

## Overview

### Useful For

Serologic detection of recent or past parvovirus B19 infection using IgM antibodies

This test is **not useful** as a screening procedure for the general population

### Method Name

Only orderable as part of a profile. For more information see PARVS / Parvovirus B19 Antibodies, IgG and IgM, Serum.  
Enzyme Immunoassay (EIA)

### NY State Available

Yes

## Specimen

### Specimen Type

Serum

### Specimen Required

Only orderable as part of a profile. For more information see PARVS / Parvovirus B19 Antibodies, IgG and IgM, Serum.

### Collection Container/Tube:

**Preferred:** Serum gel

**Acceptable:** Red top

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 0.5 mL

### Reject Due To

Gross hemolysis                      Reject

Gross lipemia                         Reject

Gross icterus                         Reject

Heat-inactivated specimen        Reject

### Specimen Minimum Volume

0.5 mL

### Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	

## Clinical & Interpretive

**Clinical Information**

Parvovirus B19 is the causative agent of fifth disease (ie, erythema infectiosum, slapped cheek syndrome), which usually produces a mild illness characterized by an intensive erythematous maculopapular facial rash. Most outbreaks of parvovirus infection are acquired by direct contact with respiratory secretions and primarily occur in the spring. Close contact between individuals is responsible for infection in schools, day care centers, and hospitals. The virus has also been associated with fetal damage (hydrops fetalis), aplastic crisis, and arthralgia. Infection during pregnancy presents the risk of transmission to the fetus that may cause intrauterine death. The rate of fetal death following maternal infection ranges between 1% and 9%.

Parvovirus B19 preferentially replicates in erythroid progenitor cells.(1) Infection with parvovirus B19 occurs early in life, and the virus is transmitted by respiratory secretion and occasionally by blood products. The prevalence of parvovirus B19 IgG antibodies increases with age. The age-specific prevalence of antibodies to parvovirus is 2% to 9% of children under 5 years, 15% to 35% in children 5 to 18 years of age, and 30% to 60% in adults (19 years or older).

Most acute infections with parvovirus B19 are diagnosed in the laboratory by serologically detecting IgG and IgM class antibodies to the virus using an enzyme-linked immunosorbent assay testing.

**Reference Values**

Only orderable as part of a profile. For more information see PARVS / Parvovirus B19 Antibodies, IgG and IgM, Serum. Negative

**Interpretation**

Parvovirus B19 IgM	Parvovirus B19 IgG	Interpretation
Negative	Negative	No antibody to parvovirus B19 detected. Acute infection cannot be ruled out as antibody levels may be below the limit of detection. If clinically indicated, a second serum should be submitted in 14 to 21 days.
Negative	Positive	Results suggest past infection.
Equivocal	Positive or negative	Recommend follow-up testing in 10 to 14 days if clinically indicated.
Positive	Positive, negative, or equivocal	Results suggest recent infection and should be interpreted in the context of clinical presentation.

**Cautions**

Specimens drawn prior to seroconversion may yield negative IgM or IgG antibody results, while specimens drawn after IgM antibody levels have begun to decline may yield negative IgM antibody results. Follow-up testing of convalescent samples may be beneficial to establish infection status.

The continued presence or absence of antibodies cannot be used to determine the success or failure of therapy.

Test results of specimens from immunocompromised patients may be difficult to interpret.

Testing should not be performed as a screening procedure for the general population. Testing should only be done when clinical evidence suggests the diagnosis of parvovirus B19-associated disease.

The performance of this test has not been established on neonates and immunocompromised patients.

Specimens containing antinuclear antibodies may produce equivocal or positive test results in the IgM assay.

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Epstein-Barr virus-positive specimens may produce positive or equivocal test results in the IgM assay. Assay performance characteristics have not been established for matrices other than serum.

**Clinical Reference**

1. Brown KE, Young NS: Parvovirus B19 in human disease. *Ann Rev Med* 1997;48:59-67
2. Markenson GR, Yancey MK: Parvovirus B19 infections in pregnancy. *Semin Perinatol* 1998;22(4):309-317
3. Summers J, Jones SE, Anderson MJ: Characterization of the genome of the agent of erythrocyte aplasia permits its classification as a human parvovirus. *J Gen Virol* 1983;64;(Pt 11):2527-2532
4. Qui J, Soderlund-Venermo M, Young NS. Human Paravoviruses. *Clin Microbiol Rev.* 2017 Jan;30(1):43-113. doi: 10.1128/CMR.00040-16

**Performance****Method Description**

Antibody to parvovirus B19 is detected by a sandwich EIA for the detection of IgM-class antibodies in serum or plasma (Biotrin, Dublin, Ireland). Specific parvovirus B19 antibodies in specimens bind to antigen-coated microtiter wells. Following a wash step, peroxidase-labeled rabbit-antihuman IgG is added that binds to parvovirus antibody. The antigen-antibody complex is detected by the addition of substrate, which turns blue in the presence of the enzyme peroxidase.(Anderson LJ, Tsou R, Parker RA, et al: Detection of antibodies and antigens of human parvovirus B19 by enzyme-linked immunosorbent assay. *J Clin Microbiol* 1986;24[4]:522-526. Package insert; Parvovirus B19 IgG and IgM Enzyme Immunoassay, DiaSorin, Biotrin.Dublin, Ireland; 10/2012)

**PDF Report**

No

**Specimen Retention Time****Performing Laboratory Location**

Rochester

**Fees & Codes****Test Classification**

This test has been modified from the manufacturer's instructions. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

86747