INTENDED USE
The OSOM® Ultra Strep A Test is a color immunochromatographic assay intended for the qualitative detection of Group A Streptococcal antigen directly from throat swab specimens.

SUMMARY AND EXPLANATION OF TEST
Group A Streptococcus is one of the most important causes of acute upper respiratory tract infection. Early diagnosis and treatment of Group A Streptococcal pharyngitis has been shown to reduce the severity of symptoms and further complications such as rheumatic fever and glomerulonephritis\(^{10}\). Conventional identification procedures for Group A Streptococcus from throat swabs involve the isolation and subsequent identification of viable pathogens by techniques that require 18 to 24 hours or longer\(^{10}\). The OSOM Ultra Strep A Test detects either viable or nonviable organisms directly from a throat swab, providing results within 7 minutes.

PRINCIPLES OF TEST
The OSOM Ultra Strep A Test is a color immunochromatographic assay using Dual Label Technology (DLT)**. DLT uses antibody labeled color particles coated at two separate locations in the test device. DLT allows greater sensitivity than the conventional single label technology without sacrificing specificity. In the test procedure, a throat swab is subjected to a chemical extraction of a carbohydrate antigen unique to Group A Streptococcus. The Test Stick is then placed in the extraction mixture and the mixture migrates along the membrane. If Group A Streptococcus is present in the sample, it will form complexes with the anti-Group A Streptococcus antibody conjugated color particles located at two separate locations on the Test Stick. The complex will then be bound by the anti-Group A Streptococcus capture antibody and a visible blue Test Line will appear to indicate a positive result. A red Control Line will also appear to indicate the test is valid.

KIT CONTENTS AND STORAGE
Contents:
25 Test Sticks Coated with Rabbit Anti-Group A Streptococcus
25 Test Tubes
25 Sterile Swabs
25 Extraction Reagent Bottles (2 M Sodium Nitrite and One Ampule with 0.3 M Acetic Acid)
1 Positive Control (Nonviable Group A Streptococcus, 0.1% Sodium Azide)
1 Negative Control (Nonviable Group C Streptococcus, 0.1% Sodium Azide)
1 Workstation
1 Directional Insert
Note: extra components (swabs, tubes) have been provided for your convenience.
- Store Test Sticks and reagents tightly capped at 15˚ – 30˚C (59˚ – 86˚F).
- Do not use Test Sticks or reagents after expiration date.
- Store Extraction Reagent Bottles inside the box. Avoid exposure to light.
- Avoid dropping Extraction Reagent Bottles as this may cause ampule breakage.

MATERIALS REQUIRED BUT NOT PROVIDED
A timer or a watch.

PRECAUTIONS
- For in vitro diagnostic use.
- Follow your laboratory safety guidelines in the collection, handling, storage and disposal of controls, patient specimens and all items exposed to patient specimens\(^{11}\).
- Caution: The Extraction Reagent Bottle contains Sodium Nitrite and may be harmful if swallowed. Do not taste or swallow. Wash thoroughly after handling.
- The Extraction Reagent Bottle contains a glass ampule. Crush the glass ampule with care.
- Warning: The Extraction Reagent Bottle contains an acidic solution that will cause skin and eye irritation. If the solution comes in contact with the skin or eyes, flush with large volumes of water.
- If no glass ampule is inside the Extraction Reagent Bottle or the glass ampule appears to be broken before use (reagent is colorless or yellow), discard and use another Extraction Reagent Bottle.
- The Positive and Negative Controls contain sodium azide which may react with lead or copper plumbing to form potentially explosive metal azide. Large quantities of water must be used to flush discarded control material down a sink.
- Do not interchange or mix components from different kit lots.

SPECIMEN COLLECTION AND PREPARATION
- Collect specimens with a sterile swab from the tonsils and/or the back of the throat\(^{12}\) taking care to avoid the teeth, gums, tongue or cheek surfaces.
- Do not use swabs with cotton tips, wooden shafts or calcium alginate swabs.
- Do not use a collection system that contains charcoal or semisolid transport media.
If the test result is inconsistent with the clinical symptoms, a second throat swab should be collected.

Pharyngitis may be caused by viral or bacterial pathogens other than Group A Streptococcus.

This test does not differentiate between carriers and acute infection.

The OSOM Ultra Strep A Test is a qualitative test for the detection of Group A Streptococcal antigen.

