Overview

Useful For
Detection of hepatitis D virus (HDV)-specific total antibodies (combined IgG and IgM) in human serum

Diagnosis of concurrent HDV infection in patients with acute hepatitis B virus (HBV) infection (acute coinfection), chronic HBV infection (chronic coinfection), or acute exacerbation of known chronic HBV infection (HDV superinfection)

Special Instructions
- Viral Hepatitis Serologic Profiles

Method Name
Enzyme Immunoassay (EIA)

NY State Available
Yes

Specimen

Specimen Type
Serum

Necessary Information
Date of collection is required.

Specimen Required
Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions:
1. Centrifuge blood collection tube per collection tube manufacturer’s instructions (eg, centrifuge and aliquot within 2 hours of collection for BD Vacutainer tubes).

2. Aliquot serum into plastic vial.

Forms
If not ordering electronically, complete, print, and send a Gastroenterology and Hepatology Client Test Request (T728) with the specimen.

Specimen Minimum Volume
Test Definition: AHDV
HDV Total Ab, S

0.2 mL

Reject Due To

<table>
<thead>
<tr>
<th>Gross hemolysis</th>
<th>Reject</th>
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</thead>
<tbody>
<tr>
<td>Gross lipemia</td>
<td>Reject</td>
</tr>
<tr>
<td>Gross icterus</td>
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Specimen Stability Information

<table>
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<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
<tr>
<td>Serum</td>
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</tr>
<tr>
<td></td>
<td>Refrigerated</td>
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Clinical and Interpretive

Clinical Information

Hepatitis D virus (HDV), also known as delta hepatitis virus, is a defective RNA virus comprised of a delta antigen and a hepatitis B surface antigen (HBsAg) as the core and protein coat of the virus, respectively. This virus cannot replicate effectively by itself, and it requires the presence of hepatitis B virus (HBV) to initiate and maintain its replication in the infected liver cells.

Infection with HDV occurs either as an acute coinfection with HBV or an acute superinfection of chronic HBV. Acute HBV-HDV coinfection usually follows a self-limited clinical course with spontaneous resolution, but may have a fulminant clinical presentation. HDV superinfection in chronic HBV or in HBV carrier state typically manifests as an acute exacerbation of chronic hepatitis B, with tendency to result in chronic HBV-HDV coinfection and early cirrhosis or liver failure. Chronic HDV infection is found in 1% of all chronically HBV-infected individuals in the United States.

Diagnosis of HDV can be established by detecting HDV antigen, HDV-specific IgM, or HDV-specific total antibodies (combined IgM and IgG) in the sera of infected patients with clinically evident acute or chronic hepatitis B. Anti-HDV IgM typically appears in serum at 2 to 3 weeks after onset of symptoms and disappears by 2 months after acute HDV infection, but it may persist up to 9 months in HDV superinfection. HDV IgG and HDV total antibodies persist in serum after resolution of acute HDV infection and in chronic coinfection.

Reference Values

Negative

Interpretation

This assay detects the presence of hepatitis D virus (HDV)-specific total (combined IgG and IgM) antibodies in serum.

Negative results indicate the absence of HDV infection and no past exposure to HDV.

Equivocal results indicate borderline level of anti-HDV total antibodies. Repeat testing in 1 to 2 weeks is recommended to determine the definitive HDV infection status.

Positive results usually indicate 1 of the following conditions: 1) simultaneous acute or chronic coinfection with
hepatitis B virus (HBV) and HDV, 2) acute HDV infection in patients with known chronic HBV infection (ie, HDV superinfection), or 3) resolved HDV infection.

See Viral Hepatitis Serologic Profiles in Special Instructions.

Cautions

Negative results may not rule-out hepatitis D virus (HDV) infection during the early phase of infection or in immunocompromised patients who have delayed or inadequate immune response.

False-positive results may be due to cross-reactive antibodies from other viral infection or underlying illnesses. Positive result should be correlated with the patient’s clinical history, physical examination findings, and risk factors for HDV infection.

Performance characteristics have not been established for the following specimen characteristics:

- Grossly icteric (total bilirubin level of >20 mg/dL)
- Grossly lipemic (triolein level of >3000 mg/dL)
- Grossly hemolyzed (hemoglobin level of >500 mg/dL)
- Containing particulate matter
- Cadaveric specimens

Clinical Reference


Performance

Method Description

This test is performed using a competitive enzyme immunoassay in which hepatitis delta virus-specific antibodies (anti-HDV) compete with virus-specific polyclonal IgG antibody that is labeled with peroxidase (HRP) for a fixed amount of recombinant HDV protein coated on the microplate wells. Patient serum sample is added first to the microplate well, in which anti-HDV IgG and IgM antibodies will bind to the recombinant HDV protein coated in the well. After washing, a polyclonal anti-HDV-enzyme conjugate is added and allowed to bind to unbound recombinant HDV protein. After another wash, a chromogenic mixture is added as a substrate for the HRP enzymatic reaction. Concentration of the enzyme conjugate bound to the coated well is inversely proportional to the amount of HDV total antibodies present in the patient sample. The concentration of HDV total antibodies present is determined by comparing the calorimetric reaction signal to a calibrated cut-off signal value. (Package insert: HDV Ab, Rev.6 0917; International Immuno Diagnostics, Foster City, CA 94404)

PDF Report

No

Day(s) and Time(s) Test Performed

Monday, Thursday; Varies
Analytic Time
1 day

Maximum Laboratory Time
7 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 Classification
This test was developed and its performance characteristics 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
86692

LOINC® Information

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