Test Definition: HIBAG

Histoplasma and Blastomyces Antigen, Enzyme Immunoassay, Serum

Overview

Useful For

Diagnosing *Histoplasma capsulatum* or *Blastomyces dermatitidis* infection, without differentiation between the organisms, using serum specimens

Monitor antigen levels following initiation of antifungal treatment

Highlights

This test detects *Histoplasma* and *Blastomyces* antigen in serum, without differentiation between the 2 fungal pathogens.

It aids in the diagnosis of histoplasmosis or blastomycosis alongside other routine methods, including culture, molecular testing, and serology.

This test can be used to monitor response to antifungal therapy.

Method Name

Enzyme Immunoassay (EIA)

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 1.5 mL Serum
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms

If not ordering electronically, complete, print, and send a Kidney Transplant Test Request with the specimen.

Specimen Minimum Volume

Serum: 1.2 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	Reject
Gross icterus	Reject
Heat-inactivated specimen	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Ambient	72 hours	
	Frozen	28 days	

Clinical & Interpretive

Clinical Information

Blastomyces dermatitidis and *Histoplasma capsulatum* are dimorphic fungal agents with increasingly overlapping endemicity throughout the Midwestern, South Central, and Southeastern United States, particularly in regions around the Ohio and Mississippi River valleys, the Great Lakes, and the Saint Lawrence River. These agents are also found in regions of Canada.

These 2 fungi maintain a yeast form in the host at body temperature but are maintained as molds in the environment, which release spores that are inhaled by individuals leading to infection. Through phylogenetic analysis, *B dermatitidis* has been separated into 2 distinct species: *B dermatitidis* and *Blastomyces gilchristii,* both able to cause blastomycosis. *B dermatitidis* infections are frequently associated with dissemination, particularly in older patients, smokers, and immunocompromised hosts, while *B gilchristii* has primarily been associated with pulmonary and constitutional symptoms. Additional species of *Blastomyces* have recently been discovered and characterized; however, the performance characteristics of this assay for these species are unknown.

Approximately half of patients infected with *Blastomyces* will develop symptoms that are frequently nonspecific, including fever, cough, night sweats, myalgia or arthralgia, weight loss, dyspnea, chest pain, and fatigue. Symptoms may appear anywhere from 3 weeks to 3 months following infection.

For *Histoplasma* infections, clinical manifestations are largely dependent on the fungal burden at the time of exposure and the patient's underlying immune status. While the vast majority (>90%) of exposed individuals will remain asymptomatic, individuals seeking medical attention can present with a diverse set of symptoms ranging from a self-limited pulmonary illness to severe, disseminated disease. Individuals at risk of severe infection include those with

impaired cellular immunity or have undergone organ transplantation, are HIV positive, or have a hematologic malignancy.

Diagnosis of blastomycosis and histoplasmosis relies on a combination of assays, including culture and molecular testing performed on appropriate specimens, and serologic evaluation for both antibodies to, and antigen released from, the organism. Although culture remains the gold standard method and is highly specific, these organisms can take several days to weeks to grow, and sensitivity is diminished in cases of acute or localized disease. Similarly, molecular testing offers high specificity and a rapid turnaround time, however sensitivity is imperfect. Detection of an antibody response to *Blastomyces* or *Histoplasma* offers high specificity; however, results may be falsely negative in patients who are acutely ill or are immunosuppressed.

Reference Values

Histoplasma/Blastomyces Antigen Result:
Not detected

Histoplasma/Blastomyces Antigen Value:
Not detected
Detected: <1.5 ng/mL
Detected: 1.5-25.0 ng/mL
Detected: >25.0 ng/mL

Reference values apply to all ages.

Interpretation

Not detected: No antigen from *Histoplasma* or *Blastomyces* detected. False-negative results may occur depending on the extent of disease or site of infection. Repeat testing on a new specimen if clinically indicated.

Detected: Antigen from *Histoplasma* or *Blastomyces* (unable to differentiate) was detected, below the limit of quantification (<1.5 ng/mL). Definitive identification requires additional testing, including serology, culture, histopathology, and/or molecular methods. Results should be correlated with clinical presentation and exposure history.

Detected: Antigen from *Histoplasma* or *Blastomyces* (unable to differentiate) detected. Definitive identification requires additional testing, including serology, culture, histopathology, and/or molecular methods. Results should be correlated with clinical presentation and exposure history.

Detected: Antigen from *Histoplasma* or *Blastomyces* (unable to differentiate) detected, above the limit of quantification (>25.0 ng/mL). Definitive identification requires additional testing, including serology, culture, histopathology, and/or molecular methods. Results should be correlated with clinical presentation and exposure history.

Cautions

Due to significant cross-reactivity between galactomannan antigens from *Blastomyces* and *Histoplasma,* this assay does not differentiate between these 2 dimorphic fungal agents. To differentiate, consider fungal culture, molecular testing, or serology testing.

Positive results should be correlated with other clinical and laboratory findings (eg, culture, serology).

Low-level positive antigen levels may persist following resolution of infection and completion of appropriate treatment regimen.

Sensitivity of this assay to detect antigens from species other than *Blastomyces dermatitidis* or *Histoplasma capsulatum* is unknown.

False-positive results may occur less frequently with other dimorphic agents (eg, *Coccidioides*).

Clinical Reference

1. McBride JA, Gauthier GM, Klein BS. Clinical manifestations and treatment of Blastomycosis. Clin Chest Med. 2017;38(3):435-449
2. Chapman SW, Dismukes WE, Proia LA, et al. Clinical practice guidelines for the management of blastomycosis: 2008 update by the Infectious Diseases Society of America. Clin Infect Dis. 2008;46(12):1801-1812
3. Wheat LJ, Freifeld AG, Kleiman MB, et al. Clinical practice guidelines for the management of patients with histoplasmosis: 2007 update by the Infectious Diseases Society of America. Clin Infect Dis. 2007;45(7):807-825

Performance

Method Description

The assay detects *Histoplasma capsulatum* and *Blastomyces dermatitis* antigen in serum, without differentiation between the 2 fungal pathogens. This assay uses specific, proprietary antibodies in an enzyme-linked immunosorbent assay format for the capture and detection of *H capsulatum*/*B dermatitidis* presence in human serum. The detection method involves an enzyme/substrate system with the level of antigen in the serum proportional to the assay signal. The patient specimen result is compared to a cutoff calibrator (0 ng/ml) and a standard curve of a series of assay calibrators (1.5 to 25.0 ng/mL) to determine the presence or absence of antigen, and if present, to establish a quantitative level of *H capsulatum*/*B dermatitidis* serum antigen.(Package insert: *Blastomyces dermatitidis/Histoplasma capsulatum* Combination Serum Antigen Detection Kit. Gotham Biotechnology; V2, R2, 06/2025)

PDF Report

No

Day(s) Performed

Monday through Saturday

Report Available

Same day/1 to 4 days

Specimen Retention Time

14 days

Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Superior Drive

Fees & Codes

Fees

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

87449

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
HIBAG	Histoplasma/Blastomyces Ag, EIA, S	101587-4

Result ID	Test Result Name	Result LOINC® Value
619492	Histoplasma/Blastomyces Ag Result	101588-2
619493	Histoplasma/Blastomyces Ag Value	101589-0