

**HEPATITIS SEROLOGY**  
***A Guide to Services***  
***State Laboratory of Public Health***

**Introduction**

Hepatitis B serologies are available on a limited basis for diagnosis of acute and chronic disease, for monitoring the course of disease and the effectiveness of therapy, and for screening select patient populations. Hepatitis A IgM testing is available on a limited basis for the diagnosis of acute disease.

Three types of testing panels are available: diagnostic, screening and monitoring. The available panels, the markers used with specific patient populations and the rationale for testing are detailed in the chart at the end of this document. Serologic testing for hepatitis infection is available only to patients who are seen in local health departments and state-operated health care facilities.

**Hepatitis B virus testing is available to the following patient populations:**

1. Symptomatic patients.
2. Prenatal patients.
3. Refugees.
4. Sexual or needle-sharing contacts of known infected persons.
5. Patients who are household contacts of hepatitis B carriers or acute cases and are candidates for vaccine.
6. Infants born to infected mothers.
7. Known previous HBsAg positive individuals.
8. Previously vaccinated health department employees with percutaneous exposure to hepatitis B virus.
9. Source patient of percutaneous exposure.

**Note:** Hepatitis B immune status testing will not be performed to determine immune status of health care workers, dental workers, etc. who are candidates for routine vaccination or to establish routine post-vaccination immunity.

**Hepatitis Serology Form and Instructions**

<http://slph.ncpublichealth.com/Forms/dhhs-3722.pdf>

### Hepatitis Testing Panels and Corresponding Markers

Type of test	Population	Panel Markers	Purpose of testing
Diagnostic	Symptomatic person	HBsAg Anti-HBc IgM Anti-HAV IgM	To separate and identify the type of viral hepatitis for diagnostic purposes
Screen	Prenatal	HBsAg Anti-HBc IgM (if HBsAg is positive)	To identify HBsAg positive pregnant women and thus allow treatment of their newborns with hepatitis B vaccine
	Refugee	HBsAg Anti-HBc Total Anti-HBc IgM (if HBsAg is positive)	To identify HBV carriers in order to reduce the risk of HBV infection in the NC refugee population
	Sexual or needle-sharing contacts of known infected person	HBsAg Anti-HBc IgM (if HBsAg is positive) Anti-HBs (if HBsAg is negative)	To determine susceptibility to HBV infection, assess the need for prophylaxis, or determine the source of infection
	Household contact of chronic HBV carrier	HBsAg Anti-HBc IgM (if HBsAg is positive) Anti-HBs (if HBsAg is negative)	To determine susceptibility to HBV infection, and thus allow treatment with HBV vaccine
	Source patient of percutaneous exposure	HBsAg Anti-HBc IgM (if HBsAg is positive)	To determine HBsAg status of source patient in order to assess need for prophylaxis of exposed person
Monitor	Follow-up of infant born to infected mother	HBsAg Anti-HBs	To monitor the effectiveness of therapy
	Follow-up previous HBsAg positive person	HBsAg Anti-HBc Total Anti-HBs	To determine the course of the disease; ie, has the infection progressed to chronic carrier state
	Previously vaccinated contact of known infected person	Anti-HBs	To determine antibody level to allow for revaccination if the antibody level is inadequate (negative by EIA)