

# Antinuclear Antibody (ANA) Levels Chart

ANA titer level	Interpretation (Tozzoli et al., 2002; Imran et al., 2023)	Percentage in healthy individuals (Tan et al., 1997; Wang et al., 2011)	Notes
< 1:40	Negative	-	-
1:40	Low positive	31.7%	It could have diagnostic value since it would classify virtually all patients with SLE, systemic sclerosis, and Sjögren syndrome as positive for ANA (Tan et al, 1997).
≥1:80	Weakly positive	13.3%	-
≥ 1:160	Weakly positive	5%	Titers ≥ 1:160 usually indicate the presence of active SLE, although occasionally, other autoimmune diseases may induce these high titers (University of Florida Pathology Laboratories, n.d.). A high positive cutoff of 1:160 serum dilution can effectively confirm the presence of disease in a subset of cases, but it is likely to exclude 95% of normal individuals (Tan et al., 1997).
1:320	Moderately positive	3.3%	A titer of ≥1:320 revealed a positive predictive value of 84.0% in systemic autoimmune rheumatic diseases (SARD) (Wei et al., 2020).
1:640	Moderately positive	0.5%	Patients with ANA titers ≥ 1:640 and present with joint pain, fever, abnormal urinalysis, or skin presentations, long-term follow-up, and other laboratory tests are needed for the final diagnosis (Wang et al., 2011).
≥1:1280	Strongly positive	-	-
ANA level titer interpretation varies from laboratory to laboratory. Some labs may report a positive ANA result at 1:160 (Carnago, 2023), while others may use higher thresholds, such as 1:320 or even 1:640. In ANA testing, ANA levels are also interpreted in conjunction with ANA patterns. These patterns can provide important clues about the type of autoimmune disorder present. Common ANA patterns include speckled, homogenous, nucleolar, and cytoplasmic.			

## References

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