As with all diagnostic assays, the results obtained by this test yield data that must be used only as an adjunct to other information available to the physician. The following factors must be considered to obtain reliable results:

The OSOM Ultra Strep A Test provides three levels of procedural controls with each test run:

- The color of the liquid changes from pink to light yellow after the glass ampule is crushed and the extraction reagents are mixed. This is an internal extraction reagent control. The color change means you have mixed the extraction reagents properly. The color change also means that the reagents are functioning properly.

- The red Control Line is an internal positive procedural control. For the Test Stick to be working properly, capillary flow must occur. The Test Stick must absorb the proper amount of sample and the Test Stick must be working properly for the red Control Line to appear.

- A clear background is an internal background negative procedural control. If no interfering substances are in the specimen and the Test Stick is working properly, the background will clear. A discernible result will be seen.

TEST PROCEDURE section to test the swab.

Using a clean swab, follow steps 3 – 6 in the TEST PROCEDURE section to dispense the Extraction Reagent into the Test Tube.

Add 1 free falling drop of the Positive Control into the Test Tube.

Follow Steps 1 and 2 in the TEST PROCEDURE section to dispense the Extraction Reagent into the Test Tube.

Add 1 free falling drop of the Negative Control from the dropper bottle into the Test Tube.

Using a clean swab, follow steps 3 – 6 in the TEST PROCEDURE section to test the swab.

A clear background is an internal background negative procedural control. If no interfering substances are in the specimen and the Test Stick is working properly, the background will clear. A discernible result will be seen.

External Quality Control Testing

Each kit contains Positive and Negative Control material. The controls are for external quality control testing. Use the Controls to test that the extraction reagents and the Test Sticks are working properly. Also use the Controls to test that you are able to correctly perform the test procedure, including the antigen extraction portion of the test procedure. If you choose, you may use Group A and non Group A Streptococcus ATCC reference strains as external controls. Some commercial controls may contain interfering additives. Therefore Sekisui Diagnostics recommends that you do not use commercial controls with the OSOM Ultra Strep A Test.

Quality Control requirements should be established in accordance with local, state and federal regulations or accreditation requirements. Minimally, Sekisui Diagnostics recommends that positive and negative external controls be run with each new lot and with each new untrained operator.

QC Testing Procedure:

**Positive Control**

- Follow Steps 1 and 2 in the TEST PROCEDURE section to dispense the Extraction Reagent into the Test Tube.
- Vigorously mix the Positive Control material. Add 1 free falling drop of the Positive Control from the dropper bottle into the Test Tube.
- Using a clean swab, follow steps 3 – 6 in the TEST PROCEDURE section to test the swab.

**Negative Control**

- Follow Steps 1 and 2 in the TEST PROCEDURE section to dispense the Extraction Reagent into the Test Tube.
- Vigorously mix the Negative Control material. Add 1 free falling drop of the Negative Control from the dropper bottle into the Test Tube.
- Using a clean swab, follow steps 3 – 6 in the TEST PROCEDURE section to test the swab.

As with all diagnostic assays, the results obtained by this test yield data that must be used only as an adjunct to other information available to the physician. The following factors must be considered to obtain reliable results:

- The OSOM Ultra Strep A Test is a qualitative test for the detection of Group A Streptococcal antigen. This test detects both viable and non-viable Group A Streptococci, and may yield a positive result in the absence of living organisms.
- The quality of the test depends on the quality of the sample; proper throat swab specimens must be obtained. Positive results can occur from inadequate specimen collection or antigen level which is below the detection limit of the test.
- The OSOM Ultra Strep A Test should be used only with throat swab specimens. The use of swab specimens taken from other sites or the use of other samples such as saliva, sputum or urine has not been established.
- This test does not differentiate between carriers and acute infection.
- Pharyngitis may be caused by viral or bacterial pathogens other than Group A Streptococcus.
- If the test result is inconsistent with the clinical symptoms, a second throat swab should be collected for repeat testing.

The American Academy of Pediatrics states: “Several rapid diagnostic tests for GAS pharyngitis are available... The specificities of these tests generally are very high, but the reported sensitivities vary considerably. As with throat cultures, the accuracy of these tests is most dependent on the quality of the throat swab specimen, which must contain pharyngeal and tonsillar secretions, and on the experience of the person performing the test. Therefore, when a patient suspected of having GAS pharyngitis has a negative rapid streptococcal test, a throat culture should be obtained to ensure that the patient...”
does not have GAS infection." It also states: "Cultures that are negative for GAS infection after 24 hours should be incubated for a second day to optimize isolation of GAS."

