



HSV1&2 VZV R-GENE[®]

REAL TIME PCR ASSAYS - ARGENE[®] TRANSPLANT RANGE

The power of true experience



PIONEERING DIAGNOSTICS



HSV1&2 VZV R-GENE®

KEY FEATURES

- Ready-to-use reagents
- Complete qualitative and quantitative kit
- Simultaneous detection and quantification of HSV1 and HSV2
- Detection and quantification of VZV
- Validated on most relevant sample types
- Validated with the major extraction and amplification platforms
- Designed for low to high throughput analysis
- Same procedure for all the ARGENE® Transplant kits

CLINICAL CONTEXT¹⁻⁵

Herpes Simplex Viruses (HSV) 1 and 2 and Varicella-Zoster Virus (VZV) are DNA viruses belonging to the *Herpesviridae* family. Primary infection is generally limited to the mucous membranes and the skin. After primary infection, the virus persists in the host by establishing a latent infection. In case of chronic or transient immunosuppression, the virus may reactivate to generate recurrent infection. Usually benign, the infections with these viruses can develop in severe clinical forms such as encephalitis, meningitis, retinitis, fulminant hepatitis, bronchopneumonia and neonatal infections.

Various antivirals have proven their efficacy in treating these pathologies when prescribed early and at appropriate doses. In case of severe infections, it is therefore essential to obtain an early and rapid diagnosis of the infection.



TECHNICAL INFORMATION

ORDERING INFORMATION	HSV1&2 VZV R-GENE® - Ref. 69-014B		
Parameters	HSV1	HSV2	VZV
Gene target	US7	UL27	gp19 protein
Validated specimens	CSF, Whole blood, Plasma, BAL, Mucocutaneous swabs (<i>qualitative only</i>), Anogenital swabs (<i>qualitative only</i>), Throat swabs (<i>qualitative only</i>)	CSF, Whole blood, Plasma, BAL, Mucocutaneous swabs (<i>qualitative only</i>), Anogenital swabs (<i>qualitative only</i>), Throat swabs (<i>qualitative only</i>)	CSF, Whole blood, Plasma, Mucocutaneous swabs (<i>qualitative only</i>)
Limit of Detection (LoD 95%)	CSF: 2.4 log ₁₀ copies/mL Whole Blood, Plasma, BAL: 2.7 log ₁₀ copies/mL Swabs: 3.0 log ₁₀ copies/mL	CSF: 2.0 log ₁₀ copies/mL Whole Blood, Plasma, BAL: 2.0 log ₁₀ copies/mL Swabs: 3.0 log ₁₀ copies/mL	CSF: 2.5 log ₁₀ copies/mL Whole Blood, Plasma: 2.7 log ₁₀ copies/mL Swabs: 3.0 log ₁₀ copies/mL
Quantification Range	CSF: 2.4 log ₁₀ to 8.0 log ₁₀ copies/mL Whole blood, Plasma, BAL: 2.7 log ₁₀ to 8.0 log ₁₀ copies/mL	CSF: 2.0 log ₁₀ to 8.0 log ₁₀ copies/mL Whole blood, Plasma, BAL: 2.7 log ₁₀ to 8.0 log ₁₀ copies/mL	CSF: 2.7 log ₁₀ to 8.0 log ₁₀ copies/mL Whole blood, Plasma: 2.7 log ₁₀ to 8.0 log ₁₀ copies/mL
Type of kit	Real-time detection and quantification kit		
Validated extraction platforms	EMAG®, NUCLISENS® easyMAG®, MagNA Pure 96, QIA Symphony SP		
Validated amplification platforms	ABI 7500 Fast, ABI 7500 Fast Dx, LightCycler 480 (System II), Rotor-Gene Q, CFX96		
Controls included	Extraction / Inhibition Control, Negative Control, Positive Control (QS3), 4 Quantification Standards, Sensitivity Control		
PCR Protocol	Same PCR program as other ARGENE® Transplant kits Same PCR program as ENTEROVIRUS R-GENE® and Parechovirus R-GENE®		
Number of tests	60 tests for HSV1&2, 60 tests for VZV		
Storage conditions	-15°C / -31°C		
Regulatory status	For <i>in vitro</i> diagnostic use, CE-IVD marking		

OTHER ARGENE® TRANSPLANT KITS

- EBV R-GENE® (69-002B) • CMV R-GENE® (69-003B) • HHV6 R-GENE® (69-006B)
- ADENOVIRUS R-GENE® (69-010B) • BK Virus R-GENE® (69-013B) • Parvovirus B19 R-GENE® (69-019B) • HSV1 HSV2 R-GENE® (71-021) • VZV R-GENE® (71-022)

OTHER ARGENE® KITS

- ENTEROVIRUS R-GENE® (69-005B)
- Parechovirus R-GENE® (71-020)

REFERENCES

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2. Zerboni et al. Molecular mechanisms of varicella zoster virus pathogenesis. *Nat Rev Microbiol* 2014; 12(3): 197-210
3. Burrel S, Boutolleau D. Virus herpes simplex. *EMC - Maladies infectieuses* 2014; 11(4): 1-19
4. Widener et al. Herpes simplex virus. *Handbook of Clinical Neurology* 2014; 123(11): 251-263
5. Wang et al. Herpes Zoster and Immunogenicity and Safety of Zoster Vaccines in Transplant Patients: A Narrative Review of the Literature. *Front Immunol* 2018; 9(1632): 1-11

