



Elecsys® Anti-HAV II

Immunoassay for the in vitro qualitative detection of total antibodies against hepatitis A virus (HAV)

Summary

Hepatitis A is an acute, inflammatory liver disease caused by infection with HAV. HAV is a non-enveloped RNA virus in the family of Picornaviridae (genus Hepatovirus). Three genotypes and 6 subgenotypes of human HAV have been described based on the variability of the capsid gene. However, only one single serotype of the human HAV has been identified.¹⁻⁵ Hepatitis A occurs sporadically and in epidemics worldwide, with around 1.5 million new clinically recognized HAV infections.^{3,4} HAV is transmitted fecal-orally either by person-to-person contact or ingestion of contaminated food or water in regions of low hygienic standards. Cooked foods can transmit HAV if the temperature during food preparation is inadequate to inactivate the virus or if food is contaminated through infected food handlers.^{1,4-6} HAV has only been linked with acute hepatitis, and most patients fully recover within two months after infection.

Only 10 - 15 % of people infected will have prolonged or relapsed illness for up to 6 months.

Exposure to HAV creates lifelong immunity against future infection. HAV vaccines are available, which also stimulate active, lifelong immunity with 95 - 100 % efficiency.¹⁻⁴

Anti-HAV IgM becomes detectable 5 – 10 days before onset of symptoms, peaks during the symptomatic period and becomes undetectable in 75 % of patients 3 – 6 months after infection. Anti-HAV IgG, which appears after IgM, begins to rise at or right before the onset of clinical illness peaks during the convalescent period, and persists to provide lifelong protection against the disease. ^{3,7-11} Elecsys[®] Anti-HAV II is an immunoassay for the in vitro qualitative detection of total (IgM and IgG) antibodies to HAV in human serum and plasma. It is used as an aid to detect a past or existing HAV infection or to determine the presence of antibody response to HAV in vaccine recipients.¹²

Test principle: inverted 2-step competitive assay (testing time: 18 minutes)¹²



Step 1 (9 minutes):

A 20 μ L*/12 μ L** aliquot of the patient sample is incubated with an excess of HAV antigen. HAV-specific antibodies in the sample will bind to the added antigen. The higher the sample titer, the less antigen remains unbound.

Step 2 (9 minutes):

Biotinylated and ruthenium complex-labeled monoclonal antibodies specific for HAV antigen are added together with streptavidin-coated paramagnetic microparticles. The added antibody conjugates bind to unoccupied binding sites on the HAV antigens. The entire sandwich complex becomes bound to the solid phase through the biotin-streptavidin interaction.

Step 3 (measurement):

The reagent mixture is transferred to the measuring cell, where the microparticles are fixed to the electrode surface by magnetic action. Unbound substances are subsequently removed. Luminescence is then induced by applying a voltage and measured with a photomultiplier. The signal yield decreases with increasing anti-HAV titer.

Elecsys® Anti-HAV II assay characteristics¹²

Systems	cobas ® e 411 analyzer cobas ® e 601 / cobas ® e 602 modules	cobas® e 402 / cobas® e 801 analytical units	
Testing time	18 minutes		
Test principle	Inverted 2-step competitive assay		
Calibration	2-point		
Interpretation	COI >1.0 = non-reactive (negative for HAV-specific antibodies) COI ≤1.0 = reactive (positive for HAV-specific antibodies)		
Traceability	Traceable to the "Second International Standard for Anti-Hepatitis A, immunoglobulin, human", NIBSC code 97/646 of the NIBSC (National Institute for Biological Standards and Control) via method comparison to the first generation Elecsys® Anti-HAV assay as reference.		
Sample material	Serum collected using standard sampling tubes or tubes containing separating gel. Li-heparin, Na-heparin, K ₂ -EDTA, K ₃ -EDTA, ACD, CPD, CP2D, CPDA and Na-citrate plasma. Plasma tubes containing separating gel can be used.		
Sample volume	20 µL	12 µL	
Onboard Stability	8 weeks	16 weeks	
Intermediate precision in positive samples	cobas [®] e 411 analyzer: CV* 1.3 - 3.2 % cobas [®] e 601 / e 602 modules: CV 1.8 - 3.3 %	CV 2.0 - 3.5 %	
Relative sensitivity	Subjects vaccinated against hepatitis A (N = 238): 100 % (99.45 - 100 %**) Subjects with acute hepatitis A infection (N = 234): 100 % (98.44 - 100 %) Subjects recovered from hepatitis A infection (N = 256): 100 % (98.57 - 100 %)		
Analytical specificity	Blood donors (N = 577): 99.48 % (98.49 – 99.89 %) Subjects with routine request for anti-HAV testing (N = 871): 99.66 % (99.00 – 99.93 %)		

