

LATERAL FLOW IMMUNOASSAYS: THE FUTURE OF ON-SITE DETECTION AND DIAGNOSTICS

Abstract

Lateral flow immunoassays (LFIAs) have emerged as promising future for on-site detection and diagnostics. These assays offer rapid and user-friendly analysis, making them highly suitable for point-of-care testing. The popularity of Lateral Flow Immunoassay (LFA) for point-of-care (POC) diagnostics has grown as a result of its user-friendliness and widespread demand. With rising chronic diseases, the COVID-19 pandemic, and healthcare demands, the clinical/POC testing market is growing, with LFIA playing a pivotal role. To enable one-step tests, LFIA uses a strip with elements such as nitrocellulose membrane, conjugate pad, and sample application pad. Beyond clinical diagnostics, LFIA has applications in veterinary medicine, food safety, and environmental management and agriculture. LFIA's development and uses continue to improve with the advancement of scientific research, providing a flexible and efficient instrument for quick on-site examination. This book chapter provides readers an overview of various applications of LFIAs and its future perspectives.

Keywords: LFIAs, POC, Diagnostics

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I. INTRODUCTION

Modern society is constantly at risk of various health hazards, whether they are man-made or natural, such as those caused by food chain monitoring issues, environmental contamination, and pathogens of plants and animals. Therefore, we must continually keep an eye out for both the etiological agents and our reaction to them via our elicited immunoglobulins, which are part of our adaptive immune response. There are numerous techniques for identifying pathogens, such as high-performance liquid chromatography (HPLC), gas chromatography (GC), mass spectrometry (MS), enzyme-linked immunosorbent assay (ELISA), cell culture and real-time polymerase chain reaction (qPCR) are examples of conventional laboratory-based analytical techniques that typically require lengthy and complex procedures to produce a result (1,2). However, enabling approaches that increase speed, sensitivity, and specificity are of utmost relevance and there is a need for fast and on-site detection.

These characteristics are typically detected through point-of-care or on-site measurements. The lateral flow immunoassay (LFA), launched by Unipath in 1988, is one of the most successful systems that have been brought to market thanks to a global demand. Its popularity and ease of use make it the most widely used POC diagnostic format (3). Therefore, in recent years, scientific research has been concentrating on the development and improvement of on-site, cost effective, and easy-to-use techniques for point-of-care (POC) testing. The prevalence of chronic diseases, the emergence of the Coronavirus pandemic in 2020, rising population levels, expanding pressure to cut healthcare costs, and increased demand for patient-centered treatment are all factors propelling the clinical/POC testing market forward. The global SARS-CoV-2 pandemic is the primary factor driving the expected increased growth in 2021 and beyond (4). POC devices based on lateral flow assays (LFAs) are one of the methods for qualitative and quantitative analysis that are increasing rapidly. LFA is carried out on a strip that has been built on a plastic background.

Its various components include the nitrocellulose membrane, adsorption pad, conjugate pad, and sample application pad. Test and control lines are further divided in the nitrocellulose membrane. Upon the flow of the liquid sample, pre-immobilized reagents become active at various points on the test strip. LFA combines the benefits of chromatography and biorecognition probes (5). Depending on the recognition element used, LFAs can be divided into 2 different types- LFIA- Lateral flow immunoassay, where the recognition elements are antibodies & NALFA- Nucleic acid lateral flow assay, where recognition element includes nucleic acids. One of the most effective analytical platforms for on-site detection of target is the Lateral Flow Immunoassay (LFIA). LFA follows the same general format as ELISA, with the exception that instead of plastic well, immobilised capture antibody or antigen is bonded onto a nitrocellulose membrane rather than a plastic well. On the test and control lines of a lateral flow strip, antibodies are used as biorecognition molecules. Through immunochemical interactions, they bind to the target analyte.

