



## Rapid Diagnosis of H1N1 and other Respiratory Viruses

### H1N1

#### Influenza A and 2009 A/H1N1 by rRT-PCR

**GA Test Code #8191**

Note: test created in accordance with CDC protocol

**1 Patient Sample => 2 Detections**

**Flu A:** Detected or Not Detected (test for all known subtypes of influenza A)  
**A/H1N1:** Detected or Not Detected (test for novel H1N1 only)

Benefits of testing for influenza A/H1N1 by rRT-PCR:

- Confirm diagnosis for high-risk patients susceptible to severe complications (e.g. heart disease, pregnant, immunosuppressed, asthmatic, diabetic)
- Reduce health care costs by ruling out H1N1 for patients in isolation
- Reduce unnecessary overuse of antivirals and antibacterials
- Lessen impact on community by limiting work/school absenteeism for non-H1N1 cases
- Identify which influenza subtypes are circulating in the community
- 99.3% Sensitivity: detect significantly more cases of H1N1 with rRT-PCR than with rapid flu tests, which only catch 10-70% of novel H1N1 cases, according to CDC findings

**Test Runs:** 6 days a week (Mon – Sat) with results reported within 4-6 hours

### RVP

#### Respiratory Viral Panel by RT-PCR

**GA Test Code #1201**

Note: FDA-approved xTAG™ RVP from Luminex Corp.

**1 Patient Sample => 12 Detections**

Accounting for 85-90% of respiratory viral infections, the RVP detects and identifies the following viruses and viral subtypes:

- **Influenza A, H1N1 v. H1 v. H3** - only test that differentiates the 3 subtypes in circulation
- **Influenza B** - typically less severe than influenza A
- **Rhinovirus** - a very common viral infective agent and cause of the common cold
- **Parainfluenza 1, 2, and 3** - leading factors in the croup, common cold, and bronchitis
- **hMPV** (human metapneumovirus) discovered in 2001, it causes significant respiratory infections
- **RSV A and B** - main causes of pediatric pneumonia and bronchiolitis
- **Adenovirus** - causes respiratory tract infections similar to strep throat or tonsillitis

Clinical benefits of RVP:

- Differentiation of influenza A subtypes (H1N1 v. H1 v. H3) to determine most effective antiviral therapy
- Separation of patients with novel cases from those with more common respiratory infections
- Identification of co-infections that could be masked by primary infection

**Test Runs:** M, W, F with results reported within 7-10 hours

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