* coefficient of variation; ** 95% confidence interval (2-sided)

Hepatitis A infection: marker profile after natural infection ^{3,7-10,13}



*alanine aminotransferase

Proposed algorithms for diagnosis of HAV infection

Unknown HAV immune status

- The patient may have an acute or past HAV infection, or may not be ummune
- Initial test anti-HAV total assay

Suspected acute HAV infection

- The patient is exhibiting clinical symptoms
- Initial test anti-HAV IgM assay



With this algorithm, all three possible outcomes can be identified by testing first with the anti-HAV total assay followed by the anti-HAV IgM assay if necessary. By contrast, an anti-HAV IgG assay alone cannot identify or exclude acute infection; an anti-HAV IgM test is also required.^{10,13,14}

With this algorithm, all three possible outcomes can be clearly identified by testing first with the anti-HAV IgM assay followed by the anti-HAV total assay if necessary.^{10,14,15}

Order Information

Product	Material configuration	Material number
Elecsys® Anti-HAV II a)	100 tests	08 086 630 190
Elecsys [®] Anti-HAV II ^{b)}	300 tests	08 086 664 190
PreciControl Anti-HAV II a), b)	8 × 1.3 mL each	08 086 672 190

a) for use on cobas* e 411 analyzer, cobas* e 601 / cobas* e 602 module, b) for use on cobas* e 402 / cobas* e 801 analytical units

References

¹ Van Damme P, et al. Hepatitis A virus infection. Nature Rev Dis Prim. 2023; 9:51.

² Lemon SM, et al. Type A viral hepatitis: A summary and update on the molecular virology, epidemiology, pathogenesis and prevention. J Hepatol. 2018;68:167-184.

³ Pischke S, Wedemeyer H. Hepatitis C. In: Mauss S, et al. (eds.). Hepatology - A Clinical Textbook; 10th Edition [Internet; updated 2020; cited 2024 May 13]. Available from: www.hepatologytextbook.com.

⁴ World Health Organization (WHO). Hepatitis A Factsheet [Internet; updated 2023 Jul 20; cited 2024 May 13]. Available from: https://www.who.int/news-room/fact-sheets/detail/hepatitis-a.

⁵ Yong HT, Son R. Hepatitis A virus - a general overview. Int Food Res J. 2009;16:455-467.

⁶ Centers for Disease Control and Prevention (CDC). Clinical Overview of Hepatitis A [Internet; updated 2024 Jan 11; cited 2024 May 29]. Available from: https://www.cdc.gov/hepatitis-a/hcp/clinical-overview.

⁷ Hollinger FB, Emerson SU. Hepatitis A virus. In: Knipe OM, Howley PM, editors. Fields Virology, 5th edition. Lippincott Williams and Wilkins, Philadelphia: 2007.

⁸ Stapleton JT. Host Immune Response to Hepatitis A Virus. J Inf Dis. 1995;171(suppl 1):89-14.

 $^{\rm 9}$ Roque-Afonso AM, et al. Hepatitis A virus: serology and molecular diagnostics. Future Virol. 2010;5:233-242.

¹⁰ Salete de Paula V. Laboratory diagnosis of hepatitis A. Future Virol. 2012;7:461-472.

 $^{\rm n}$ Pondé, RA. The serological markers of acute infection with hepatitis A, B, C, D, E and G viruses revisited. Arch Virol. 2017;162:3587-3602.

¹² Elecsys Anti-HAV II method sheets. Mat. No. 08086630190 V3.0, 2023-12;, Mat. No. 08086664190 V5.0, 2021-12.

¹³ Centers for Disease Control and Prevention (CDC). Viral Hepatitis Serology Training, Hepatitis A [Internet; 2015 Nov 25; cited 2024 May 13]. Available from: https://www.cdc. gov/hepatitis/resources/professionals/training/serology/training.htm.

 $^{\rm 14}$ Gilson R, Brook MG. Hepatitis A, B, and C. Sex Transm Infect. 2006;82(Suppl 4): iv35-iv39.

¹⁵ Public Health England. UK Standards for Microbiology Investigations - Hepatitis A virus acute infection serology [Internet; updated 2019 Jan 18; cited 2024 May 13]. Available from: https://www.rcpath.org/static/8c7fd037-8032-4750-a47ded258e136108/ uk-smi-v-27i4-hepatitis-a-virus-acute-infection-serology-january-2019-pdf.pdf.

COBAS, ELECSYS and PRECICONTROL are trademarks of Roche. © 2024 Roche

Published by

Roche Diagnostics International Ltd CH-6343 Rotkreuz Switzerland

diagnostics.roche.com