The advantage in this case is that the membrane enables a one-step assay, as compared to the multiple-step ELISA. LFIA, which can be thought of as a kind of lab-in-a-hand, aim to accelerate decision making and turnaround time. As a result, the LFIA applications are expanding rapidly to various fields such as, food technology, veterinary, environmental sciences, clinical analysis, agriculture etc. The unique benefits of LFA strips

include their speed and one-step analysis, low operational cost, simple instrumentation, user-friendly format, higher specificity and better sensitivity, long-term stability under various environmental conditions, and portability of the device (6). When taking into account the LFIA's place in the commercial environment, success may also be shown. In fact, the global market for lateral flow tests is expected to reach \$13.38 billion in US sales by 2030, rising at a compound annual growth rate (CAGR) of 4.7 percent from 2022 to 2030. In 2022, the market was anticipated to be worth about \$8.49 billion in US dollars (7). In highlighting the particular significance of LFA testing, we can draw attention to their usage in managing the global coronavirus disease (COVID-19). The purpose of this review is to examine and debate the different applications of lateral flow assay in the areas of food, environment, agriculture, veterinary, medicine, etc. Our perceptions on future developments of LFIA devices is also discussed.

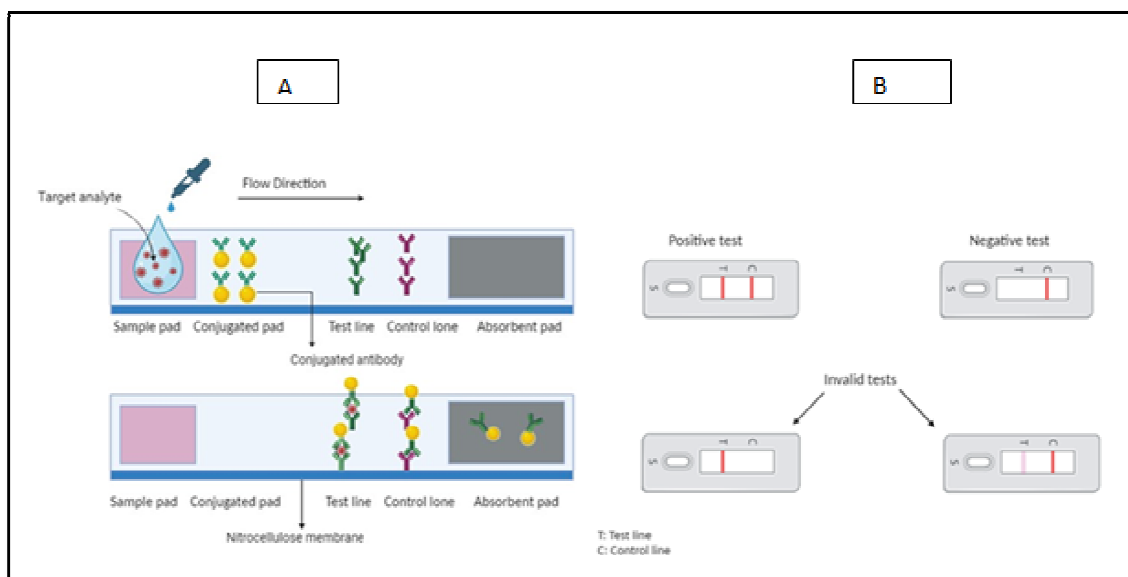


Figure 1: The operation principle of lateral flow immunoassay (LFIA) sandwich-based method.

(A) Schematic illustration of a typical LFIA test strip. The sample containing the target analyte is applied unto the sample pad and it moves along the lateral flow strip towards conjugated pad containing conjugated antibodies (usually AuNP-conjugated) via capillary action. The antigens in the sample interact with the conjugate, and both migrate to the next section of strip, where the antigen/antibodies are immobilized. Here, the analyte and conjugate are captured. Excess reagent passes through and accumulates on the absorbant pad.

(B) The results are interpreted on the nitrocellulose membrane by the presence or absence of the test and control lines. A positive test is indicated by two bands, whereas a negative test is indicated by a single control band. An invalid result is indicated by no band or just one band at the test line.

