TEST:	Measles Antibody IgG EIA
Synonym:	Anti Rubeola IgG; Measles IgG antibody; Rubeola / Measles immunity test
Laboratory/Phone:	**Vaccine Preventable Disease/443-681-3889**
Specimen:	**Serum**
Specimen identification:	**Label container with patient's last name, first Name, DOB, specimen type, date and time of collection.**
Specimen Volume Required:	1-2 ml
Specimen Volume Minimum:	1 ml
Collect:	Venipuncture; Red top vacuum tube, transfer serum to sterile tube with leak-proof cap.
Form:	**DHMH 4677 (MMRV Immunity Screen or Rubeola Immunity Screen)**
Transport Conditions:	2-8°C-Refer to serology test guideline.
Packaging and Shipping:	Follow packaging and shipping instructions.
Specimen Rejection:	Discrepancy between name on tube and name on form, unlabeled hemolytic; lipemic; gross bacterial contamination. Specimens collected > 7 days prior to submission.Refer to serology guideline.
Availability:	**Service available only to government facilities Monday to Friday.**
Results and Interpretation:	**Negative:** Indicates no detectable IgG antibody to Measles virus. A negative result indicates no current or previous infection with Measles virus. Such individuals are presumed to be susceptible to primary infection .However, specimen taken too early during a primary infection may not have detectable levels of IgG antibody. If primary infection is suspected, another specimen (convalescent) should be taken in 8-14 days and tested concurrently in the same assay with the original (acute) specimen to look for seroconversion. If acute specimen is negative and convalescent specimen is positive, seroconversion has taken place and a primary Measles virus infection is indicated. **Equivocal:** Equivocal results are indeterminate. Patient may or may not have immunity to Measles Virus. This result is not acceptable proof of immunity. **Positive:** Indicates evidence of Measles IgG antibodies and suggests past or current infection with Measles virus. Antibodies obtained via acquired immunity or immunization and probable protection from clinical infection. (Immunity).
Reference Range:	Negative.
Additional Information:	For more information, see the CDC link at: http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/meas.pdf
Turnaround Time:	2-6 working days
Method:	ELISA
Purpose of Test:	**For detection of IgG antibodies to Measles virus, The test can be used to evaluate single sera for immune status.**
Interfering Substances:	Test results in an immune compromised patients should be interpreted with caution.
Testing Site:	Central Laboratory 1770 Ashland Avenue, Baltimore, MD 21205.
Comment:	LIMITATIONS: A diagnosis should not be made on the basis of anti-Measles results alone. Test results should be interpreted in conjunction with the clinical evaluation and the results of other diagnostic procedures. The antibody titer of a single serum specimen cannot be used to determine a recent infection. Paired samples (acute and convalescent) should be collected and tested concurrently to demonstrate seroconversion. Samples collected too early in the course of an infection may not have detectable levels of IgG. In such cases, a second sample may be collected after 2-7 weeks and tested concurrently with the Original sample to look for seroconversion. A positive Measles IgG test in neonates should be interpreted with caution since passively acquired maternal antibody can persist for up to 6 months.

TEST:	**Measles Antibody IgM EIA**
Synonym:	Anti-Measles IgM; Rubeola/Measles IgM antibody.
Laboratory/Phone:	**Vaccine Preventable Disease/443-681-3889**
Specimen:	**Serum**
Specimen identification:	**Label container with patient's last name, first Name, DOB, specimen type, date and time of collection.**
Specimen Volume Required:	1- 2 ml
Specimen Volume Minimum:	1 ml
Collect:	Venipuncture; Red top vacuum tube, transfer serum to sterile tube with leak-proof cap.
Form:	**DHMH 4677 (Other test) -- Prior authorization by Epidemiology is required (410 767-6628).**
Transport Conditions:	2-8°C-Refer to serology test guideline.
Packaging and Shipping:	Follow packaging and shipping instructions.
Specimen Rejection:	Discrepancy between name on tube and name on form unlabeled hemolytic; lexemic; gross bacterial contamination. Refer to serology guideline.
Availability:	**Monday to Friday. Test available only to DHMH epidemiologist to investigate outbreaks.**
Results and Interpretation:	**Negative:** No detectable Measles IgM antibodies. A negative result indicates no current infection with Measles virus. However, specimens taken too early during a primary infection may not have detectable levels of IgM antibody. If a primary infection is suspected, another specimen should be taken within 7 days and tested concurrently in the same assay with the original specimen to look for seroconversion **Equivocal:** Equivocal specimens are indeterminate. Another specimen should be collected after 7 days and retested. **Positive:** Indicates evidence of Measles IgM antibodies. This suggests primary or reactivated infection with Measles virus.
Reference Range:	Negative.
Additional Information:	For more information, see the CDC link at: http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/meas.pdf
Turnaround Time:	1-2 working days
Method:	ELISA
Purpose of Test:	**Test available only to DHMH epidemiologist to investigate outbreak for the detection of IgM antibodies to Measles virus.**
Interfering Substances:	Test results in an immune compromised patients should be interpreted with caution.
Testing Site:	Central Laboratory 1770 Ashland Avenue, Baltimore, MD 21205.
Comment:	LIMITATIONS: Results of the Measles IgM ELISA are not by themselves diagnostic and should be interpreted in light of the patient's clinical condition and results of other diagnostic procedures. Measles virus specific IgG antibody may compete with IgM for binding sites and cause false negative results. Rheumatoid factor, if present along with specific IgG, will cause false positive results. The Serum Diluent plus contains an absorbent which will remove IgG from the test specimen, and significantly reduce the possibility of false positive or negative results. Heterotypic IgM antibody responses may occur in patients infected with Epstein-Barr virus, and sera from patients with infectious mononucleosis may have false positive results in the Measles IgM ELISA. Samples taken too early during the course of a primary infection may not have detectable levels of Measles specific IgM. A negative result does not rule out a primary infection with virus. The Measles IgM ELISA cannot distinguish the difference between vaccine-induced antibody and antibody resulting from a natural infection. **False positive IgM results may be obtained from patients with autoimmune disease.** The performance of the Measles IgM ELISA has not been validated using neonatal samples.