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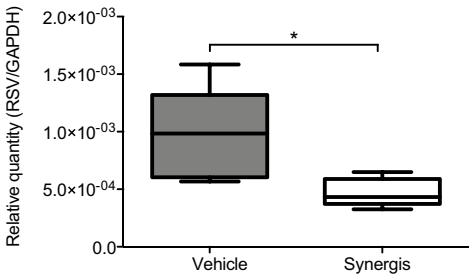

BALB/c mice were infected with RSV strain A2 on day 3 after birth and treated with Synergis antibody. On day 4 post-infection, the lungs were isolated and viral titer determined by quantitative PCR.

Neonatal RSV infection:

Respiratory syncytial virus (RSV) infection is a key risk factor for neonates, particularly those born prematurely. RSV infection can be fatal and severe prior infection with RSV has been linked with an increased susceptibility to the development of asthma. There are currently no vaccines available for RSV, and biased Th2 responses mounted by young children, in particular, has hampered progress in this area. Currently prophylactic treatment with monoclonal antibodies is the primary source of protection for infants. In the search for new therapeutics and vaccines which might be effective in neonates, it is critical to utilize physiologically relevant disease models that represent the immature and Th2-prone environment characteristic of neonates.

Experimental readouts:

- Viral load in lung tissue
- Histology
- Quantitative PCR of chemokine and cytokine levels in tissue
- Number and effector function of inflammatory cell infiltrates

Duration:

4-14 days dependent upon experimental readouts

Service Package I is available alone, or in combination with Service Packages II and III

Our scientific project managers can provide expert advice and guidance for all of your efficiacy studies.

Please contact us for customized Service Packages
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Service Package I

- Administration of test compounds
- Intranasal infection with RSV
- Determination of viral load in lung tissue

Service Package II

- Differential cell counts of airway lymphocytes
- Histological analysis of lung tissue

Service Package III

- Cytokine and chemokine analysis
- Lymphocyte effector function analysis