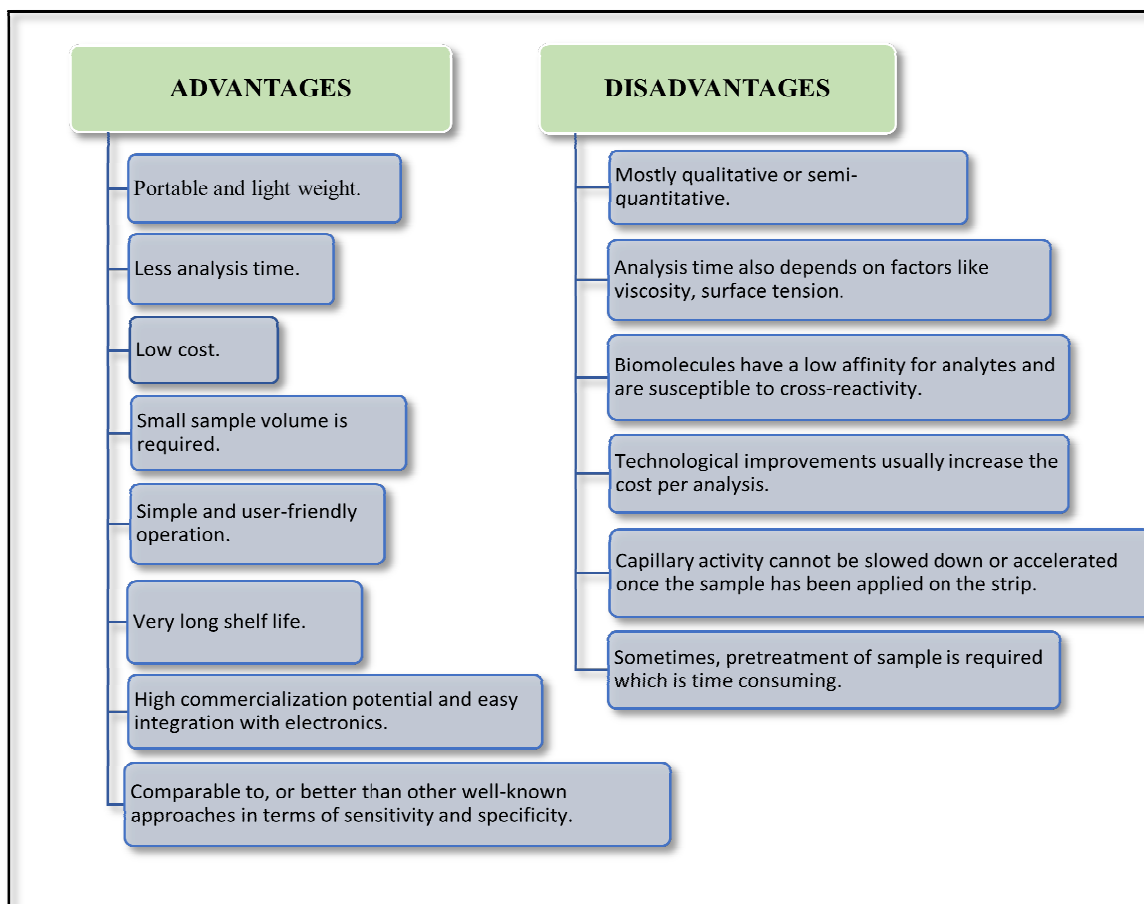


Figure 2: Advantages and disadvantages of Lateral flow Immunoassay (LFIA).

II. APPLICATIONS

1. Clinical Analysis: Clinical analysis constitutes the major part of applications of LFAs. Variety of clinical analytes can be detected in plasma, serum, urine, cells, tissues and other biological samples. The majority of clinical diagnostic techniques used today rely on central laboratory analyses that produce results in a few hours or even days. The potential advantages of LFIA application in the clinical field are self-evident given the fact that in many situations, making a quick choice can have a significant impact on the therapeutic outcome (8–10). The use of LFIA can be extremely beneficial for screening, diagnosis, prognosis, monitoring, and surveillance. The quick clinical evaluation could make a big difference in the management of the condition by reducing workload, better workflow, enhancing clinical care and patient outcomes, and possibly lowering expenses (8,10). LFIA are inherently suitable for application in settings other than laboratories (8). LFIA are thus utilised in hospitals, clinics, health centres, and even in patients' homes in the self-testing format, in addition to those conducted by healthcare professionals in hospital laboratories (8,10,11). The direct impact on human health and the fact that the very first applications of LFIA were for clinical usage can be attributed to the technology's tremendous success in the clinical setting. The pregnancy test is without a doubt the test that represents clinical diagnostics the best (11,12). Furthermore, it is worth noting that biological fluids are relatively few in number even when taking into account their relative complexity. For instance, saliva, blood, nasopharyngeal swabs, urine, and

