Lab Dept:	**Serology**
Test Name:	**HEPATITIS A VIRUS TOTAL ANTIBODIES, SERUM**

General Information

Lab Order Codes:	HAVTA
Synonyms:	Anti-Hepatitis A Virus; Anti-HAV IgG and IgM
CPT Codes:	86708 – Hepatitis A antibody
Test Includes:	Result for total hepatitis A IgG and IgM antibodies reported as negative, positive or borderline. See interpretation of results for more information.

Logistics

Test Indications:	Detection of recent or previous exposure or immunity to hepatitis A. This test should not be used as a screening or confirmatory test for blood or solid or soft tissue donor specimens.
Lab Testing Sections:	Serology - Sendouts
Referred to:	Mayo Clinic Laboratories (Test: HAVTA)
Phone Numbers:	MIN Lab: 612-813-6280 STP Lab: 651-220-6550
Test Availability:	Daily, 24 hours
Turnaround Time:	1 - 3 days, test performed Monday - Saturday
Special Instructions:	N/A

Specimen

Specimen Type:	Blood
Container:	SST (Gold, marble or red) tube Note: A plain red top tube is acceptable only if the serum is separated from the red cells within 24 hours of collection.
Draw Volume:	1.8 mL (Minimum: 1.8 mL) blood
Processed Volume:	0.6 mL (Minimum: 0.6 mL) serum

Collection:	Routine blood collection
Special Processing:	Lab staff: Centrifuge specimen, remove serum into a screw-capped round bottom plastic vial. Store and ship at frozen temperatures. Forward promptly. Serum stable frozen (preferred) for 90 days, refrigerated for 6 days, ambient for 72 hours.
Patient Preparation:	For 24 hours before specimen collection, patient should not take multivitamins or dietary supplements (e.g., hair, skin, and nail supplements) containing biotin (Vitamin B7).
Sample Rejection:	Specimens other than serum; grossly hemolyzed, lipemic or icteric; unlabeled or mislabeled specimens; serum that was not separated from the red cells (either by aliquoting or by separation via a gel layer) within 24 hours of collection.

Interpretive

Reference Range:	Unvaccinated: Negative Vaccinated: Positive Interpretation: This assay detects the presence of hepatitis A virus (HAV)-specific total antibodies (both anti-HAV IgG and anti-HAV IgM combined). A positive result indicates that the patient had hepatitis A either recently or in the past or immunity to hepatitis A from vaccination. If clinically indicated, specific testing for anti-HAV IgM is necessary to confirm the presence of acute or recent hepatitis A. A positive result for anti-HAV total with a negative anti-HAV IgM result indicates immunity to hepatitis A from either past HAV infection or vaccination against HAV. A negative result indicates the absence of recent or past hepatitis A or a lack of immunity to HAV infection. Borderline test results for anti-HAV total may be seen in: 1) acute hepatitis A with rising levels of anti-HAV IgM, 2) recent hepatitis with rising levels of anti-HAV IgG, or 3) cross-reactivity with nonspecific antibodies (ie, false-positive results). Retesting of both anti-HAV total and anti-HAV IgM is recommended to determine the definitive HAV infection status.
Critical Values:	N/A

Limitations:

Serum specimens from individuals taking biotin supplements at 20 mg or more per day may have false-positive anti-HAV (hepatitis A virus) total Ab test results due to interference of biotin with the assay. Such individuals should stop taking these biotin-containing dietary supplements for minimum 12 hours before blood collection for this test.

Passively acquired antibody (e.g., recent immune globulin administration, transfusion) may result in transiently positive test results.

Regardless of exposure history, testing for anti-HAV total Ab alone is insufficient to confirm a diagnosis of acute hepatitis A.

Performance characteristics have not been established for the following specimen characteristics:

- Grossly icteric (total bilirubin level of >66 mg/dL)
- Grossly hemolyzed (hemoglobin level of >1000 mg/dL)
- Grossly lipemic (intralipid >2000 mg/dL)
- Containing particulate matter
- Cadaveric specimens
- Immunocompromised or immunosuppressed

Methodology:

Electrochemiluminescence Immunoassay (ECLIA)

References:

Mayo Clinic Laboratories May 2025

Updates:

5/7/2024: Initial entry. Replaces obsolete HAIGG.

4/29/2025: Clarified the acceptability of plain red top tubes according to information obtained from the reference lab.