



EBV Serology – Change of Practice

Epstein-Barr virus (EBV) infection induces specific antibodies to EBV and various unrelated non-EBV heterophile antibodies.

The specificity and sensitivity of these two tests varies dependent on patient age and time of testing – see summary below:

	Peak Level	Sensitivity	Specificity	False Positive	False Negatives
Heterophile Antibody (<i>monospot, Paul Bunnell</i>)	2 – 6 weeks	80 %	99 %	2 -3 %*	Early Infection**, young children <10
EBV serology (<i>VCA and EBNA</i>)	Usually from onset of symptoms	99 %	98 %	***	< 1%

* Older adults may remain reactive from a past infection or be falsely positive.

** The false negative rates 25% in the first week, in 50 – 75% of children,

*** Some cross over activity with CMV – probably related to CMV-induced EBV reactivation

Pathlab currently offers both EBV serology and heterophile antibody testing.

We believe that EBV serology has better clinical utility. It is now also performed daily due to the recent changes in the EBV serology testing algorithm. With these factors in mind we plan to withdraw the routine EBV heterophile antibody test.

Monospot Testing Changes

As from 1st October any request for “Monospot”, “Paul Bunnell testing” or “IM Heterophile antibodies” will not be performed and EBV serology will be performed instead.

We welcome any feedback or comments.

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