 10^8$ CFU/mL	<i>Adenovirus Type II</i>	$3.9 \times 10^7$ TCID <sub>50</sub> /mL
<i>Mycobacterium tuberculosis</i>	$1 \times 10^3$ bacteria/mL	<i>Adenovirus 3</i>	$1.5 \times 10^8$ TCID <sub>50</sub> /mL
<i>Moraxella lacunata</i>	$1.95 \times 10^8$ CFU/mL	<i>Adenovirus 7</i>	$2.8 \times 10^6$ TCID <sub>50</sub> /mL
<i>Moraxella (Branhamella) catarrhalis</i>	$4.8 \times 10^8$ CFU/mL	<i>Cytomegalovirus</i>	$1.6 \times 10^5$ TCID <sub>50</sub> /mL
<i>Mycobacterium tuberculosis</i> (avirulent strain)	$2.3 \times 10^8$ CFU/mL	<i>Epstein Barr Virus</i>	$7.85 \times 10^7$ copies/mL
<i>Neisseria gonorrhoeae</i>	$3.8 \times 10^8$ CFU/mL	<i>HSV Type 1 MacIntyre strain</i>	$1.6 \times 10^5$ TCID <sub>50</sub> /mL
<i>Neisseria lactamica</i>	$1.19 \times 10^8$ CFU/mL	<i>Human parainfluenza Type 1</i>	$1.6 \times 10^5$ TCID <sub>50</sub> /mL
<i>Neisseria meningitides</i>	$7.5 \times 10^8$ CFU/mL	<i>Human parainfluenza Type 2</i>	$1.6 \times 10^5$ TCID <sub>50</sub> /mL
<i>Neisseria mucosa</i>	$3.25 \times 10^8$ CFU/mL	<i>Human parainfluenza Type 3</i>	$1.6 \times 10^5$ TCID <sub>50</sub> /mL
<i>Neisseria sicca</i>	$8.5 \times 10^8$ CFU/mL	<i>Human rhinovirus 26</i>	$5 \times 10^8$ TCID <sub>50</sub> /mL
<i>Neisseria subflava</i>	$3.27 \times 10^8$ CFU/mL	<i>Measles Virus</i>	$8.9 \times 10^5$ TCID <sub>50</sub> /mL
<i>Proteus vulgaris</i>	$2.9 \times 10^8$ CFU/mL	<i>Mumps virus</i>	$1.38 \times 10^7$ TCID <sub>50</sub> /mL

<i>Staphylococcus aureus</i>	3.2×10 <sup>8</sup> CFU/mL		
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#### Interference Substances

The following substances, naturally present in respiratory specimens or that may be artificially introduced into the upper respiratory tract, were evaluated with the Strep A Rapid Test Strip (Throat Swab) at the concentrations listed below and were found not to affect test performance.

Substance	Concentration Tested	Substance	Concentration Tested
<b>Endogenous</b>			
Blood (human)	20% (vol/vol)	Mucin	1 mg/mL
<b>OTC Mouthwashes</b>			
Colgate Total Pro-Shield, Spearmint	20%(vol/vol)	Crest Pro-Health Clean Mint	20%(vol/vol)
Crest Pro Health Multi Protection Clean Mint	20%(vol/vol)	Listerine Antiseptic Cool Mint	20%(vol/vol)
<b>OTC Lozenges</b>			
Cepacol Extra Strength Sore Throat & Cough Drop Lozenges, Cherry	5 mg/mL	Sucrets Sore Throat Lozenges Cherry	5 mg/mL
Halls Mentho-Lyptus Drops Cherry	5 mg/mL	Sucrets Sore Throat & Cough Lozenges, Honey Lemon,	5 mg/mL
Halls Cough Suppressant Cherry Triple Soothing Action	5 mg/mL		
<b>OTC Throat Sprays</b>			
Cepacol Dual Relief	20%(vol/vol)	Chloraseptic Max	20%(vol/vol)
<b>OTC Cough Syrups</b>			
Basic Care Tussin DM, Cough Suppressant & Expectorant	10%(vol/vol)	Robitussin Nighttime Cough	10%(vol/vol)
Children's Dimetapp Cold & Flu	10%(vol/vol)	Robitussin (Guaifenesin Syrup)	10%(vol/vol)
Children's Dimetapp Cold & Cough	10%(vol/vol)	Tylenol Cough and Sore Throat	10%(vol/vol)
<b>Active Ingredients</b>			
Acetaminophen (Tylenol)	5 mg/mL	Doxylamine Succinate	5 mg/mL
Brompheniramine Maleate	5 mg/mL	Guaifenesin (Guaicol Glyceryl)	5 mg/mL
Chlorpheniramine Maleate	5 mg/mL	Ibuprofen (Advil)	5 mg/mL
Dextromethorphan HBr	5 mg/mL	Phenylephrine HCl	5 mg/mL
Diphenhydramine HCl	5 mg/mL		

#### REFERENCE

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- Needham CA, McPherson KA, Webb KH. Streptococcal Pharyngitis: Impact of a High-sensitivity Antigen Test on Physician Outcome. Journal of Clinical Microbiology (Dec 1998), 36: 3468-3473.
- Shea, Y.R., Specimen Collection and Transport, Clinical Microbiology Procedures Handbook, Isenberg, H.D., American Society of Microbiology, Washington D.C., 1.1.1-1.1.30, 1992.
- Nussinovitch, M, Finkelstein Y, Amir J, Varsano, I. Group A beta-hemolytic streptococcal pharyngitis in preschool children aged 3 months to 5 years. Clinical Pediatrics (June 1999), 38: 357-360.
- Woods WA, Carter CT, Stack M, Connors Jr AF, Schlager TA. Group A Streptococcal Pharyngitis in Adults 30 to 65 years of age. Southern Medical Journal (May 1999), 491-492.

#### INDEX OF SYMBOLS



Keep away from sunlight



Store between 2°C and 30°C



Keep dry



Do not re-use



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