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WIDAL TEST, SERUM

WIDAL TEST, SERUM

The Widal agglutination test is used for diagnosing Enteric Fever. The term enteric fever includes typhoid fever caused by *Salmonella typhi*, *Salmonella paratyphi* A, B and C. Though enteric fever is endemic in all parts of India, *S. paratyphi* C infections are uncommon and are not included in Widal testing.

Test Utility:

The Widal test measures the antibodies against the "H" (flagellar) & "O" (somatic) antigens of typhoid and paratyphoid(A & B) bacilli, in the patients sera. The test is performed in serially increasing dilutions.

- Diagnostic titre of Widal test varies highly between different geographical locations. It depends upon the baseline titre prevalent amongst the healthy individuals in that geographical area, which in turn is influenced by endemicity of typhoid in that region.

- The titre of the Widal test will depend on the stage of the disease. Antibodies usually appear by the beginning of second week of infection. Hence blood taken earlier may give a negative result. The titre increases steadily till the 3rd or 4th week after which it declines gradually.

- Cases treated early with antibiotics may show a poor antibody response.

- A single Widal test is of little clinical relevance due to the number of cross reacting infections, including malaria, tuberculosis, pneumonia, amoebiasis, rickettsial disease, Rheumatoid arthritis, hepatitis B. A fourfold increase in the titer in paired sera in the course of the infection would be consistent with a typhoid infection.

- Persons who have suffered from enteric fever in the past may show agglutinins in moderate titre, even when suffering from other unrelated illness. Such anamnestic appearance may be differentiated by repeat testing after 7-10 days. Anamnestic response will show only a transient rise, while in enteric fever the rise will be sustained.

- TAB vaccinated patients may show a moderate rise in the titres against all three 'H', 'AH' & 'BH' antigens.

RAPID TYPHI IGM, SERUM/PLASMA EDTA/EDTA WB

RAPID TYPHI IgM

Typhoid fever is a bacterial infection caused by *Salmonella* serotypes including *S. typhi*, *S. paratyphi* A, *S. paratyphi* B and *Salmonella* sendai. The symptoms of the illness include high fever, headache, abdominal pain, constipation and appearance of skin rashes. Accurate diagnosis of typhoid fever at an early stage is not only important for etiological diagnosis but to identify and treat the potential carriers and prevent acute typhoid fever outbreaks. The conventional WIDAL test usually detects antibodies to *S. typhi* in the patient serum from the second week of onset of the symptoms. Early rising antibodies to Lypopolysaccharides (LPS) O are predominantly IgM in nature.

Test Utility:

Detection of *S. typhi* specific IgM antibodies instead of IgG or both IgG and IgM (as measured by Widal test) serve as a rapid marker for recent infection.

Limitations:

A negative result does not rule out recent of current infection, as the positivity is influenced by the time elapsed from the onset of fever and immunocompetence of the patient. However, if *S. typhi* infection is still suspected, retesting with second specimen obtained 5-7 days later is recommended.