

Francisella tularensis Antibody, IgM and IgG, Technical Interpretation, Serum

### Overview

#### **Useful For**

Interpretation to aid in the diagnosis of tularemia caused by Francisella tularensis

### **Method Name**

Only orderable as part of a profile. For more information see TULAB / Francisella tularensis Antibody, IgM and IgG, ELISA, Serum.

**Technical Interpretation** 

### **NY State Available**

Yes

### **Specimen**

### **Specimen Type**

Serum

# Specimen Required

Only orderable as part of a profile. For more information see TULAB / Francisella tularensis Antibody, IgM and IgG, ELISA, Serum.

# Reject Due To

## **Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	30 days	

## Clinical & Interpretive

### **Clinical Information**

Francisella tularensis is a small, intracellular, coccobacillary gram-negative bacterium and is an obligate pathogen in animals and humans, primarily maintained in rabbits, hares, cats, ticks, and deerflies. F tularensis is found throughout North America and parts of Asia and, similar to Brucella species, is considered a potential agent of bioterrorism. Human infection with F tularensis usually occurs through inhalation of infected aerosols, ingestion of contaminated meat or



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water, handling of diseased or sick animals, or through the bite of an infected arthropod (eg, tick, deerflies).

Following a 3- to 5-day incubation period, the clinical manifestations of infection with *F tularensis* differ primarily depending on the site and route of infection. The most common form of disease is ulceroglandular (45%-80% of cases), which is associated with an arthropod (or animal) bite or another cause of skin barrier compromise. This leads to development of a painful papule that ultimately ulcerates allowing the bacterium to enter the lymphatic system. Glandular tularemia is similar in presentation to ulceroglandular disease; however, it lacks the ulceration and, more frequently, causes septicemia. Other, less frequent clinical manifestations include oculoglandular (Parinaud syndrome), oropharyngeal and gastrointestinal disease, and pneumonic or typhoidal tularemia.

Diagnostic testing options for *F tularensis* primarily include culture and serology. Providers suspecting tularemia should collect appropriate specimens (eg, skin lesion biopsy, lymph node aspirates) promptly and send for culture. The microbiology laboratory should be alerted to the possibility of *F tularensis* to ensure that appropriate safety measures are taken to protect the laboratory technologists. Growth on culture is a definitive means of making a diagnosis of tularensis. Serologic testing may be used to support a diagnosis of current or recent tularensis in patients who are IgM positive, who seroconvert to IgM, or who are IgG positive in paired sera collected 2 to 3 weeks apart.

### **Reference Values**

Only orderable as part of a profile. For more information see TULAB / Francisella tularensis Antibody, IgM and IgG, ELISA, Serum.

IgM: Negative IgG: Negative

Reference values apply to all ages.

### Interpretation

IgM result	IgG result	Interpretation	
Negative	gative Negative No antibodies to Francisella tularensis		
		Antibody response may be negative in samples	
		collected too soon following infection/exposure.	
		Repeat testing on a new sample in 1 to 2 weeks if	
		clinically indicated.	
Positive	Negative	IgM class antibodies to F tularensis detected,	
		suggesting current or recent infection. Repeat	
Dacitiva	Dandarlina	testing in 1 to 2 weeks to detect seroconversion of	
Positive	Borderline	IgG may be considered to confirm the diagnosis.	
Borderline	Negative	Questionable presence of IgM antibodies to F	
		tularensis. Consider repeat testing in 1 to 2 weeks.	
Borderline	Positive	IgG class antibodies to F tularensis detected	
		suggesting recent or past infection. Clinical	
		correlation alongside presentation, exposure	
		history and other laboratory findings required.	



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Borderline	Borderline	Questionable presence of IgM and IgG class antibodies to <i>F tularensis</i> . Consider repeat testing in 1 to 2 weeks.	
Positive	Positive	IgM and IgG class antibodies to <i>F tularensis</i> detected suggesting current, recent or past infection. Cross-reactions may occur in patients with a current or prior Brucella infection. Clinical correlation alongside presentation, exposure history and other laboratory findings required.	
Negative	Positive	IgG class antibodies to <i>F tularensis</i> detected suggesting recent or past infection. Clinical correlation alongside presentation, exposure history and other laboratory findings required.	
Negative	Borderline	Questionable presence of IgG antibodies to <i>F</i> tularensis. Consider repeat testing in 1 to 2 weeks.	

#### Cautions

False-negative results may occur in specimens collected too soon following symptom onset, prior to the development of a detectable immune response. Repeat testing on new specimens collected 2 to 4 weeks later may be helpful.

False-positive results may occur in patients previously or currently infected with *Brucella* species. Other less frequent causes of cross-reactivity that have been reported include prior infection with *Yersinia*, *Salmonella*, or *Legionella* species.

IgM-class antibodies may be detectable as soon as 1 week after symptom onset and may remain detectable for multiple years following resolution of disease in some individuals. Therefore, an IgM positive result may not indicate current or recent infection in some cases.

Multiple subspecies of *Francisella tularensis*, including *F tularensis* subspecies *tularensis*, *F tularensis* subspecies *holarctica*, and *F tularensis* subspecies *novicida* are found throughout the northern hemisphere, including in the United States. The IgM and IgG anti-*F tularensis* <u>enzyme-linked immunosorbent assay</u>s used at Mayo Clinic Laboratories are based on the lipopolysaccharide (LPS) antigen of *F tularensis*. Although not directly tested, previous studies indicate that there are no antigenic differences between the LPS of *F tularensis* subspecies *tularensis* and the other subspecies. Therefore, these assays should not be used to differentiate between infection with the various *F tularensis* subspecies.

### **Clinical Reference**

- 1. Petersen JM, Schriefer ME, Araj GE. Francisella and Brucella. In: Carroll KC, Pfaller MA, Landry ML, et al, eds. Manual of Clinical Microbiology. 12th ed. AMS Press; 2019
- 2. Nigrovic LE, Wingerter SL. Tularemia. Infect Dis Clin North Am. 2008;22(3):489-504. doi:10.1016/j.idc.2008.03.004

## **Performance**

## **Method Description**



Francisella tularensis Antibody, IgM and IgG, Technical Interpretation, Serum

Automated interpretation of IgM and IgG antibody results for Francisella tularensis.

### **PDF Report**

No

### Day(s) Performed

Tuesday, Thursday

# **Report Available**

Same day/1 day

## **Performing Laboratory Location**

Mayo Clinic Laboratories - Rochester Superior Drive

### **Fees & Codes**

### **Fees**

- Authorized users can sign in to <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact <u>Customer Service</u>.

### **Test Classification**

Not Applicable

### **LOINC®** Information

Test ID	Test Order Name	Order LOINC® Value
TULI	F. tularensis Interpretation	93718-5

Result ID	Test Result Name	Result LOINC® Value
TULI	F. tularensis Interpretation	93718-5