EXPECTED RESULTS

Approximately 19% of all upper respiratory tract infections are caused by Group A Streptococci. Streptococcal pharyngitis displays a seasonal variation and is most prevalent during winter and early spring. The highest incidence of this disease is found in crowded populations such as military bases and in school-age children.

PERFORMANCE CHARACTERISTICS

Summary
The study results in this section show that the sensitivities of the OSOM Ultra Strep A Test and the standard single swab culture method are not statistically different. The study also compared the OSOM Ultra Strep A Test to Rigorous Gold Standard and another commercially available rapid test, Inverness Medical - BioStar’s Strep A OIA Max Test.

Comparison of the Performances of OSOM Ultra Strep A Test, Strep A OIA Max Test and Standard Single Swab Culture Method, by Using Rigorous Gold Standard (“RGS”; Multiple Sample Swab Culture plus Broth Enhanced Pledge Culture) as the Gold Standard

In a hospital clinical lab field evaluation, two swabs (A and B) were collected from each of 302 patients presenting with pharyngitis. Swabs were held in transport tubes with Stuart’s modified transport medium until testing. Swabs A and B from each patient were inoculated on separate selective sheep blood agar plates. One swab (Swab A) was then tested by the OSOM Ultra Strep A Test and the other swab (Swab B) was tested by the Strep A OIA Max Test. Plates were incubated for 24–48 hours at 35°C with 5–10% CO₂. All pledgets from the transport tubes were placed aseptically in modified Todd Hewitt Broth (THB) for 16–24 hours at 35°C with 5–10% CO₂. After the initial incubation, the inoculated THB was subcultured on SXTagar plates and incubated for 24–48 hours at 35°C with 5–10% CO₂. All presumptive GAS colonies were confirmed with commercially available Strep A test kits. A positive culture from either one of the two swabs or the pledget was considered a Rigorous Gold Standard (RGS) positive.

Of 302 total patients sampled, 94 were found RGS positive and 208 were RGS negative, with a positive rate of 31.1%. The sensitivity of the OSOM Ultra Strep A Test, 92.6% (95% confidence interval (CI): 84.8–96.0%) was the same as the corresponding standard single swab culture, 92.6% (95% CI: 84.8–96.0%). In these studies, the two test methods’ sensitivities were not statistically different (p = 0.7811). The sensitivity of the OSOM Ultra Strep A Test was 92.6% and the sensitivity of the Strep A OIA Max Test was 75.5% with p value of 0.0021. The results are summarized below:

<table>
<thead>
<tr>
<th>Test Method</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Swab Culture A (SSC A)</td>
<td>87/94 (92.6%)</td>
<td>N/A*</td>
</tr>
<tr>
<td>Single Swab Culture B (SSC B)</td>
<td>82/94 (87.2%)</td>
<td>N/A*</td>
</tr>
<tr>
<td>OSOM Ultra Strep A Test (Swab A)</td>
<td>87/94 (92.6%)</td>
<td>193/208 (97.8%)</td>
</tr>
<tr>
<td>Strep A OIA Max Test (Swab B)</td>
<td>71/94 (75.5%)</td>
<td>202/208 (97.1%)</td>
</tr>
</tbody>
</table>

Statistical Analysis for the Sensitivity of the Various Test Methods:

<table>
<thead>
<tr>
<th>Test Method</th>
<th>Sensitivity</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSC A vs. SSC B</td>
<td>87/94 (92.6%) vs. 82/94 (87.2%)</td>
<td>0.3312</td>
</tr>
<tr>
<td>OSOM Ultra vs. SSC A</td>
<td>87/94 (92.6%) vs. 87/94 (92.6%)</td>
<td>0.7811</td>
</tr>
<tr>
<td>OIA Max vs. SSC B</td>
<td>71/94 (75.5%) vs. 82/94 (87.2%)</td>
<td>0.0581</td>
</tr>
<tr>
<td>OSOM Ultra vs. OIA Max</td>
<td>87/94 (92.6%) vs. 71/94 (75.5%)</td>
<td>0.0021</td>
</tr>
</tbody>
</table>

a. N/A, Not applicable, all culture positives are true-positive by definition.
b. A statistical analysis using “The Difference Between Two Independent Proportions” by Fleiss was used.
Comparison of the Performances of OSOM Ultra Strep A Test and Standard Single Swab Culture Method, by Using Combined Culture Standard ("CCS"; Single Swab Culture plus Broth Enhanced Pledget Culture) as the Gold Standard

In a field evaluation conducted by a clinical lab for a pediatric group practice, a total of 490 throat swabs were collected from patients presenting with pharyngitis. Swabs were held in transport tubes with modified Stuart’s transport media until testing.

