<table>
<thead>
<tr>
<th>HEPATITIS B SURFACE ANTIGEN; HBsAg, SERUM (CMIA)</th>
<th>Reactive / Non Reactive</th>
<th>Non Reactive</th>
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</thead>
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**Note:**
1. All Reactive results are tested additionally by Specific antibody Neutralization assay. For further confirmation Molecular assays are recommended.

2. Discrepant results may be observed during pregnancy, patients receiving mouse monoclonal antibodies for diagnosis or therapy & mutant forms of HBsAg.

3. For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection.

4. For monitoring HBsAg levels, Quantitative HBsAg assay is recommended.

**Comment**

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self-limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

**Uses**

- Routine screening of blood and blood products to prevent transmission of Hepatitis B virus (HBV) to recipients
- To diagnose suspected HBV infection and monitor the status of infected individuals
- To evaluate the efficacy of antiviral drugs
- For Prenatal Screening of pregnant women