

**TORCH PANEL, IgG&IgM,
SERUM
(CLIA)**

Toxoplasma, IgG	IU/mL	<7.20
Toxoplasma, IgM	AU/mL	<10.00
Rubella, IgG	IU/mL	<10.00
Rubella, IgM	AU/mL	<20.00
Cytomegalovirus, IgG	U/mL	<12.00
Cytomegalovirus, IgM	U/mL	<18.00
Herpes simplex virus 1 +2, IgG	Index	<0.90
Herpes simplex virus 1 +2, IgM	Index	<0.90

Interpretation

INFECTION	UNITS	NON REACTIVE	EQUIVOCAL	REACTIVE
Toxoplasma IgG	IU/mL	<7.20	7.20-8.80	>8.80
Rubella IgG	IU/mL	<10.00	-	>10.00
CMV IgG	U/mL	<12.00	12.00-14.00	>14.00
HSV 1+2 IgG	Index	<0.90	0.90-1.10	>1.10
Toxoplasma IgM	AU/mL	<10.00	-	≥10.00
Rubella IgM	AU/mL	<20.00	20.00-25.00	>25.00
CMV IgM	U/mL	<18.00	18.00-22.00	>22.00
HSV 1+2 IgM	Index	<0.90	0.90-1.10	>1.10

TORCH IgG: 1. Non reactive results do not always exclude the possibility of infection. Patients with negative results in suspected early disease cases should be retested after 3 weeks.

2. Equivocal results may contain low levels of IgG. In such cases it is recommended to test for IgM antibody and / or a second sample to be tested for IgG antibody after 2 weeks.

3. Reactive results indicate past or acute infection.

4. IgG avidity testing is recommended to differentiate between recent and past infection

TORCH IgM: 1. Non reactive results do not always exclude the possibility of infection. Patients with negative results in suspected early disease cases should be retested after 3 weeks.

2. Equivocal results may contain low levels of antibodies. In such cases it is recommended to retest after 2 weeks.
3. Reactive Rubella & CMV result indicates primary infection / reinfection / reactivation of latent virus.
4. Reactive Toxoplasma result indicates recent / past infection as the IgM antibodies can persist up to 18 months post infection. The result should be considered false positive if Toxoplasma IgG remains negative on repeat testing after 2-3 weeks.

Comments

Perinatal infections account for 2-3% of all congenital anomalies. TORCH which includes Toxoplasma, Rubella, Cytomegalovirus & Herpes Simplex, are some of the most common infections associated with Congenital anomalies. Most of the TORCH infections cause mild maternal morbidity, but have serious fetal consequences. Reliable recognition of Primary infection is highly important in pregnant women.

IgM-positive result alone does not accurately predict the risk of fetal infection; a positive IgM test should therefore be considered only as a starting point and a more thorough diagnostic evaluation is necessary to determine whether there is a risk of fetal infection.

Primary infection is suggested by:

- Presence of IgM antibody
- Seroconversion or rising antibody titres between acute and convalescent serum specimen
- Low IgG avidity