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False-Positive Serologic Tests for HTLV-I Following Influenza Vaccination

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False-positive enzyme-linked immunosorbent assay (ELISA) reactivity for antibody to human T-cell lymphotrophic virus type I (HTLVI) was reported among blood donors to the American Red Cross Blood Services in the Badger Region. The reactivity was associated with prior receipt of the 1992-93 influenza virus vaccine. When July/August 1992 was compared with October/November 1992, the proportion of blood donors with false-positive HTLVI antibody screening tests more than doubled (0.032% to 0.083%).

The association between recent influenza vaccination and temporary false-positive ELISAs for antibodies to multiple viruses was first described in 1991. Because influenza vaccines are sterile suspensions, there is no risk of contracting any viral infection from these vaccines. The false-positive reactivity for antibodies to HIV, HTLVI, and hepatitis C in association with influenza vaccination observed in 1991 has been attributed to serum immunoglobulin M (IgM) (which is not specific for these viruses) binding to and cross-reacting with test kit components.

In early 1992, ELISA test kits for HIV and hepatitis C used in blood banks were replaced by new kits that appeared to reduce-and possibly eliminate-nonspecific IgM cross-reactivity. However, similar changes have not been implemented for HTLVI test kits. The duration of false-negative reactivity following influenza vaccination is likely to be less than four months.

FROM: False-positive serologic tests for human T-cell lymphotrophic virus type I among blood donors following influenza vaccination, 1992. *MMWR.* 1993;42:173-175.