






Memorandum - Immunology #27

To: UNC Hospitals Attending Physicians, Housestaff, Clinical Nurse Coordinators, Department Heads and Supervisors

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Subject: Measles and Mumps IgG Antibody Testing

Effective 5/5/2025 the Clinical Immunology Laboratory will offer in-house Measles and Mumps IgG antibody tests. Testing will be performed by automated chemiluminescence assay using the Diasorin Liaison platform. Measles IgG antibody testing can be ordered with the test "Measles (Rubeola) Antibody IgG" (LAB657). Mumps IgG antibody test can be ordered under the test "Mumps Antibody IgG" (LAB160). Testing will be conducted daily, Monday through Friday. Results will be reported as Positive, Equivocal or Negative along with the following comments:

Interpretive Comments – Measles (Rubeola) Antibody IgG:

Positive: Presence of detectable measles virus IgG antibodies. A positive result generally indicates exposure to measles virus or previous vaccination.

Equivocal: A second sample should be collected no less than one to two weeks later for all equivocal results.

Negative: Absence of detectable measles virus IgG antibodies. A negative result may indicate that the patient has not been infected and is susceptible to measles. Studies indicate that some individuals have a waning of Measles IgG antibody over time.

Interpretive Comments - Mumps Antibody IgG:

Positive: Presence of detectable mumps virus IgG antibodies. A positive result generally indicates past exposure to mumps virus or previous vaccination.

Equivocal: A second sample should be collected no less than one to two weeks later for all equivocal results.

Negative: Absence of detectable mumps virus IgG antibodies. A negative result may indicate that the patient has not been infected and is susceptible to mumps or that vaccine induced antibody has waned.

Measles and mumps IgG antibody testing may be used to provide laboratory evidence of immunity in individuals without documented MMR vaccination or prior infection.

Measles IgG antibody testing may be indicated in high-risk settings such as healthcare employment, school entry, international travel, close contacts of immunocompromised people, people with HIV, adults who received inactivated measles vaccine (used 1963-1967). **Routine screening in the general population is not recommended. IgG testing prior to or after vaccination is unnecessary. IgG testing is not appropriate for diagnosing acute infection, where IgM or PCR should be used instead.**

Detailed information on Measles testing is available at <https://unchcs.sharepoint.com/sites/HSM measles?web=1>

Please direct questions regarding serologic testing to the Clinical Immunology Laboratory at 984-974-1815.