Overview

Useful For
Demonstration of acute or recent streptococcal infection

Method Name
Nephelometry

NY State Available
Yes

Specimen

Specimen Type
Serum

Advisory Information
Patients with acute glomerulonephritis following skin infection (post-impetigo) have an attenuated immune response to streptolysin O. For these patients, performance of an alternative streptococcal antibody test such as ADNAS / Anti-DNase B Titer, Serum is recommended.

Specimen Required
Patient Preparation: Fasting preferred but not required

Container/Tube:
Preferred: Red top
Acceptable: Serum gel

Specimen Volume: 1 mL
Specimen Minimum Volume
0.5 mL

Reject Due To

<table>
<thead>
<tr>
<th></th>
<th>Mild OK; Gross OK</th>
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<tbody>
<tr>
<td>Hemolysis</td>
<td></td>
</tr>
<tr>
<td>Lipemia</td>
<td>Mild OK; Gross reject</td>
</tr>
<tr>
<td>Icterus</td>
<td>Mild OK; Gross OK</td>
</tr>
<tr>
<td>Other</td>
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Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
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<tbody>
<tr>
<td>Serum</td>
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<td>28 days</td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
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Clinical and Interpretive

Clinical Information
A number of bacterial antigens have been identified in cultures of group A streptococci. These extracellular products are primarily enzymatic proteins and include streptolysin O, streptokinase, hyaluronidase, deoxyribonucleases (DNases A, B, C, and D), and nicotinamide adenine nucleotidase.

Infections by the group A streptococci are unique because they can be followed by the serious nonpurulent complications of rheumatic fever and glomerulonephritis. Recent information suggests that rheumatic fever is associated with infection by certain rheumatogenic serotypes (M1, M3, M5, M6, M18, and M19), while glomerulonephritis follows infection by nephritogenic serotypes (M2, M12, M49, M57, M59, and M60).

Glomerulonephritis and rheumatic fever occur following the infection, after a period of latency following the infection, during which the patient is asymptomatic. The latency period for glomerulonephritis is approximately 10 days, and for rheumatic fever the latency period is 20 days.

Reference Values
<5 years: < or =70 IU/mL
5-17 years: < or =640 IU/mL
> or =18 years: < or =530 IU/mL

Interpretation
Elevated values are consistent with an antecedent infection by group A streptococci.

Cautions
The use of the antistreptolysin O (ASO) for the diagnosis of an acute group A streptococcal infection is rarely indicated, unless the patient has received antibiotics that would render the culture negative. There are certain limitations to the use of the ASO test in these circumstances due to the delay and attenuation of the immune response following early antibiotic therapy.

False-high titers may be obtained with sera that are contaminated by certain bacterial organisms during shipment or storage and in patients with liver disease where the presence of high lipoprotein concentrations in the serum may mimic antibody activity.

Although the antistreptolysin O (ASO) test is quite reliable, performing the anti-DNase is justified for 2 primary reasons. First, the ASO response is not universal. Elevated ASO titers are found in the sera of about 85% of individuals with rheumatic fever; ASO titers remain normal in about 15% of individuals with the disease. The same holds true for other streptococcal antibody tests: a significant portion of individuals with normal antibody titers for 1 test will have elevated antibody titers for another test. Thus, the percentage of false-negatives can be reduced by performing 2 or more antibody tests. Second, skin infections, in contrast to throat infections, are associated with a poor ASO response. Patients with acute glomerulonephritis following skin infection (post-impetigo) have an attenuated immune response to streptolysin O. For such patients, performance of an alternative streptococcal antibody test such as anti-DNase B is recommended.
Clinical Reference

Performance

Method Description
In this Siemens Nephelometer II method, the light scattered onto the antigen-antibody complexes is measured. The intensity of the measured scattered light is proportional to the amount of antigen-antibody complexes in the sample under certain conditions. If the antibody volume is kept constant, the signal behaves proportionally to the antigen volume.

A reference curve is generated by a standard with a known antigen content on which the scattered light signals of the samples can be evaluated and calculated as an antigen concentration. Antigen-antibody complexes are formed when a sample containing antigen and the corresponding antiserum are put into a cuvette. A light beam is generated with an LED, which is transmitted through the cuvette. The light is scattered onto the immuno-complexes that are present. Antigen and antibody are mixed in the initial measurement, but no complex is formed yet. An antigen-antibody complex is formed in the final measurement.

The result is calculated by subtracting value of the final measurement from the initial measurement. The distribution of intensity of the scattered light depends on the ratio of the particle size of the antigen-antibody complexes to the radiated wavelength. (Instruction manual: Siemens Nephelometer II, Version 3, Siemens, Inc., Newark, DE, 2008)

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Saturday; Continuously until 3 p.m.

Analytic Time
Same day/1 day

Maximum Laboratory Time
3 days

Specimen Retention Time
14 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 Definition: ASO
Antistrep-O Titer, S

Test Classification
This test has been cleared or approved by the U.S. Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information
86060

LOINC® Information

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<td>ASO</td>
<td>Antistrep-O Titer, S</td>
<td>5370-2</td>
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<table>
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<tr>
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<td>Antistrep-O Titer, S</td>
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