faeces are the most often utilised biological matrices (10,13,14). However, other additional LFIAs have been created and applied over time for various clinical objectives.

Rosalyn S. Yalow, a biophysicist, and Solomon A. Berson, an endocrinologist, initially proposed the idea of diagnostics based on lateral flow immunoassay (paper chromatography) in 1959. A quick test to identify insulin in human blood plasma was the first device made using paraffin paper (15). In 2015, C.S. Jorgensen and co-authors successfully demonstrated the first commercial combined LFIA test system. It enabled effective detection of *Legionella pneumophila* and *Streptococcus pneumoniae* antigens in urine. This made the versatile LFIA technology gain even more popularity (16). The first Ebola virus outbreak, which had a mortality rate of 70.8% (17), occurred in West Africa in 2014. Using LFIA as a POC approach, IgG antibodies to the EBOV glycoprotein were 100% sensitively detected during the rapid diagnosis of EBOV (18). A recently developed multiplexed disease diagnostic strip can now identify the three distinct viruses that cause Yellow Fever, Dengue, and Ebola (19). The label utilised in this investigation was made up of AgNPs in three different sizes and colors.

With a detection limit of 150 ng ml, these nanoparticles were utilised in three distinct test lines and coupled to antibodies specific for a particular disease to quickly identify the virus present in the sample. The SARS-CoV-2 epidemic had a major impact on global public health. A serological POC kit was developed for the diagnosis of COVID-19. This makes the development of tools for the accurate diagnosis of COVID-19 important for public health. In order to create a solid-phase LFIA strip, SARS-CoV-2 nucleocapsid protein was fixed to the cassette's surface, and anti-human IgG was coupled with colloidal gold particles (20). Wu et al. performed an analysis of the dynamics of SARS-CoV-2 antibody appearance, the time-dependent sensitivity of four LFIA test systems in patients, and the importance of quick serological tests in the treatment of COVID-19 patients, whose diagnosis was made by molecular testing (RT-PCR).

It came out that all tests detected antibodies (IgM and IgG) 3 weeks after the start of the disease's symptoms, and that their sensitivity and specificity were both 100%. Additionally, an earlier emergence of antibodies against SARS-CoV-2 was found in patients with COVID-19 accompanied by pneumonia (21). A new LFIA technique was developed and tested by Z. Chen and colleagues for the detection of anti-SARV-CoV-2 IgG antibodies in human serum. The entire analysis takes ten minutes (22). Reverse transcription recombinase-aided amplification (RT-RAA) and lateral-flow dipstick (LFD) assay were combined to provide a novel point-of-care test for the detection of dengue virus (DENV) RNA (23). Globally, human noroviruses (HuNoVs) are a major contributor to nonbacterial gastroenteritis in people of all ages. An immunochromatographic assay (ICA) was created for the efficient identification of HuNoVs in clinical samples. In the ICA, shell (S) domain-specific monoclonal antibodies (MAbs) against the primary capsid protein of HuNoVs were employed (24).

