HEPATITIS B SURFACE ANTIGEN (HBsAg) CONFIRMATION, SERUM (CMIA)

Note: 1. For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

2. Patients routinely exposed to animals or to animal serum products can be prone to interference by heterophilic antibodies and anomalous results may be observed

Comments:

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

The assay is used for the confirmation of the presence of hepatitis B surface antigen (HBsAg) by means of specific antibody neutralization in samples found to be repeatedly reactive by HBsAg screening assay

The interpretation of Not confirmed for HBsAg indicates the presence of HBsAg cannot be confirmed via neutralization. As the presence of nonspecific binding may obscure low levels of HBsAg in the specimen due to early infection or early recovery, it is recommended that the patient be evaluated for other serologic markers of HBV infection (i.e., total anti-HBc or IgM anti-HBc) and that the patient be retested for HBsAg in 4 to 6 weeks.