Test Definition: CHIKM

Chikungunya IgM, Antibody, Serum
(Non-Orderable)

Overview

Useful For

Only orderable as part of a profile. For more information see CHIKV / Chikungunya IgM and IgG, Antibody, Serum.

Aiding in the diagnosis of recent infection with Chikungunya virus detecting IgM antibodies in patients with recent travel to endemic areas and a compatible clinical syndrome

Method Name

Only orderable as part of a profile. For more information see CHIKV / Chikungunya IgM and IgG, Antibody, Serum.

Enzyme-Linked Immunosorbent Assay (ELISA)

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Only orderable as part of a profile. For more information see CHIKV / Chikungunya IgM and IgG, Antibody, Serum.

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 0.5 mL Serum
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume

Serum: 0.4 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	Reject

Gross icterus	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	21 days	
	Ambient	72 hours	
	Frozen	30 days	

Clinical & Interpretive

Clinical Information

Chikungunya virus (ChikV) is a single-stranded RNA alphavirus and a member of the Togaviridae family of viruses. The name Chikungunya is derived from the language of the Makonde ethnic groups in southeast Africa and means "that which bends" or "stooped walk." This is in reference to the hunched-over appearance of infected individuals due to the characteristically painful and incapacitating arthralgia caused by the virus. ChikV is endemic throughout Africa, India, and, more recently, the Caribbean islands. In 2014, the first case of autochthonous, or local transmission, in the US occurred in Florida.

Humans are the primary reservoir for ChikV, and *Aedes* species mosquitoes are the primary vectors of transmission. Unlike other mosquito-borne viruses, such as West Nile and dengue viruses, most individuals exposed to ChikV become symptomatic. Severe manifestations are most often observed in individuals at the extremes of age and in those with suppressed immunity. Following exposure to ChikV, individuals develop lasting immunity and protection from reinfection.

Prior to development of symptoms, the incubation period ranges, on average, from 3 to 7 days. Infected patients typically present with sudden-onset high fever, incapacitating joint pain, and often a maculopapular rash lasting anywhere from 3 to 10 days. Notably, symptom relapse can occur in some individuals 2 to 3 months following resolution of initial symptoms. Currently, there are no licensed vaccines and treatment is strictly supportive care.

Reference Values

Only orderable as part of a profile. For more information see CHIKV / Chikungunya IgM and IgG, Antibody, Serum.

Negative
Reference values apply to all ages.

Interpretation

IgM and IgG negative:
No serologic evidence of exposure to Chikungunya virus. Repeat testing on a new specimen collected in 5 to 10 days is recommended if clinical suspicion persists.

IgM and IgG positive:
IgM and IgG antibodies to Chikungunya virus detected, suggesting recent or past infection. Correlate with exposure

history and clinical presentation. Confirmatory testing at a public health lab is suggested. IgM antibodies to Chikungunya virus may remain detectable for 3 to 4 months post-infection.

IgM positive, IgG negative:
IgM antibodies to Chikungunya virus detected, suggesting recent infection. Correlate with exposure history and clinical presentation. Confirmatory testing at a public health lab is suggested. Repeat testing in 5 to 10 days is recommended to demonstrate anti-Chikungunya virus IgG seroconversion to confirm current infection.

IgM negative, IgG positive:
IgG antibodies to Chikungunya virus detected, suggesting past infection.

Cautions
Specimens collected too early following infection may be negative for antibodies to Chikungunya virus. Testing of convalescent serum is recommended.

Chikungunya and dengue viruses currently cocirculate in endemic areas and infections can present similarly in symptomatic patients. It is therefore recommended to evaluate at-risk patients for infection with both viruses.

Clinical Reference
Eberly AR. Medically important alphaviruses in the United States and how to test for them. Clin Microbiol Newsl. 2024;49:28-36. doi:10.1016/j.clinmicnews.2024.10.003

Performance

Method Description
For the Chikungunya virus IgM assay, polystyrene microwells are coated with recombinant Chikungunya antigen. Diluted serum samples and controls are incubated in the wells to allow anti-Chikungunya antibodies (if present in the sample) to react with the antigen. Nonspecific reactants are removed by washing. Next, peroxidase-conjugated antihuman antibody is added to the wells and will react with human antibodies bound to the antigen. Excess conjugate is removed by washing. Enzyme substrate and chromogen are added, and the color is allowed to develop. After adding the stop reagent, the resultant color change is quantified by a spectrophotometric reading of optical density (OD). Sample OD readings are compared with reference cut-off OD readings to determine the qualitative results.(Package insert: Anti-Chikungunya virus ELISA IgM. Euroimmun Ag; 06/2026)

PDF Report
No

Day(s) Performed
Bimonthly on the second and fourth Wednesday

Report Available
Same day/1 to 14 days

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Specimen Retention Time
14 days

Performing Laboratory Location
Mayo Clinic Laboratories - Rochester Superior Drive

Fees & 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 account representative. 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. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information
86790

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
CHIKM	Chikungunya IgM, Ab, S	88629-1

Result ID	Test Result Name	Result LOINC® Value
CHIKM	Chikungunya IgM, Ab, S	88629-1