- 2. Foodborne Pathogens and Toxins:** Food quality is impacted at every stage, from transportation to processing (25,26). Food items need to be thoroughly labelled with all of their major and minor constituents. Currently, the food sector uses traditional culture-based approaches. They offer fair sensitivity and selectivity, but their main drawbacks are a cumbersome assay procedure and a lengthy analysis time (27). It is extremely important

that risk-free food be produced and commercialised as contaminated food can cause over 200 ailments ranging from cancer to digestive tract infections. In addition, consuming contaminated food annually causes the deaths of approx. 420,000 individuals and the illnesses of over 600 million people (28). For the identification of foodborne pathogens and toxins, quick and convenient POC approaches are required. Results are provided quickly and are "ready to read". LFA or immunochromatographic strip test has been used in a variety of qualitative, semi-quantitative, and quantitative assessments (29). They are also the perfect tool to employ in the Hazard Analysis and Critical Control Points (HACCP) protocols due to their ease of use and speed (30). The public's awareness of food safety has increased over the past ten years as a result of outbreaks of foodborne illnesses from various food sources. LFIA for the field of clinical diagnosis deal with fewer sample matrices; in contrast, LFIA for the field of food safety must overcome a greater obstacle because food matrices can be complex and numerous (13,31). Depending on the target analyte's characteristics and the relevant matrix, it may occasionally be essential to carry out the extraction using an organic solvent. However, the tolerance for organic solvents varies between antibodies and LFIA parts, especially the nitrocellulose membrane. Determining the best solvent solution for analyte solubility and method performance may therefore be a difficult task in assay development. It is occasionally necessary to perform an additional dilution step in a suitable buffer to create a suitable medium for more effective analyte detection (32).

Botulinum neurotoxins (BoNT) are produced by spore forming obligate anaerobe, *Clostridium botulinum*, which occurs in the soil. These toxins prevent the release of acetylcholine, which causes paralysis and death. Of 7 different variants of BoNTs, BoNT/A and B, which are known to be harmful and account for 80% of disease caused on by milk and apple juice, were targeted by highly sensitive LFA (33). Recently, *Salmonella enteritidis* was detected using a gold nanoparticle and aptamer-based LFA, which was capable of detecting as few as 101 colony forming units (CFU) (34). For the purpose of detecting *Vibrio cholera*, freshly formed antibodies in combination with AuNPs were used in LFA (35). For the purpose of quantifying Salmonella, a nucleic acid lateral flow test was developed. Gold nanoparticles were coupled with a DNA probe that was highly specific to *Salmonella* DNA and 16s ribosomal RNA. Deposition of silver improved the signal (36). In respiratory samples obtained from people with extremely severe asthma using LFA, the detection limit of 106 cfu/mL for *Staphylococcus aureus* was attained. The test indicated high pathogen specificity (37). An allergic reaction may result from the ultra-minor presence of crustacean protein in processed meals. To identify the presence of crustacean protein in processed foods, a strip with a very low optical detection limit was developed (38). When excessive amounts of the veterinary medication sulfamethazine (SMZ), which is frequently used in animal husbandry, are found in food, they are detrimental to human health. Time-resolved fluorescent nanobeads (TRFN) were used as a label for the development of an immunochromatographic assay (ICA) that is quick, reliable, and accurate for the detection of SMZ in samples of eggs, honey, and pork (39). Two immunochromatographic test strips were effectively developed using two Au nanomaterials—colloidal Au Sphere and Nano Rods—for the visual detection of Zearalenone (ZEN) in cereals (40). For the quantitative detection of *Salmonella spp.*, a quick and reliable lateral flow fluorescent immunoassay based on strand exchange amplification (SEA-LFIA) was created. The SEA-LFIA assay had a sensitivity of $6 \times$

10^0 CFU mL⁻¹ for pure *Salmonella* or 3×10^4 CFU 25 g⁻¹ for intentionally spiked raw chicken flesh (41).

