22
PATHOGENS
~45 min

Clinical Impact of the BioFire® FilmArray® Respiratory (RP) Panels*

*Includes BioFire® FilmArray® Respiratory (RP) Panel
BioFire® FilmArray® Respiratory 2 (RP2) Panel
BioFire® Respiratory 2.1 (RP2.1) Panel

BIOFIRE®

BY BIOMÉRIEUX

Syndromic Testing

BioFire's syndromic testing allows clinicians to quickly identify infectious agents that produce similar symptoms in patients. BioFire's innovative PCR technology provides answers in a clinically actionable timeframe.

One patient sample

22 targets in one comprehensive test

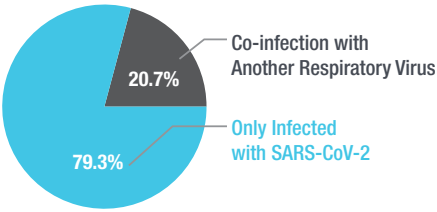
Takes about an hour for test results

Improves patient managment[1]

COVID-19 and the Value of the Syndromic Approach

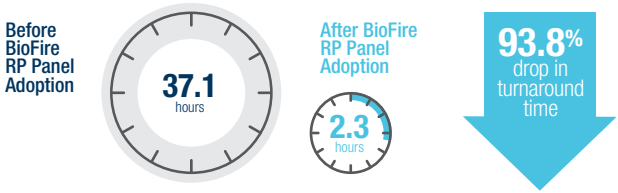
Study results suggest higher rates of co-infection between SARS-CoV-2 and other respiratory pathogens than previously reported. In some cases, as many as 20% of COVID-19 patients have co-infections with another respiratory virus.[1] Because respiratory symptoms are similar and overlapping, a syndromic panel can provide fast, comprehensive answers and take the guesswork out of choosing which pathogens to test for.

Co-infection for SARS-CoV-2 Positive Patients



Get Test Results Faster

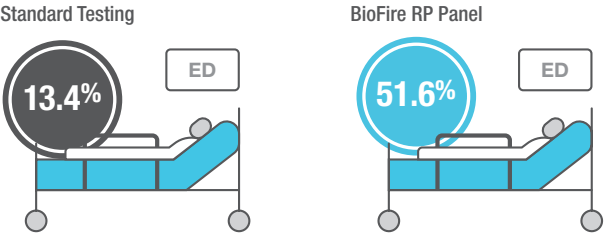
The BioFire RP Panels enable clinicians to diagnose patients faster and get them on the road to recovery more quickly.[11]



Clinically Actionable Results

With the BioFire RP Panels, clinicians can receive comprehensive and accurate test results in time to have a face-to-face discussion with patients about their diagnosis and treatment options.[2]

Percentage of Test Results Reported While Patient Still in Emergency Department



Superior Clinical and Economic Outcomes

It is difficult to deliver the highest quality healthcare at a low cost. Studies show that the BioFire RP Panels can deliver excellent clinical and economic outcomes and has been shown to:

- Dramatically reduce time to diagnosis.[2,3,6-8,11]
- Improve patient management.[2,3,6-9,11]
- Reduce total cost of care and resource utilization.[2,3]
- Prevent secondary spread of infection.[2,9,11]
- Prevent exposure to unnecessary antibiotics.[2,3,7-9,11]
- Detect more positives and co-infections than non-panel assays.[11]
- Provide more timely and effective treatment.[2,7,8,9,11]
- Result in shorter hospital stays.[2,3,8,11]
- Reduce unnecessary or ancillary testing.[3,8,9]

BioFire Respiratory Panels

BioFire is committed to providing clinicians fast, accurate, and comprehensive panels to assist in diagnosing patients with respiratory illness.

BioFire® FilmArray® Respiratory (RP) Panel

20 pathogens.
Results in about 1 hour.

BioFire® FilmArray® Respiratory 2 (RP2) Panel

B. parapertussis added
21 pathogens.
Results in ~45 minutes.

BioFire® Respiratory 2.1 (RP2.1) Panel

B. parapertussis added
SARS-CoV-2 added
22 pathogens.
Results in ~45 minutes.

"Getting an answer within an hour is something that's very powerful to clinicians: it gives us actionable information right away."

Dr. Tufik Assad, MD, MSCI
Pulmonary and Critical Care Physician

BioFire RP Panel Targets

VIRUSES

Adenovirus
Coronavirus 229E
Coronavirus HKU1
Coronavirus NL63
Coronavirus OC43
Severe Acute Respiratory Coronavirus 2 (SARS-CoV-2)†‡
Human Metapneumovirus
Human Rhinovirus/Enterovirus
Influenza A
Influenza A/H1
Influenza A/H1-2009
Influenza A/H3
Influenza B
Parainfluenza Virus 1
Parainfluenza Virus 2
Parainfluenza Virus 3
Parainfluenza Virus 4
Respiratory Syncytial Virus

BACTERIA

*Bordetella parapertussis**†
Bordetella pertussis
Chlamydia pneumoniae
Mycoplasma pneumoniae

*Additional target on the BioFire FilmArray Respiratory 2 (RP2) Panel
† Additional target on the BioFire Respiratory 2.1 (RP2.1) Panel
‡ Nationally notifiable conditions. Refer to your state health lab for requirements pertaining to state-reportable pathogens.

BioFire RP2.1 Panel Performance

OVERALL[12]

- 97.1% Sensitivity
- 99.3% Specificity

SARS-CoV-2[13]

- 98.4% PPA
- 98.9% NPA

Sample Requirements:
Nasopharyngeal swab in transport media or saline

FDA-Cleared

References

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4. Xu M, et al. Am J Clin Pathol. 2013(1);139:118-123.
5. Poelman R, et al. ESCV September 2015, Poster #1126; Webinar: Niesters B, March 29, 2016 accessible at http://www.biofiredx.com/support/continuing-education/.
6. Pettit N, et al. J. Med Microbiol., March 2015 64:312-313.
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11. Brendish, N, et al. www.thelancet.com/respiratory. Published April 4, 2017. http://dx.doi.org/10.1016/S2213-2600(17)30120-0.
12. Overall performance based on prospective clinical study for the BioFire® FilmArray® Respiratory 2 Panel, Data on file, BioFire Diagnostics.
13. Overall performance based on prospective SARS-COV-2 clinical study for the BioFire® Respiratory 2.1 Panel in comparison to 3 EUA tests, Data on file, BioFire Diagnostics.

Guidelines

Infectious Disease Society of America. Guidelines on the Diagnosis of COVID-19 https://www.idsociety.org/COVID19guidelines/dx

Infectious Disease Society of America. Lower and Upper Respiratory Guidelines. http://www.idsociety.org/Organ_System/#Lower/Upper Respiratory.

CDC Guidelines for preventing Health-Care Associated Pneumonia, 2003: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm

ESCMID Guidelines for the management of adult lower respiratory tract infections, M. Woodhead et al, Clin Microbiol Infect 2011; 17 (Suppl. 6): 1–24.B.

European Respiratory Society – ERS Guidelines for Respiratory Medicine - https://www.ers-education.org/guidelines/all-ers-guidelines/

NICE guidelines on antimicrobial prescribing (APGs): https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/antimicrobial-prescribing-guidelines

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