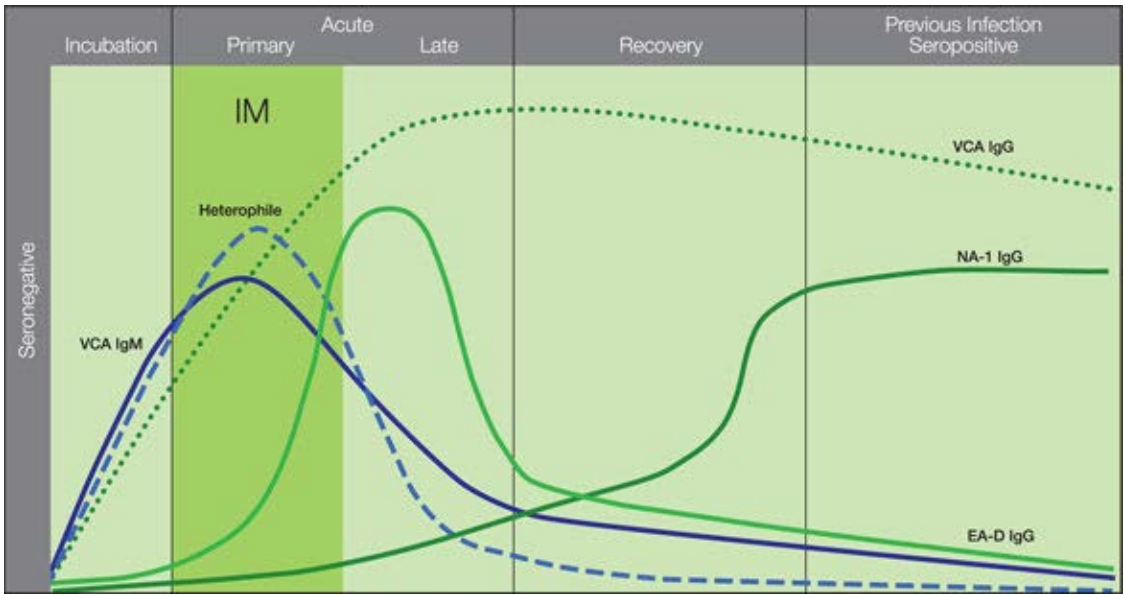
Epstein-Barr Virus (EBV) Serology: Change to Assay

Date: December 2, 2020

Effective Date: December 16, 2020

Serological testing for Epstein Barr Virus (EBV) infection will move from the current immunofluorescence assay for viral capsid antigens (VCA IgM and VCA IgG) to a multiplex flow immunoassay. Targets on the new assay will include VCA-IgM and VCA-IgG as well as Epstein-Barr Virus Nuclear antigen (EBV NA-1) IgG and Early antigen (EBV EA-D) IgG (See manufacturer figure, below).



Notes:
The current screen for Infectious Mononucleosis heterophile antibodies (MONOT) is unchanged.
The current REFLEX test (MSRFX), which automatically includes VCA IgM and IgG for specimens with a NEGATIVE MONOT result **will now reflex to the new panel EBVPN.**
VCA IgM (VCAIM), VCA IgG (VCAIG), and VCA IgM/IgG (EBVP) will still be available to order separately, though they will now be done in the multiplex flow immunoassay format and not by immunofluorescence. Note that the test codes for VCA IgM and VCA IgG have changed.

Test info:
Test codes and summary of available EBV serologic testing options:

MONOT: Mononucleosis heterophile antibody
VCAIM: IgM to viral capsid antigen
VCAIG: IgG to viral capsid antigen
EBVP: IgM and IgG to viral capsid antigen
EBVPN: IgM and IgG to viral capsid antigen, IgG to Nuclear antigen, IgG to Early antigen
MSRFX: MonoT, if NEG reflex to EBVPN

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Resulting: All targets will be reported as Positive, Negative, or Equivocal
Specimen: 2 ml serum (1.0 ml minimum)
Turn-around time: 24-48 hours, Sun-Fri

Please contact Lindsay Ryan-Muntz (Serology Supervisor, Lindsay_Ryan-Muntz@URMC.Rochester.edu) or Nicole Pecora, MD with any questions.

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