

compared to two commercially available Enzyme Immunoassays (predicate devices). The performance of the ProSpecT Clostridium difficile Toxin A/B Microplate Assay and the predicate devices when compared to a CTA (using the same specimens) are as follows:

EIA	Performance versus CTA			
	Sensitivity		Specificity	
	#	%	#	%
ProSpecT	33/40	82.5	263/268	98.1
Predicate 1	33/40	82.5	260/268	97.0

ProSpecT	115/124	92.7	302/320	94.4
Predicate 2	98/124	79.0	309/320	96.6

ANALYTICAL SENSITIVITY

The ProSpecT Clostridium difficile Toxin A/B Microplate Assay detects Toxin A at levels of ≥ 0.20 ng/ml and Toxin B at levels of ≥ 0.61 ng/ml.

REPRODUCIBILITY

Reproducibility testing was conducted at three sites on three separate days with four blinded samples. Each site tested eight replicate wells of each specimen on each day of testing (n=288). The specimens included one negative specimen and three positive specimens with varying levels of reactivity. The average inter-assay or run-to-run coefficient of variation (CV) for a mid-range sample was 18.9%.The average intra-assay within-run CV for a mid-range sample was 7.7%.

CROSS-REACTIVITY

Forty microorganisms were evaluated with the ProSpecT Clostridium difficile Toxin A/B Microplate Assay. Bacteria and yeast isolates were tested at $\geq 10^8$ colony-forming units per ml. Viral isolates were tested at concentrations of 10^4 TCID₅₀/ml (Tissue Culture Infectious Dose per millilitre). No cross-reactivity was observed. There was no cross-reactivity to the strain of *Clostridium sordellii* (ATCC® 9714) tested. However, published literature indicates that certain strains of *C. sordellii* can produce toxins which may be cross-reactive with antibodies to *C. difficile* Toxins A and B. The following organisms were tested in the ProSpecT Clostridium difficile Toxin A/B Microplate Assay.

<i>Adenovirus</i> Type 40	<i>Enterobacter cloacae</i>
<i>Adenovirus</i> Type 41	<i>Enterococcus faecalis</i>
<i>Aeromonas hydrophilia</i>	<i>Escherichia coli</i>
<i>Bacillus cereus</i>	<i>Klebsiella pneumoniae</i>
<i>Bacillus subtilis</i>	<i>Peptostreptococcus anaerobius</i>
<i>Bacteroides fragilis</i>	<i>Paraphyromonas asaccharolytica</i>
<i>Campylobacter coli</i>	<i>Proteus vulgaris</i>
<i>Campylobacter jejuni</i>	<i>Pseudomonas aeruginosa</i>
<i>Candida albicans</i>	Rotavirus
<i>Clostridium beijerinckii</i>	<i>Salmonella choleraesuis</i>
<i>Clostridium difficile</i> (non-toxigenic)	<i>Serratia liquefaciens</i>
<i>Clostridium haemolyticum</i>	<i>Shigella dysenteriae</i>
<i>Clostridium histolyticum</i>	<i>Shigella flexneri</i>
<i>Clostridium novyi</i> (toxin A)	<i>Shigella sonnei</i>
<i>Clostridium perfringens</i> (type A)	<i>Staphylococcus aureus</i>
<i>Clostridium septicum</i>	<i>Staphylococcus aureus</i> (Cowan)
<i>Clostridium sordellii</i>	<i>Staphylococcus epidermidis</i>
<i>Clostridium sporogenes</i>	<i>Vibrio cholerae</i>
<i>Clostridium tetani</i>	<i>Vibrio parahaemolyticus</i>
<i>Enterobacter aerogenes</i>	<i>Yersinia enterocolitica</i>

INTERFERING SUBSTANCES

The following substances were tested with the ProSpecT Clostridium difficile Toxin A/B Microplate Assay: Vancomycin (12.5 mg/ml), Metronidazole (12.5 mg/ml), blood, mucous, faecal fat and the following over-the-counter anti-diarrhoeal products: Pepto-Bismol®, Imodium® A-D, Kaopectate® (active ingredients: bismuth subsalicylate, loperamide HCl and attapulgite respectively). No interference with positive or negative specimens was observed.

14. BIBLIOGRAPHY

- Bartlett, J.G., 2002.**
N. Engl. J. Med. 346(5): 334-339.
- Kelly, C.P. and J.T. LaMont, 1988.**
Ann. Rev. Med. 49: 375-390.
- Wilkins, T. and D.M. Lyerly, 2003.**
J. Clin. Microbiol. 41: 531-534.
- O'Connor, D., P. Hynes, M. Cormican, E. Collins, G. Corbette-Feeney and M. Cassidy, 2001.**
J. Clin. Microbiol. 39: 2846-2849.
- Turgeon, D.K., T.J. Novicki, J. Quick, L. Carlson, P. Miller, B. Ulness, A. Cent, R. Ashley, A. Larson, M. Coyle, A.P. Limaye, B.T. Cookson and T.R. Fritsche, 2003.**
J. Clin. Microbiol. 41: 667-670.
- Gumerlock, P.H., Y.J. Tang, J.B. Weiss and J. Silva Jr., 1993.**
J. Clin. Microbiol. 31: 507-511.
- Belanger, S.D., M. Boissinot, N. Clairoux, F.J. Picard and M.G. Bergeron, 2003.**
J. Clin. Microbiol. 41: 730-734.
- Limaye, A.P., D.K. Turgeon, B.T. Cookson and T.R. Fritsche, 2000.**
J. Clin. Microbiol. 38: 1696-1697.
- Alfa, M.J., A. Kabani, D. Lyerly, S. Moncrief, L.M. Neville, A. Al-Barrak, G.K.H. Harding, B. Dyck, K. Olekson and J.M. Embil, 2000.**
J. Clin. Microbiol. 38: 2706-2714.
- Barbut, F., V. Lalande, B. Burghoffer, H.V. Thien, E. Grimprel and J. Petit, 2002.**
J. Clin. Microbiol. 40: 2079-2083.
- Lyerly, D.M., L.M. Neville, D.T. Evans, J. Fill, S. Allen, W. Greene, R. Sautter, P. Hnatuck, D.J. Torpey, and R. Schwalbe. 1998.**
J. Clin. Microbiol. 36:184-190.
- Nicholson, G., and M. Jones. 1999.**
Br. J. Biomed. Sci. 56:204-208.
- Mandell, G.L., J.E. Bennett, and R. Dolin. 2000.**
Mandell, Douglas, and Bennett's Principles and Practices of Infectious Diseases. 5th ed. Churchill Livingstone. New York, NY.

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