

Fast + Simple  
Focused on Veterinary Diagnostics

## FASTest® ENCEPH ad us. vet.

**One Health – Diagnostics taking responsibility for human and animal health**

Fast test for the qualitative detection of antibodies against *Encephalitozoon cuniculi* in whole blood, plasma or serum of the rabbit

**Fast, indirect antibody detection**

**In case of clinical suspicion**  
(head tilt, ataxia, seizures, kidney problems)

**Routine check** in case of neurological abnormalities – **exclusion diagnostics**

**Identification of asymptomatic carriers (zoonosis)**



- Simple test procedure with whole blood, plasma or serum
- Fast test interpretation after 10 minutes
- Reliable clinical diagnostics
- Sensitivity 98.5% & Specificity 100%
- Storage at room temperature (15–25 °C)
- Long shelf life
- Compact test box with 2, 6 or 25 tests



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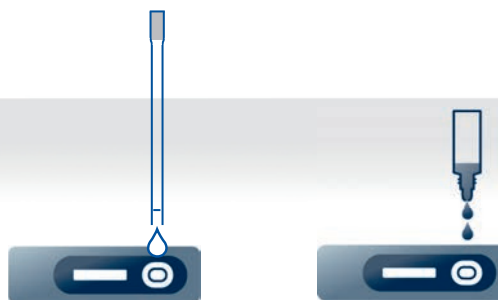
The infection with *Encephalitozoon cuniculi* occurs via the extremely resistant spores by contaminated food or inhalation in contaminated surroundings. (Domestic) rabbits are primarily affected. Other strains of the pathogen cause disease in immunocompromised Old World mice and carnivores. Although very rare, it can occur in immunocompromised people (zoonosis).

Neurological symptoms, signs of kidney failure, and eye skin inflammation may occur due to lesions in the central nervous system, kidney and eye. Diseased rabbits can experience one or more of these symptoms. The most common is the so-called vestibular syndrome (head tilt, disorders of movement coordination and eye tremors). Other neurological symptoms can include seizures, incomplete paralysis, and loss of balance. In rare cases, increased aggression and loss of hearing or vision may also occur. In some animals, renal insufficiency with rather unspecific symptoms (loss of appetite or weight, dehydration, disorders of the mineral balance and bone metabolism as well as apathy) can be indicative.

The in vivo diagnosis of encephalitozoonosis in rabbits is problematic because of the large number of animals with chronic, asymptomatic infection. In this case, antibodies can be detected in the blood for years. The serological detection of antibodies against *E. cuniculi* is therefore considered the safest method, since antibody formation begins 14–28 days after infection. A negative antibody titre after more than 14–28 days excludes an acute infection or a previous contact with *E. cuniculi* with high probability.

Therefore, the indirect detection of antibodies using **FASTest<sup>®</sup> ENCEPH** is of great diagnostic importance (exclusion diagnostics).

## Test procedure



## Test interpretation



### POSITIVE



### NEGATIVE



With a positive **FASTest<sup>®</sup> ENCEPH**, a laboratory confirmation test (second diagnostic step) like indirect immunofluorescence test (**MegaFLUO<sup>®</sup> ENCEPHALITOZOON cuniculi**) or ELISA (**MegaELISA<sup>®</sup> ENCEPHALITOZOON cuniculi**) should be done to determine the end titre or a seroconversion (2- to 4-fold titre increase in an interval of 2 to 4 weeks), respectively.

Distribution:

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