



Hep A (581): sc-57782

BACKGROUND

The Hepatitis A virus, an enterovirus that causes the disease Hepatitis A, is the common cause of liver inflammation. Symptoms of Hepatitis A include jaundice, dark urine, nausea, fever, fatigue, loss of appetite, stomach ache and vomiting in some individuals. Only three out of four people with Hepatitis A are symptomatic. The Hepatitis A virus is transmitted via the orofecal route, such as ingesting contaminated food, and causes an acute form of hepatitis. The symptoms of Hepatitis A are typically milder than those observed from Hepatitis B or C, and Hepatitis A virus infection often results in full recovery. Additionally, there is usually no permanent liver damaged caused from Hep A infection. Unlike Hepatitis A, Hepatitis B and C are major public health problems as their infection typically results in chronic hepatitis, cirrhosis and primary liver cancer.

REFERENCES

1. McAuliffe, V.J., Purcell, R.H. and Gerin, J.L. 1980. Type B hepatitis: a review of current prospects for a safe and effective vaccine. *Rev. Infect. Dis.* 2: 470-492.
2. Cohen, J.I., Ticehurst, J.R., Purcell, R.H., Buckler-White, A. and Baroudy, B.M. 1987. Complete nucleotide sequence of wildtype Hepatitis A virus: comparison with different strains of Hepatitis A virus and other picornaviruses. *J. Virol.* 61: 50-59.
3. Glikson, M., Galun, E., Oren, R., Tur-Kaspa, R. and Shouval, D. 1992. Relapsing Hepatitis A. Review of 14 cases and literature survey. *Medicine* 71: 14-23.
4. Keeffe, E.B. 1995. Is Hepatitis A more severe in patients with chronic Hepatitis B and other chronic liver diseases? *Am. J. Gastroenterol.* 90: 201-205.
5. Thomas, S.L., Newell, M.L., Peckham, C.S., Ades, A.E. and Hall, A.J. 1998. A review of Hepatitis C virus (HCV) vertical transmission: risks of transmission to infants born to mothers with and without HCV viraemia or human immunodeficiency virus infection. *Int. J. Epidemiol.* 27: 108-117.
6. Ishak, K.G. 2000. Pathologic features of chronic Hepatitis. A review and update. *Am. J. Clin. Pathol.* 113: 40-55.
7. Memon, M.I. and Memon, M.A. 2002. Hepatitis C: an epidemiological review. *J. Viral Hepat.* 9: 84-100.
8. Song, H.J., Kim, T.H., Song, J.H., Oh, H.J., Ryu, K.H., Yeom, H.J., Kim, S.E., Jung, H.K., Shim, K.N., Jung, S.A., Yoo, K., Moon, I.H. and Chung, K.W. 2007. Emerging need for vaccination against Hepatitis A virus in patients with chronic liver disease in Korea. *J. Korean Med. Sci.* 22: 218-222.
9. Nothdurft, H.D., Dahlgren, A.L., Gallagher, E.A., Kollaritsch, H., Overbosch, D., Rummukainen, M.L., Rendi-Wagner, P., Steffen, R. and Van Damme, P.; ad hoc Travel Medicine Expert Panel for ESENEM. 2007. The risk of acquiring hepatitis A and B among travelers in selected eastern and southern Europe and non-European Mediterranean countries: review and consensus statement on hepatitis A and B vaccination. *J. Travel Med.* 4: 181-187.

RESEARCH USE

For research use only, not for use in diagnostic procedures.

SOURCE

Hep A (581) is a mouse monoclonal antibody raised against Rhesus monkey kidney (RMK) cells infected with an isolate of Hep A.

PRODUCT

Each vial contains 100 µg IgG_{2a} in 1.0 ml of PBS with < 0.1% sodium azide and 0.1% gelatin.

APPLICATIONS

Hep A (581) is recommended for detection of Hep A by solid phase ELISA (starting dilution 1:30, dilution range 1:30-1:3000).

STORAGE

Store at 4° C, ****DO NOT FREEZE****. Stable for one year from the date of shipment. Non-hazardous. No MSDS required.

PROTOCOLS

See our web site at www.scbt.com for detailed protocols and support products.