

**Measles (Rubeola/Edmonton strain) Virus antibodies**

**Cat. #** MESL11-A

**Rabbit Anti-Measles (Rubeola/Edmonston strain) Virus IgG**

**SIZE:** 100 ul

Measles, also known as Rubeola or English measles (not to be confused with rubella or German measles, a different disease) or Morbilli, is an infection of the respiratory system caused by a virus, specifically a paramyxovirus of the genus Morbillivirus. Morbilliviruses, like other paramyxoviruses, are enveloped, single-stranded, negative-sense RNA viruses. Symptoms include fever, cough, runny nose, red eyes and a generalized, maculopapular, erythematous rash. Measles is spread through respiration (contact with fluids from an infected person's nose and mouth, either directly or through aerosol transmission), and is highly contagious—90% of people without immunity sharing living space with an infected person will catch it. The infection has an average incubation period of 14 days (range 6–19 days) and infectivity lasts from 2–4 days prior, until 2–5 days following the onset of the rash (i.e. 4–9 days infectivity in total).

Clinical diagnosis of measles requires a history of fever of at least three days together with at least one of the three C's (cough, coryza, conjunctivitis). Observation of Koplik's spots is also diagnostic of measles. Alternatively, laboratory diagnosis of measles can be done with confirmation of positive measles IgM antibodies or isolation of measles virus RNA from respiratory specimens. In children, where phlebotomy is inappropriate, saliva can be collected for salivary measles specific IgA test. Positive contact with other patients known to have measles adds strong epidemiological evidence to the diagnosis. The contact with any infected person in any way, including semen through sex, saliva, or mucus can cause infection.

In developed countries, most children are immunized against measles by the age of 18 months, generally as part of a three-part MMR vaccine (measles, mumps, and rubella). In developing countries where measles is highly endemic, the WHO recommend that two doses of vaccine be given at six months and at nine months of age. Vaccine efficacy can be measured by the number of reported cases in the USA. For measles, 894,134 cases reported in 1941 compared to 288 cases reported in 1995 resulted in a 99.97% decrease in reported cases; for mumps, 152,209 cases reported in 1968 compared to 840 cases reported in 1995 resulted in a 99.45% decrease in reported cases; and for rubella, 57,686 cases reported in 1969 compared to 200 cases reported in 1995 resulted in a 99.65% decrease

MMR II vaccine (Merck) is a live virus vaccine for vaccination against measles (rubeola), mumps, and rubella (German measles). Attenuated Measle virus, derived from Enders' attenuated Edmonston strain and propagated in chick embryo cell culture, is used in MMR II vaccine.

**Source of Antigen and Antibodies**

<b>Antigen</b>	Heat killed Rubeola/Edmonston strain) Virus
<b>Antibody host/type</b>	Rabbit, Polyclonal purified IgG (Cat # MESL11-A) containing 0.1% Proclin 300
<b>Secondary Ab</b>	<b>Goat Anti-rabbit IgG-HRP cat # 20320 (AP, biotin, FITC conjugates also available)</b>
<b>Negative Control Ab</b>	# 20009-1, Rabbit (non-immune) IgG, purified, suitable for ELISA, Western, IHC as -ve control

**Form & Storage of Antibodies/Peptide Control**

**Antiserum (unpurified)**

100ul solution lyophilized powder  
**Reconstitute powder in 100 ul PBS**

**Storage**

**Short-term:** unopened, undiluted liquid vials at -20OC and powder at 4oC or -20oC..

**Long-term:** at -20C or below in suitable aliquots after reconstitution. Do not freeze and thaw and store working, diluted solutions.

**Stability:** 6-12 months at -20oC or below.

**Recommended Usage**

**ELISA :** 1:500-1:2000

**Latex agglutination/Neutralization**

Optimal dilution must be tested by the user under specified conditions (range 1:500-1:5,000 depending upon the sensitivity of the assay).

**Specificity & Cross-reactivity**

The antibodies recognize measles virus or proteins. No significant reactivity with rubella, mumps or other viruses.

**General References:** WHO weekly epidemiological records, 2009; Fursue Y (2010) Virol. J. 7, 52; Parker A (2006) NEJM 355, 447-455  
\*This product is for in vitro research use only.

**Related items from ADI...**

Human Anti-Measles, Mumps, Rubella IgG, IgM, and IgA ELISA kits

Mouse Anti-Measles, Mumps, Rubella IgG, IgM, and IgA ELISA kits

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