Overview

Useful For
Serologic detection of recent or past parvovirus B19 infection using IgG 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

Specimen Minimum Volume
0.5 mL

Reject Due To

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross hemolysis</td>
<td>Reject</td>
</tr>
<tr>
<td>Gross lipemia</td>
<td>Reject</td>
</tr>
<tr>
<td>Gross icterus</td>
<td>Reject</td>
</tr>
<tr>
<td>Heat-inactivated specimen</td>
<td>Reject</td>
</tr>
</tbody>
</table>

Specimen Stability Information
Clinical and 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

<table>
<thead>
<tr>
<th>Parvovirus B19 IgM</th>
<th>Parvovirus B19 IgG</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>Negative</td>
<td>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.</td>
</tr>
<tr>
<td>Negative</td>
<td>Positive</td>
<td>Results suggest past infection.</td>
</tr>
<tr>
<td>Equivocal</td>
<td>Positive or negative</td>
<td>Recommend follow-up testing in 10 to 14 days if clinically indicated.</td>
</tr>
<tr>
<td>Positive</td>
<td>Positive, negative, or equivocal</td>
<td>Results suggest recent infection and should be interpreted in the context of clinical presentation.</td>
</tr>
</tbody>
</table>

The presence of IgM class antibodies suggests recent infection. The presence of IgG antibodies only is indicative of past exposure.
Both IgG and IgM may be present at or soon after onset of illness and reach peak titers within 30 days. Because IgG antibody may persist for years, diagnosis of acute infection is made by the detection of IgM antibodies.

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.

Assay performance characteristics have not been established for matrices other than serum.

Clinical Reference

Performance

Method Description

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Friday; 11 a.m.

Maximum Laboratory Time
3 days
Performing Laboratory Location
Rochester

Fees and Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

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 U.S. Food and Drug Administration.

CPT Code Information
86747

LOINC® Information

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<tr>
<th>Test ID</th>
<th>Test Order Name</th>
<th>Order LOINC Value</th>
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<tbody>
<tr>
<td>PARVG</td>
<td>Parvovirus B19 Ab, IgG, S</td>
<td>29660-8</td>
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<table>
<thead>
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