- 3. Veterinary:** Veterinary medicine primarily treats cattle and companion animals, or animals that are valued as assets, such as dogs, cats, and other pets (cows, sheep, poultry, pigs, etc.). The use of POC diagnostics in the veterinary sector has increased over the past few decades as a result of pet owners' desire to maintain the health of their animals and farmers' increasing understanding of the benefits of near-animal testing. Another reason influencing the acceptability of diagnostic tests in veterinary medicine is the increased consumer concern about antibiotics, transmissible diseases in milk, eggs, and meat, as well as the general public's concern about the spread of diseases via populations of animals (42). The exponential development in trade and tourism now makes it possible for animal diseases to spread even further. To reduce their detrimental effects, the disease identification and outbreak report must be made as quickly as feasible. Rapid screening tests may facilitate and speed up the diagnosis of infectious diseases in this situation, enabling fast and targeted intervention to stop the spread of the disease. Furthermore, it is simple to comprehend the critical importance of the early detection of these diseases at their source in animals given that 60% of the infections that impact humans are of animal origin (32,43). The key to preventing and controlling animal diseases is effective surveillance, early detection, transparency, and rapid response systems in the event of disease outbreaks. Immediate response times result in better management and intervention techniques.

For the quantitative detection of the *avian leukosis virus* (ALV), a quick fluorescence microsphere immunochromatographic test strip (FM-ICTS) assay was developed (44). Evaluation and development of a protein-G-based lateral flow assay (LFA) for quick serodiagnosis of brucellosis in several domesticated animal species. Results demonstrated that LFA has a sensitivity and specificity of 89 and 99 percent, respectively (45). Based on anti- *Infectious Bursal Disease Virus* (IBDV) IgY as the bio receptor, the lateral flow immunoassay was effectively developed. Isa Brown's egg yolk was used to isolate anti- IBDV IgY (46). A quick flow-through immunoassay for the qualitative detection of trypanosomosis in equine serum samples, using protein a labelled gold nanoparticles (GNPs) was created.

The assay can be finished in under 5 minutes. The flow-through assay's outcomes were equivalent to those of ELISA and dot blot assays (47). Sport horses are more susceptible to infectious infections when they are transported. In an investigation, rectal temperature was compared to serum amyloid A (SAA) as a marker of early inflammation in sporthorses after air travel. A stall-side lateral flow immunoassay was used to evaluate SAA (48). Another experiment was conducted to create and validate a tool for calculating circulating plasma concentrations of progesterone (P4) in bovine plasma, that combines a disposable fluorescence-based lateral flow immunoassay (LFIA) paired with a portable imaging device (49). The main cause of human visceral leishmaniasis is canine visceral leishmaniasis (CVL). Early and precise diagnosis of affected dogs is difficult but necessary in order to control the spread of this disease. As a visual in situ technique for the diagnosis of CVL, a lateral flow immunoassay (LFIA) based on functionalized coloured particles and a particular recombinant antigen was designed, optimised, and standardised (50). The pig industries suffer considerable financial losses as a result of

porcine epidemic diarrhoea (PED), which is brought on by the porcine epidemic diarrhoea virus (PEDV). PED causes acute diarrhoea, vomiting, dehydration, and high mortality in neonatal piglets. For the quick detection of PEDV, an immunochromatographic assay (ICA) based on a EuNPs-mAb fluorescent probe was created. The ICA's linear detection range was 0.03125-8 g/mL, and its limit of detection (LOD) was 0.218 g/mL (51).

- 4. Environment:** Environmental contamination has emerged as a critical global issue. Many toxins and pollutants enter the environment either as a result of anthropogenic activity like agriculture, transportation, industries, daily activities, etc., or as a result of naturally occurring events (52). Pollutants and contaminants can travel from one medium to another through the air, the soil, or the water (for example, soil to water). They may have a direct or indirect impact on a nation's socioeconomic development and on people's health (53). Emerging contaminants (ECs) have gained importance over the past few years, and as a result, more and more substance classes have to be monitored in order to protect the environment. ECs cover a broad range of substances, including medications, personal care items, endocrine disrupting substances, sweeteners, nanoparticles, etc (54,55). Antimicrobials are a growing source of concern among ECs because of the possibility that microbials develop resistance against drugs and accumulate in animals (32). In order to anticipate clinically relevant infection outbreaks, it is necessary to monitor the environment for antibiotic resistance species (56). Consequently, identifying and keeping an eye on air, soil, and water pollutants is of utmost importance.