Each swab was inoculated on a sheep blood agar plate, then tested by the OSOM Ultra Strep A Test. The plate methods were the same as previously described. All pledgets from the transport tubes were also tested following the enhanced pledget culture method described previously. A positive culture from either the swab or the pledget was considered a Combined Culture Standard (CCS) positive.

Of 490 total specimens, 164 were found CCS positive and 326 were CCS negative, with a positive rate of 33.5%. Of the 326 CCS negative specimens, 326 were also negative by the OSOM Ultra Strep A Test, for a specificity of 100% (95% CI: 98.5 – 100%). Of the 164 CCS positive specimens, 161 and 157 were also positive by the standard single swab culture and the OSOM Ultra Strep A Test, respectively. These equal to sensitivities of 98.2% (95% CI: 94.3 – 99.2%) and 95.7% (95% CI: 91.1 – 97.7%) for the standard single swab culture and the OSOM Ultra Strep A Test, respectively. A statistical analysis comparing the sensitivity of the standard single swab culture and the OSOM Ultra Strep A Test, using “The Difference Between Two Independent Proportions” by Fleiss, showed these two methods were not statistically different (p = 0.3341).

The results are summarized below:

<table>
<thead>
<tr>
<th>Test Results:</th>
<th>Single Swab Culture vs. CCS</th>
<th>OSOM Ultra Strep A Test vs. CCS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CCS +</td>
<td>CCS -</td>
</tr>
<tr>
<td>Culture +</td>
<td>161</td>
<td>0</td>
</tr>
<tr>
<td>Culture -</td>
<td>3</td>
<td>326</td>
</tr>
<tr>
<td>Total</td>
<td>164</td>
<td>326</td>
</tr>
</tbody>
</table>

Sensitivity: 161 / 164 = 98.2%
Specificity: N/A

Sensitivity: 157 / 164 = 95.7%
Specificity: 326 / 326 = 100%

Sensitivity Analysis:

<table>
<thead>
<tr>
<th>Test Method</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Swab Culture</td>
<td>161/164 (98.2%)</td>
<td>N/A*</td>
</tr>
<tr>
<td>OSOM Ultra Strep A Test</td>
<td>157/164 (95.7%)</td>
<td>326/326 (100%)</td>
</tr>
<tr>
<td>p =</td>
<td>0.3341</td>
<td>N/A*</td>
</tr>
</tbody>
</table>

a N/A, Not applicable, all culture positives are true-positive by definition.

Evaluation of the Performance of OSOM Ultra Strep A Test by Using Standard Single Swab Culture Method as the Gold Standard

In a two site field evaluation, throat swabs were collected from patients presenting with pharyngitis. Each swab was inoculated on a sheep blood agar plate, then tested by the OSOM Ultra Strep A Test. Plates were incubated for 24-48 hours at 35˚C with 5–10% CO₂. Presumptive GAS colonies were confirmed with commercially available Strep A test kits. When the standard single swab culture method was used as the gold standard, the combined results from these two sites showed that the OSOM Ultra Strep A Test had a sensitivity of 96.4% (239/248; 95% CI: 93.0–97.9%), a specificity of 96.3% (524/544; 95% CI: 94.3–97.5%), and an overall agreement of 96.3%. The results are summarized below:

<table>
<thead>
<tr>
<th>Culture Density</th>
<th>OSOM Ultra Strep A Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ (predominant growth)</td>
<td>89/89 (100%)</td>
</tr>
<tr>
<td>3+ (&gt;50 colonies)</td>
<td>90/91 (98.9%)</td>
</tr>
<tr>
<td>2+ (11–50 colonies)</td>
<td>45/46 (97.8%)</td>
</tr>
<tr>
<td>1+ (&lt;10 colonies)</td>
<td>15/22 (68.2%)</td>
</tr>
<tr>
<td>Total Positive (Sensitivity)</td>
<td>239/248 (96.4%)</td>
</tr>
<tr>
<td>Negative (Specificity)</td>
<td>524/544 (96.3%)</td>
</tr>
</tbody>
</table>
**TEST PROCEDURE**

**STEP 1**
Just before testing, squeeze the Extraction Reagent Bottle to crush the ampule inside. Note: The ampule must be crushed before proceeding to the next step.

