Lumipulse G SARS-CoV-2 Ag



Detection and quantification

First fully automated high sensitive antigen test

Fast turnaround time, essential in surveillance An aid in COVID-19 diagnosis

- Fast results in 30 minutes and STAT functionality
- Randomly load nasopharyngeal swab or saliva sample as required
- Excellent correlation with RT-PCR method
- High association with infectiousness^{8,10}



Clinical background

The 2019 novel coronavirus infection disease (COVID-19) is caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).^{1,2} In December 2019, the Health Commission of the City of Wuhan, Hubei Province, China, reported multiple pneumonia patients with unknown cause. On January 7th 2020, the World Health Organization (WHO) announced that the National Health Commission of China identified a new type of coronavirus, SARS-CoV-2.³

The WHO declared a COVID-19 pandemic on March 11th 2020 due to the worldwide spread of this novel coronavirus infection.⁴

To detect the virus, lower respiratory tract specimen, nasopharyngeal swab fluid and saliva of the patient are shown to be reliable samples for the detection of the SARS-CoV-2 virus.^{5,6} In general, the diagnosis of SARS-CoV-2 infection is made by molecular detection of the SARS-CoV-2 genes. Although nucleic acid-based assays can detect SARS-CoV-2 gene with high sensitivity, it is restricted by the needs of special equipment and turnaround time. SARS-CoV-2 produces multiple viral antigens of which the nucleocapsid protein (N) is the most abundant.¹¹

Lumipulse G SARS-CoV-2 Ag is an aid in the diagnosis of COVID-19 by detection and quantification of the SARS-CoV-2 nucleocapsid protein antigen based on the chemiluminescent enzyme immunoassay (CLEIA) principle.⁷

Measurement principle



References

- 1. Wu F. et al. Nature 2020; 579:265-269
- 2. Coronaviridae Study Group of the International Committee on Taxonomy of Viruses. Nat. Microbiol. 2020; 5:536-544
- 3. WHO website "Rolling update on coronavirus disease (COVID-19)" (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen)
- 4. WHO Director-General's opening remarks at the media briefing on COVID-19-11 March 2020 (https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-
- briefing-on-covid-19---11-march-2020)
- 5. Di Gennaro F. et al. Int J Environ Res Public Health 2020; 17:2690
- 6. lwasaki S. et al. J Infect. 2020; 81:e145-e147
- 7. Nishizono I, et al. Clin Chem 1991; 37:1639-1644
- 8. Menchinelli G. et al. Clin Chem Lab Med published online ahead of print April 7, 2021 https://doi.org/10.1515/cclm-2021-0182
- 9. Yokota I. et al. http://dx.doi.org/10.2139/ssrn.3719066
- 10. Hirotsu Y. et al. Int J Infect Dis. 2021; 105:7-14
- 11. Satarker S. et al. Arch Med Res. 2020; 51(6):482-491

For use, please read the package insert and instruction manual for each reagent and measurement system.

Clinical performance data Excellent correlation with RT-PCR method for both nasopharyngeal and saliva sample

Nasopharyngeal samples⁸

Nasopharyngeal swab samples from individuals with COVID-19 diagnosis (RT-PCR cycle threshold Ct-value \leq 40) or non-COVID-19 (Ct values >40) were evaluated on the Lumipulse *G* SARS-CoV-2 Ag assay.

To evaluate the correlation of the assay performance according to Ct-range, performance of the Lumipulse *G* SARS-CoV-2 Ag assay was assessed for specified Ct-categories as shown in table below.

		RT-PCR METHOD			
		Ct-value <25	Ct-value <30	Ct-value <35	
Lumipulse G SARS-CoV-2 Ag	Positive*	87/87	124/127	147/175	
	Sensitivity (95% Cl)	100.0% (95.8-100.0%)	97.6% (93.3-99.2%)	84.0% (77.8-88.7%)	
	Negative	397/400			
	Specificity (95% Cl)	99.3% (97.8-99.7%)			

*including results in the grey zone (1.34-10.00 pg/mL)

Comparison of Lumipulse G SARS-CoV-2 Ag results versus RT-PCR in different testing groups.⁸

Testing	Lumipulse G SARS-CoV-2 Ag	RT-PCR-Ct-values			
group		<25	<30	<35	
Diagnostic (symptomatic)	Positive*	35/35	52/53	58/63	
	Sensitivity (95% CI)	100.0% (90.1-100.0%	98.1% (90.1-99.7%)	92.1% (82.7-96.6%)	
Monitoring (symptomatic)	Positive*	20/20	32/32	46/62	
	Sensitivity (95% CI)	100.0% (83.9-100.0%)	100.0% (89.3-100.0%)	74.2% (62.1-83.4%)	
Screening (asymptomatic)	Positive*	32/32	40/42	43/50	
	Sensitivity (95% CI)	100.0% (89.3-100.0%)	95.2% (84.2-98.7%)	86.0% (73.8-93.0%)	

*including results in the grey zone (1.34-10.00 pg/mL)

Saliva samples9

Correlation with RT-PCR method was tested on 2056 specimens from 132 symptomatic and 1924 asymptomatic persons from contact tracing cohort and airport quarantine cohort. A high correlation was observed between the RNA copy number calculated from the Ct (Cycle Threshold) value and the antigen concentration measured with the Lumipulse assay.