Due to the size of the environmental media, controlling the amount of contaminants in the environment is expensive, labour-intensive, and frequently time-consuming. Environmental analyses involve extensive knowledge of advanced analytical chemistry, as well as sophisticated and costly apparatus (52). Pathogens are typically identified using polymerase chain reaction (PCR)-based detection, while pollutants are detected in the lab using chromatographic and spectroscopic approaches (57). In order to execute a cost-effective monitoring, alternative ways that can quickly and easily deliver on-site, high-throughput, simple, and real-time testing are highly desired (58). Although this type of sensor is not typically used to monitor air quality, it is mostly utilised to monitor water and soil-borne contaminants (Marquez et al., 2019; Parolo et al., 2020).

A colloidal gold-strip assay was created to simultaneously measure carbofuran (CBF) and its metabolite 3-hydroxy-carbofuran (3-OH-CBF) based on a broad-specific monoclonal antibody (mAb). The colloidal gold-strips perform with a cut-off limit of detection (LOD) of 7–10 ng/mL for carbofuran and 3-OH-CBF and have a runtime of less than 5 min (59). Poisoning with paraquat (PQ) can cause inflammation, neurotoxicity, and lung toxicity. PQ concentrations in water samples were determined using two monoclonal antibodies against PQ and an immunochromatographic assay (ICA) (60). Human adenovirus (HAdV), a viral water quality indicator, may now be detected quickly using new tests. To distinguish between HAdV A, B, C, and F, species-specific assays were created and merged into a multiplex test (61). A lead (II) lateral flow test strip was created and validated using phenylboronic acid as a chelating agent and oligocytosine chain as a receptor for the complexes produced. The test time was 5 minutes, and the method is characterised by high sensitivity (0.05 ng mL⁻¹) and the lack of cross-reactions with other metal ions (62). A single antibody-based fluorescent lateral flow immunoassay (FLFIA)

based on non-radiative energy transfer between graphene oxide and quantum dots was created for the detection of *E. coli* O157:H7 in beef and river water. The assay cost was 60% less with the single antibody method compared with the traditional LF. Additionally, cellphones or portable LF readers could read the results (63). A test strip was created to using lateral flow assay to quickly find bisphenol A in snow. Bisphenol A could be detected at concentrations as low as 0.1 pg/mL instrumentally and 20 ng/mL visually (64). The poisonous microalgae metabolites known as microcystins have negative impacts on both human and environmental health. For the purpose of detecting the most prevalent microcystin variant, microcystin-LR (MC-LR), three immunochromatographic test formats were created and compared. The indirect labelling formats yielded the best sensitivity and stability (65).

5. **Agriculture:** Over the last 300 years, agricultural ecosystems have increased to cover more than 40% of the surface of the earth in order to meet the demands of a growing population (66). The degradation of plant products, which is estimated to result in a loss of between 10 and 30 percent overall, is one of the biggest constraints on food supplies around the world (67). The proliferation of phytopathogens has surged in recent decades, with the most detrimental effects (68). It is linked to both climatic and environmental changes as well as the phytopathogens' own adaptive modifications (69,70). Fungi, bacteria, and viruses make up the top ten list of commercially and scientifically significant plant pathogens (71–74). Monitoring the health of plants requires early detection of plant diseases. Over time, several sensing methods have been employed to develop sensitive and specialized detection systems, from the simplest detection of symptoms to nucleic acid detection approaches. Several earlier studies focused on identifying plant pathogens and diagnosing plant diseases utilising nucleic acid-based techniques, primarily PCR and DNA hybridization detection to identify the genetic makeup of pathogens (75–78). Some techniques include detection of pathogens using antibodies like ELISA (79–81).

However, these described techniques must be carried out in a lab by qualified personnel utilising costly apparatus. Innovative and portable biosensors have become widely employed as diagnostic instruments in plant pathogen detection in recent years to overcome these constraints. Isothermal DNA amplification techniques, in particular, are frequently utilised for plant pathogen detection and utilised in several LFA versions (82,83). Lateral flow immunoassay is primarily used to give such quality as quick on-site analysis (LFIA) (84). It has been demonstrated that plant pathogens can be detected using LFIA (85). However, there is still a need for pathogen identification in the field, utilising a test that can quickly and accurately determine whether a specific pathogen is present or absent in symptomatic tissue.

