

Serology (antibody) testing should not be used for the diagnosis of *H. pylori* infection

An infection with *H. pylori* is linked to several important upper gastrointestinal (GI) conditions, including chronic gastritis, peptic ulcer disease, and gastric cancer.¹



ACG and AGA no longer recommend serology testing for the diagnosis of *H. pylori*^{1,2}

- Serology testing cannot distinguish active *H. pylori* infection from a past infection³
- Active infection testing such as urea breath or stool antigen is recommended



Serology has a 50% false positive rate¹

- The low sensitivity and specificity of serology testing can lead to the overtreatment of patients who do not actually have an *H. pylori* infection; another contributing factor to antibiotic resistance⁴
- Clarithromycin resistance is 30% in the U.S.⁴



Serology cannot confirm the eradication of *H. pylori*²

- Confirmation of eradication is recommended by the AGA and ACG guidelines^{1,2}
- *H. pylori* eradication therapy fails in 1 out of 4 patients⁵



Serology has been designated as not medically necessary

- Many commercial insurance companies no longer reimburse serology tests for *H. pylori*⁶
- National reference laboratories such as Mayo, Quest, and ARUP no longer offer serology testing for *H. pylori*

Discontinue serology, follow guidelines, and promote antibiotic stewardship

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1. Chey WD, Wong BCY, and the Practice Parameters Committee of the American College of Gastroenterology. American College of Gastroenterology guideline on the management of *Helicobacter pylori* infection. Am J Gastroenterol. 2007;102:1808-1825. 2. Talley NJ, Vakil NB, Moayyedi P. American Gastroenterological Association medical position statement: evaluation of dyspepsia. Gastroenterology, 2005; 129:1756-1780. 3. Vakil, N., & Fendrick, A. M. (2005). How to test for *Helicobacter pylori* in 2005. Cleveland Clinic Journal of Medicine, 72(Suppl_2), S8. https://doi.org/10.3949/ccjm.72.suppl_2.s8. 4. Shah S, et al. Helicobacter pylori infection treatment in the United States: clinical consequences and costs of eradication treatment failure. Expert Review of Gastroenterology & Hepatology, 2022; 16(4): 341-357. DOI: 10.1080/17474124.2022.2056015. 5. Urgesi R, Ciaci R, Ricconi ME. Update on triple therapy for eradication of *Helicobacter pylori*: current status of the art. Clin Exp Gastroenterol, 2012;5:151-157. Abbreviations: American College of Gastroenterology (ACG), American Gastroenterological Association (AGA)