



Immunosciences Lab., Inc.

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REFERRING PHYSICIAN

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Patient Name: PARK-ALVAREZ, RUBEN

Patient I.D.: D0808062002

Blood Drawn	Processed	Reported	ISL No.
07/18/06	07/20/06	08/03/06	200714

TEST

RESULTS NORMAL ABNORMAL

REFERENCE RANGE

UNITS

*** VARICELLA ZOSTER TEST ***

IgG VARICELLA-ZOSTER

249

0-100

ELISA

Varicella (chickenpox) and zoster (shingles) represent different clinical manifestations of infection with the same agent, Varicella-Zoster virus (VZV), a member of the Herpesviridae. Varicella occurs most frequently in children and is characterized by a generalized vesicular exanthem often accompanied by fever.

There are several situations in which providing a specific laboratory diagnosis for VZV infection is crucial. VZV infection may cause severe or fatal disease in individuals who are receiving immunosuppressive therapy or who have abnormalities in their cell-mediated immune responses. Progressive, generalized varicella occurs in as many as 30% of children who acquire chickenpox while receiving chemotherapy and radiotherapy for cancer, and mortality in these cases has ranged from 7 to 28%. In immunodeficient patients who have had varicella, there is an increased risk of disseminated zoster. Providing a specific diagnosis of VZV infection in immunosuppressed patients or their contacts may guide the administration of anti-viral agents.

Determining the immune status in high-risk immunocompromised individuals and adults exposed to VZV infection also guides the management of these individuals. Varicella infections occurring in susceptible pregnant women at the time of delivery may cause life-threatening infection in the newborn. An attenuated live VZV vaccine has been licensed in the U.S. for use in non-immunocompromised individuals.

Limitations:

The results obtained with VZV antibody serve only as an aid to diagnosis and should not be interpreted as diagnostic in themselves.

A single positive result only indicates previous immunologic exposure; the level of antibody response or class of antibody may not be used to determine active infection or disease stage.

References:

1. Shehab, Z. and Brunell, P.A. 1983. Enzyme-Linked immunosorbent Assay for Susceptibility to Varicella. J. Infect. Dis. 148, No. 3:472-476.
2. Gershon, A.A., LaRussa, P. and Steinberg, S.P. 1995.

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