A polyclonal LFIA has been developed for the detection of *Xanthomonas campestris* pv. *musacearum*. This assay can detect all strains of *X. campestris* pv. *musacearum* and also demonstrated cross-reactivity to *X. axonopodis* pv. *vasculorum*. The sensitivity level for this test was set at 105 CFU/ml (86). Comparable specifications were found in a similar test to identify *Xanthomonas arboricola* pv. *pruni*, which had great specificity (only displaying cross-reactivity against *X. arboricola* pv. *corylina*) and a sensitivity of 104 CFU/ml (87). The EPPO also advises using LFIA to find plant pathogenic viruses such the watermelon silver mottle virus, and tomato spotted wilt virus.

To prevent false-positive results, EPPO further suggests that positive LFIA tests require confirmatory validation using ELISA or PCR-based techniques (88). A recombinant coat protein of the banana bract mosaic virus (BBrMV) was generated in *E. coli* in order to make polyclonal antibody against it. The expressed BBrMVcoat protein had a LOD of 10 ng, and the crude extract had a detection limit of 1:20 dilution with an action time of 5 to 10 minutes (89). For the identification of the Citrus tristeza virus (CTV), a quick and highly targeted diagnostic method was created. The procedure combines an LFCIA with RT-RPA. The CTV-p25 gene is amplified successfully by the improved RT-RPA-LFICA procedure, and double-labeled amplicons are found using a sandwich immunoassay. It exhibits great sensitivity and specificity without cross-reactivity and can detect as little as 141 fg of RNA or 0.23 ng/l of CTV RNA (90). Another LFIA was developed for the quick detection of the bacterium *Erwinia amylovora*, that causes fire blight and affects plants of the Rosaceae family. The LFIA showed good specificity and efficacy, quickly identifying *E. amylovora* in plant samples. Multiple samples taken from the same plant considerably improved the accuracy of detection when different plant organs were evaluated. Comparison of the LFIA's performance with PCR-based kits proved its efficacy (91). Ivanov et al. developed a test to identify the plant pathogen PSTVd, or potato spindle tuber viroid, which harms crops.

When analysing healthy and infected potato samples, RT-RPA-LFA exhibited complete concordance with RT-qPCR and a commercial kit, demonstrating its potential for PSTVd detection. It detected 106 copies of PSTVd RNA in 30 minutes (92). For the precise diagnosis of *Dickeya solani*-caused potato blackleg disease, lateral flow assays and isothermal DNA amplification were established. Using a primer pair matched to the SOL-C region of the *D. solani* genome and flanked by fluorescein and biotin, recombinase polymerase amplification (RPA) was employed. The assay offered sensitivity comparable to PCR at a constant temperature, with a detection limit of 14,000 CFU/g of potato tuber (93).

- 6. Conclusion:** In clinical analysis, food safety, agriculture, veterinary and environmental analysis, point of care (POC) testing has emerged as the most well-known method of diagnosis. POC provides prompt outcomes in lesser time as compared to centralised labs. Therefore, it is critically necessary to develop on-site fast diagnostic tools that are reliable, effective, sensitive, and economical. The lateral flow immunoassay technique (LFIA), also known as the immunochromatographic strip test (ICST), is one of the most efficient analytical platforms for point-of-care necessitating little to no supporting infrastructure. The LFIA is a paper-based (bio)analytical approach for the rapid acquisition of results from the on-site detection of target substances. The sample is added to a standalone device. The ideal POCT must be "ASSURED" (Affordable, Sensitive, Specific, User-friendly, Rapid and Robust, Equipment-free, and Delivered), and LFIAs satisfied all of these criteria (94). LFIAs do not require pipetting or washing procedures and can be performed by inexperienced persons. Additionally, a cold chain is not required. The secondary antibodies are typically labelled using gold or silver nanoparticles. LFIAs can recognise pathogen-specific antigens and/or antibodies in 10 to 30 minutes. With the recent development of multiplex LFIAs, multiple targets can now be detected in a single test (95).

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