

TEST ID: HAIGG

HEPATITIS A IgG ANTIBODY, SERUM

USEFUL FOR

Detection of previous exposure or immunity to hepatitis A infection

CLINICAL INFORMATION

Hepatitis A virus (HAV) is endemic throughout the world, occurring most commonly, however, in areas of poor hygiene and low socioeconomic conditions. The virus is transmitted primarily by the fecal-oral route, and it is spread by close person-to-person contact and by food- and water-borne epidemics. Outbreaks frequently occur in overcrowded situations and in high-density institutions and centers, such as prisons and health care or day care centers. Viral spread by parenteral routes (eg, exposure to blood) is possible but rare, because infected individuals are viremic for a short period of time (usually <3 weeks). There is little or no evidence of transplacental transmission from mother to fetus or transmission to newborn during delivery.

In most cases, antibodies to HAV (anti-HAV) are detectable by the time that symptoms occur, usually 15 to 45 days after exposure. Initial antibodies consist almost entirely of the IgM subclass. HAV-specific IgM antibody level in serum usually falls to an undetectable level by 6 months after acute infection. HAV-specific IgG antibody level in serum rises quickly once the virus is cleared and may persist for many years.

INTERPRETATION

This assay detects the presence of hepatitis A virus (HAV)-specific IgG antibody in serum.

A negative result indicates the absence of HAV-specific IgG antibody, implying no past exposure or immunity to HAV infection.

A positive result indicates the presence of HAV-specific IgG antibody from either vaccination or past exposure to hepatitis A virus.

REFERENCE VALUES

Unvaccinated: Negative

Vaccinated: Positive

See [Viral Hepatitis Serologic Profiles](#) in Special Instructions.

ANALYTIC TIME

1 day

SPECIMEN REQUIRED

Type

Serum

Collection Container/Tube

Preferred: Serum Gel

Acceptable: Red top

Submission Container/Tube

Plastic vial

Specimen Volume

1mL

CLINICAL REFERENCE

1. Centers for Disease Control and Prevention: Prevention of hepatitis A through active or passive immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Morb Mortal Wkly Rep 2006;55(RR7):1-23
2. Nainan OV, Xia G, Vaughan G, Margolis HS: Diagnosis of hepatitis A infection: a molecular approach. Clin Microbiol Rev 2006;19:63-79
3. de Paula VS: Laboratory diagnosis of hepatitis A. Future Virology 2012;7(5):461-472