**STEP 2**
Vigorously shake the Extraction Reagent Bottle 3–5 times to mix the contents. The liquid in the Extraction Reagent Bottle should turn from pink to light yellow.

Add **6 drops** of the Extraction Reagent to the Test Tube.

**STEP 3**
Immediately put the swab into the Test Tube.

Vigorously mix the solution by rotating the swab forcefully against the side of the Test Tube at least ten (10) times. Best results are obtained when the specimen is vigorously extracted in the solution.

**Let stand for 2 minutes.**

**STEP 4**
Express as much liquid as possible from the swab by squeezing the sides of the tube as the swab is withdrawn.

Discard the swab.

**STEP 5**
Remove the Test Stick(s) from the container; re-cap the container immediately.

Place the Absorbent End of the Test Stick into the extracted sample.

**STEP 6**
Read results at 5 minutes. Positive results may be read as soon as the red Control Line appears. Negative results must be confirmed at 5 minutes.

**Results are invalid after the read time.**
**The use of a timer is recommended.**
A blue Test Line and a red Control Line is a positive result. A positive result means that the assay detected Group A Streptococcus antigen in the specimen. Note that the blue line can be any shade of blue and can be lighter or darker than the line in the picture.

Negative

A red Control Line but no blue Test Line is a negative result. A negative result means that no Group A Streptococcus antigen was detected, or the levels of antigen in the specimen were below the detection level of the assay.

Invalid

If after 5 minutes, no red Control Line appears or background color makes reading the red Control Line impossible, the result is invalid. If this occurs, repeat the test using a new sample or contact Sekisui Diagnostics Technical Assistance.

Notes

A blue or red line that appears uneven in color density is still considered a valid line. In some cases, a trail of color may remain in the background; as long as the Test Line and Control Line are visible, the results are valid.

CROSS-REACTIVITY

The following organisms tested at levels of approximately $1 \times 10^{8}$ organisms/test were all found to be negative when tested with the OSOM Ultra Strep A Test.

- Streptococcus Group B
- Enterococcus faecalis
- Pseudomonas aeruginosa

- Streptococcus Group C
- Escherichia coli
- Bordetella pertussis

- Streptococcus Group D
- Staphylococcus aureus
- Neisseria meningitidis

- Streptococcus Group F
- Staphylococcus epidermidis
- Neisseria gonorrhoeae

- Streptococcus Group G
- Corynebacterium diphtheria
- Neisseria sicca

- Streptococcus pneumoniae
- Serratia marcescens
- Neisseria subflava

- Streptococcus sanguis
- Candida albicans
- Branhamella catarrhalis

- Streptococcus mutans
- Klebsiella pneumoniae
- Hemophilus influenzae

POL STUDIES

An evaluation of the OSOM Ultra Strep A Test was conducted at three physicians’ offices where testing was performed by personnel with diverse educational backgrounds. Each site tested the randomly coded panel consisting of negative (6), low positive (3) and moderate positive (3) specimens for three days. The results obtained had 100% agreement (108/108) with the expected results.
REFERENCES
3. CDC, Biosafety in Microbiological and Biomedical Laboratories, 2nd Ed., HHS Publication No. 8808395, 4-6,1988.

ASSISTANCE
For assistance, call Sekisui Diagnostics Technical Assistance at 800-332-1042.

RE-ORDER
No. 147 (25 Tests)

KEY TO COMPONENT LABELING

Use by YYYY-MM
Batch code
Catalog number
Contents sufficient for <n> tests
In vitro diagnostic medical device
Temperature limitation

Manufacturer/Manufactured by
Consult instructions for use
Authorized representative in the European Community
Caution, consult accompanying documents.

OSOM® is a registered U.S. trademark of Sekisui Diagnostics, LLC.

** Patent number 6,194,221
*** OIA® is a registered trademark of Inverness Medical – BioStar Inc. and the Strep A OIA Max Test is manufactured by Inverness Medical – BioStar Inc.

Licensed under U.S. Patent Nos. 5,714,389; 5,989,921, 6,485,982 and 6,979,576 and related non-U.S. patents and patent applications.

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