Highly sensitive screening test for the detection of canine anti-Borrelia antibodies
- Detects all relevant Borrelia species of the Borrelia burgdorferi sensu lato group
- Fully automatable

Technical data

- Antigen: Antigen extracts of Borrelia burgdorferi sensu stricto, Borrelia afzelii and Borrelia garinii
- Calibration: Semiquantitative evaluation using ratio values:
  Extinction value of the sample over the extinction value of the calibrator
- Result interpretation: EUROIMMUN recommends interpreting results as follows:
  - Ratio < 0.8: negative
  - Ratio 0.8 to < 1.1: borderline
  - Ratio ≥ 1.1: positive
- Sample dilution: Canine serum or plasma, 1:101 in sample buffer
- Reagents: Ready for use, with the exception of the wash buffer (10 x), colour-coded solutions
- Test procedure: 30 min (37°C) / 30 min (37°C) / 15 min (room temperature), fully automatable
- Measurement: 450 nm, reference wavelength between 620 nm and 650 nm
- Test kit format: 96 break-off wells, kit includes all necessary reagents
- Order no.: EI 2132-9601-2 GC
- Related products: EI 2132-9601 MC: Anti-Borrelia ELISA Dog (IgM)

Clinical significance

In 1982 W. Burgdorfer found that ticks transmit “Treponema-like spirochaetes”, which were later identified as the causative agent of Lyme borreliosis. Only two years later, in 1984, the disease was also described in dogs. The Gram-negative bacteria causing Lyme borreliosis are collectively referred to as Borrelia (B.) burgdorferi sensu lato. Among these, the genospecies Borrelia burgdorferi sensu stricto, Borrelia garinii and Borrelia afzelii are pathogenic for dogs. Whereas in the U.S. only B. burgdorferi sensu stricto is relevant, 80% of pathogens found in European ticks are B. garinii or B. afzelii.

The bacteria are transmitted to humans and animals by ticks of the Ixodes species. Dogs are at a higher risk due to their frequent contact with ticks. However, most of the infections in dogs are asymptomatic, and less than 5% of bites from infected ticks lead to clinical symptoms. The first symptoms of Lyme borreliosis in dogs are rather unspecific and include lethargy, loss of appetite and fever. Erythema migrans, which is typically found in humans, is not relevant in dogs since it generally cannot be observed due to fur or dark skin. The first specific symptom in dogs is lameness due to myositis or arthritis, which generally occurs weeks or months after infection. Neurological impairments or damage to the kidneys (glomerulonephritis) or the heart (myocarditis) are rarely described. Infection does not confer strong long-term immunity. Reinfection is therefore possible. Various vaccines are available for dogs. Specific antibodies against Borrelia burgdorferi can be found in the sample of infected or vaccinated dogs.
Direct detection of the pathogen using PCR techniques or cultivation is reliable only in tissue samples, but not in blood samples. Therefore, serological detection of antibodies is the method of choice for laboratory diagnosis of borreliosis in dogs. For diagnosis of canine borreliosis, clinical symptoms and differential diagnostics should always be taken into account alongside the serological results. For the serological detection of anti-Borrelia antibodies, several studies call for a two-stage strategy: with its wide antigen spectrum, the Anti-Borrelia ELISA Dog (IgG) achieves a high sensitivity and is therefore ideally suited for use as a screening test and will identify practically all sera that react with Borrelia antigens. As a follow-up, the EUROIMMUN Anti-Borrelia EUROLINE Dog (order no. DN 2136-1601 GC or MC) provides a secure and highly sensitive confirmation of Borrelia-specific reactions.

Borrelia-specific IgG antibodies can be detected approximately 4 to 6 weeks after infection and persist for months or years. Therefore, it is recommended that IgG determination is supplemented by an analysis of Borrelia-specific antibodies of class IgM, for example using the EUROIMMUN Anti-Borrelia ELISA Dog (IgM) (order no. EI 2132-9601 MC). In this way, the serological detection rate for all stages of the disease can be further increased and acute infections may be differentiated from old infections or vaccine-derived antibodies.

To confirm the assay sensitivity, 64 sera from dogs experimentally infected with Borrelia burgdorferi sensu stricto (sampled 5-15 weeks after infection) and 6 sera from dogs vaccinated against lyme borreliosis (sampled 4-8 weeks after vaccination) were tested using the EUROIMMUN Anti-Borrelia ELISA Dog (IgG). As specificity controls 17 dogs without any tick contact (laboratory-reared dogs) and 8 dogs testing positive for antibodies against Leptospira interrogans were investigated. Sensitivity and specificity of the ELISA amounted to 100%.