Lumipulse G SARS-CoV-2 Ag	RT-PCR Method					
	SYMPTOMATIC			ASYMPTOMATIC		
	Positive	Negative	Total	Positive	Negative	Total
Positive	33	2	35	35	13	48
Negative	8	89	97	13	1863	1876
Total	41	91	132	48	1876	1924
Sensitivity	80.5% (95% CI: 66.0-89.8%)			72.9% (95% CI: 59.0-83.4%)		
Specificity	97.8% (95% Cl: 92.3-99.4%)			99.3% (95% Cl: 98.8-99.6%)		
Overall concordance rate	98.2% (95% Cl:97.6-98.7%) (2020/2056 cases)					

Data based on calculated cut-off value of 0.67 pg/mL.

High correlation between antigen concentration and RNA load with RT-PCR

A high correlation between Ct value and antigen level is demonstrated for initial samples (R²=0.835) and a lower correlation in follow-up samples (R²=0.774). Variability increased in follow-up samples which included lower viral load samples collected from hospitalized patients in late phase of infection or recovery.¹⁰



Assay characteristics

CHARACTERISTICS	SPECIFICATION			
Sample volume*	100 µL			
Measuring range	0.60 - 5000.00 pg/mL			
Analytical sensitivity (LoD)	0.19 pg/mL 0.47 log ₁₀ TCID ₅₀ /mL (or 2.95 TCID ₅₀ /mL) ⁸			
Functional sensitivity (LoQ)	0.60 pg/mL			
Cross-reactivity	 No cross-reactivity with inactivated Influenza viruses (Influenza virus H1N1, Influenza virus H3N2, Influenza virus B) No cross-reactivity with in-house recombinant human coronavirus antigens (MERS-CoV, HCoV-229E, HCoV-0C43, HCoV-NL63, HCoV-HKU1). Cross-reactivity observed with in-house recombinant human coronavirus antigen SARS-CoV (not examined with native antigen) Full list of cross-reactants tested see IFU 			
Linearity	0.36 - 6056.64 pg/mL			
Test result TAT	30 minutes			
# of tests	60 tests/hr (on LUMIPULSE G600II) 120 tests/hr (on LUMIPULSE G1200)			

Multiple sample types can be used

- Nasopharyngeal swab using either a squeeze tube or using regular test tubes.
- Saliva
- Virus preservation solution used for molecular testing

*additional dead volume needed depending on sample tube cup used



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LUMIPULSE® G600II

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IMPROVE TURNAROUND TIME AND LABORATORY THROUGHPUT FOR COVID-19 TESTING

BENEFIT FROM THE EASE OF USE AND THE QUALITY THAT LUMIPULSE G HAS TO OFFER

1 Single-test cartridges facilitate runs as small as a single specimen



Excellent precision leads to more reliable and reproducible results



Eliminate the wastage often associated with opened reagent bottles

Excellent sensitivity and accuracy

> Only one calibration per 30 days; no need for full calibration per run



Two automated analyzers with easy operator / LIS interface

LUMIPULSE[®] G1200



Significantly shorter turnaround time - results within 30 minutes

ORDERING INFORMATION

PRODUCT NAME	# TEST/BOX	CONTENT		REFERENCE CODE	
Lumipulse® G SARS-CoV-2 Ag Immunoreaction Cartridges	42 tests	Immunoreaction Cartridges	14 tests x 3	260340	
Lumipulse® G SARS-CoV-2 Ag		Calibrators (Lyophilized)	4 conc x 4	231869	
Calibrators set		Reconstituting solution	10 mL x 1		
Lumipulse® SARS-CoV-2 Ag		Controls (Lyophilized)	2 conc x 6	221976	
Controls		Reconstituting solution	10 mL x 2	2310/0	
Luminulse® G SARS-CoV-2 Ag		Sample Extraction Solution	9 mL x 1		
Sample Extraction Solution Set	20 tests	Applicator Tip	10 tips/bag x 2	231883	
for Nasopharynx swab		Squeeze tube	10 tubes/bag x 2		

Global Presence

We have a global presence through offices in Europe, United States and Asia and a worldwide commercial distribution network. For further information, please visit: www.fujirebio.com

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