

**TEST CHANGE**

**Rickettsia typhi (Typhus Fever) Antibody, IgM by IFA**

0050383, TYPHU M

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Serum Separator Tube (SST).

**Specimen Preparation:** Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP [standard transport tube](#). ~~Standard Transport Tube~~. (Min: 0.43 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens.

**Transport Temperature:** Refrigerated.

**Unacceptable Conditions:** Contaminated, hemolyzed, or severely lipemic, specimens.

**Remarks:** Mark specimens plainly as "acute" or "convalescent."

**Stability:** After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Methodology:** Semi-Quantitative Indirect Fluorescent Antibody [\(IFA\)](#)

**Performed:** Sun-Sat

**Reported:** 1-3 days

**Note:**

**CPT Codes:** 86757

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

Antibody reactivity to *Rickettsia typhi* antigen should be considered group-reactive for the Typhus Fever group, which includes *Rickettsia prowazekii*.

Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change (fourfold difference in titer) on two appropriately timed specimens, where both tests are done in the same laboratory at the same time. Acute-phase specimens are collected during the first week of illness and convalescent-phase samples are generally obtained 2-4 weeks after resolution of illness. Ideally these samples should be tested simultaneously at the same facility. If the sample submitted was collected during the acute-phase of illness, submit a marked convalescent sample within 25 days for paired testing.

**Reference Interval:**

Less than 1:64	Negative - No significant level of IgM antibody detected.
1:64 or greater	Positive - Presence of IgM antibody to detected, which may indicate a current or recent infection; however, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.