Multiplex molecular diagnostics:
the key for a double-threat respiratory illness season

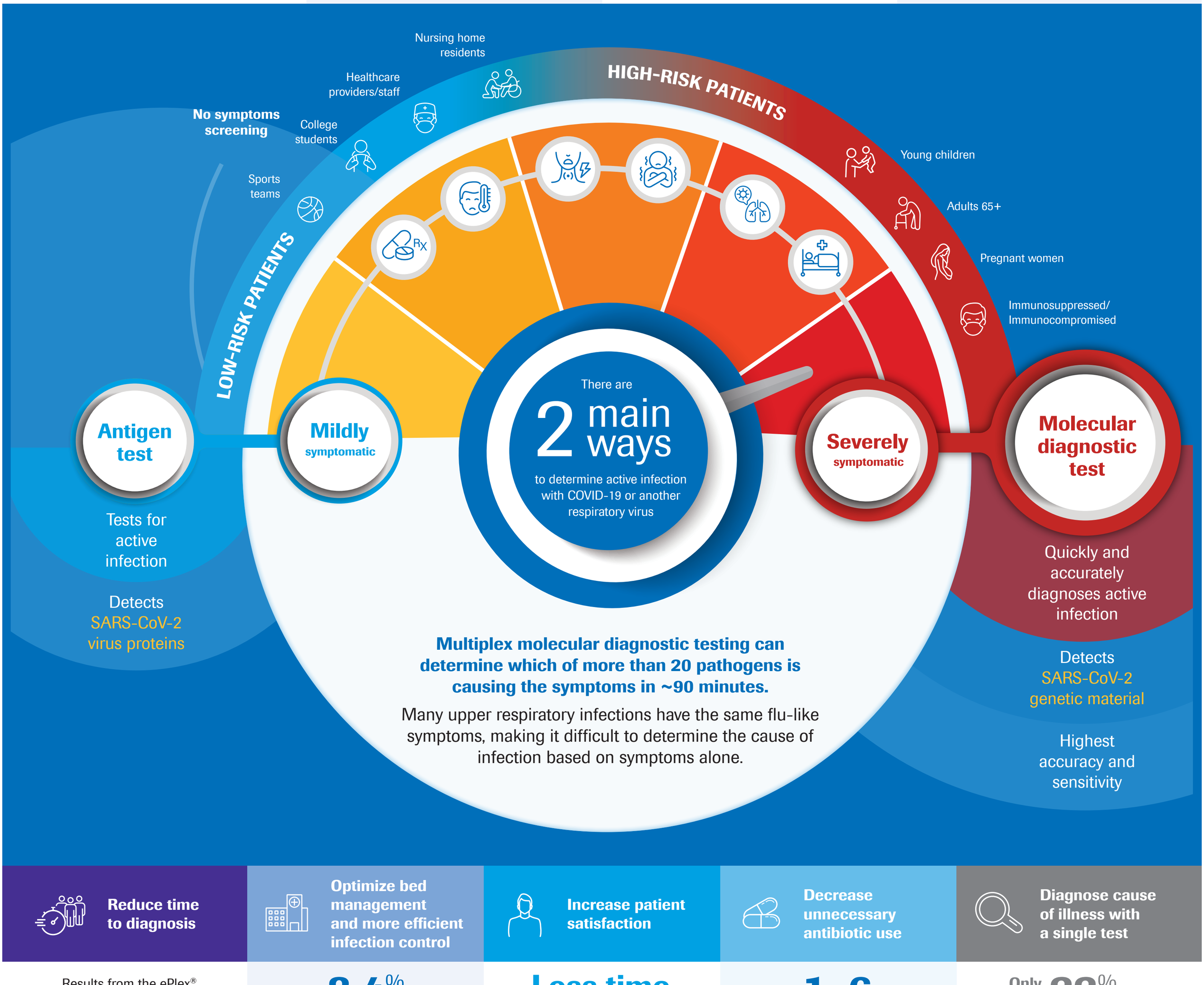
Each year, respiratory illnesses cause significant disruptions to daily life.

3–5 million
severe cases of flu globally each year[1]

Estimated
380k
flu hospitalizations in the U.S. during the 2019–2020 flu season[2]

Approximately
1 billion
colds
500 million
non–influenza respiratory infections
occur annually in the U.S.[3,4]

COVID-19
has underscored the value of
rapid and comprehensive molecular testing
Your ability to quickly and accurately diagnose the cause of infection, particularly among seriously ill patients, is critical.



Multiplex molecular diagnostic testing can determine which of more than 20 pathogens is causing the symptoms in ~90 minutes.

Many upper respiratory infections have the same flu-like symptoms, making it difficult to determine the cause of infection based on symptoms alone.

Reduce time to diagnosis
Results from the ePlex® Respiratory Panel 2* returned in
~90 minutes

Optimize bed management and more efficient infection control
8.4% reduction
in hospital admissions[5]

Increase patient satisfaction
Less time
spent in ER or ICU waiting for test results[6]
Reduced fear and uncertainty with a comprehensive diagnosis

Decrease unnecessary antibiotic use
1 in 6
ER visits for adverse drug events are due to antibiotics[7]
up to 50%
of antibiotics prescribed in hospitals are either unnecessary or inappropriate[8]

Diagnose cause of illness with a single test
Only 22%
of positive test results indicated infection with influenza[6]

To learn more about multiplex molecular diagnostic testing, visit diagnostics.roche.com/ePlex

1. World Health Organization (2014). Seasonal Influenza Fact Sheet 211. http://www.who.int/mediacentre/factsheets/fs211/en/. Date accessed: February 2022
2. Centers for Disease Control and Prevention. https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm. Date accessed: February 2022
3. National Institutes of Health. https://www.nih.gov/news-events/nih-research-matters/understanding-common-cold-virus#:~:text=People%20in%20the%20United%20States,colds%20are%20caused%20by%20rhinoviruses. Date accessed: February 2022
4. Fendrick A, et al. (2003) The Economic Burden of Non-Influenza-Related Viral Respiratory Tract Infection in the United States. Arch Intern Med 163(4):487-94.
5. Weiss, Z.F., et. al. Opportunities Revealed for Antimicrobial Stewardship and Clinical Practice with Implementation of a Rapid Respiratory Multiplex Assay. J Clin Micro, (2019); 57(10):e00861-19.
6. Schreckenberger and McAdam, (2015). Point-Counterpoint: Large Multiplex PCR Panels Should be First Line Test for Detection of Respiratory and Intestinal Pathogens. JCM 53(10)3110-3115
7. Centers for Disease Control and Prevention. https://www.cdc.gov/medicationsafety/adverse-drug-events-specific-medicines.html. Date accessed: February 2022
8. Antibiotic resistance threats in the United States, (2013). U.S. Dept. of Health and Human Services. Centers for Disease Control and Prevention. https://www.cdc.gov/drugresistance/pdf/ar-threats-2013-508.pdf. Date accessed: February 2022

* This test has not been FDA cleared or approved. This test has been authorized by FDA under an EUA for use by authorized laboratories. This test has been authorized only for the simultaneous qualitative detection and differentiation of nucleic acid from SARS-CoV-2 and multiple respiratory viral and bacterial organisms and this test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

MC-US-11098

GenMark Dx®
A Member of the Roche Group