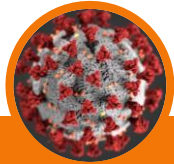




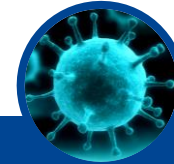
Preparing for the Twindemic- Is it Flu or COVID-19?



# Is it COVID-19 or the Flu?



**COVID-19:**



**Influenza:**

Very similar clinical presentation

- Need to understand if you need to quarantine (and potentially contact trace)
- Need for tighter monitoring of potential symptoms

- Appropriate treatment or patient management
- Timely detection may reduce inappropriate use of Abx (AMR)
- Flu may still have severe consequences for certain patient populations

## What is the impact of a combination test for both (patient & HCP)?

**Reliable and timely detection** – all the results in one visit, workflow efficiencies

- Single sampling (comfort for patients; efficiency – time and material - for HCPs)
- Workflow efficiency (efficiency gains)

**Quick actions:** quarantine (COVID-19), treatment/care (Flu)

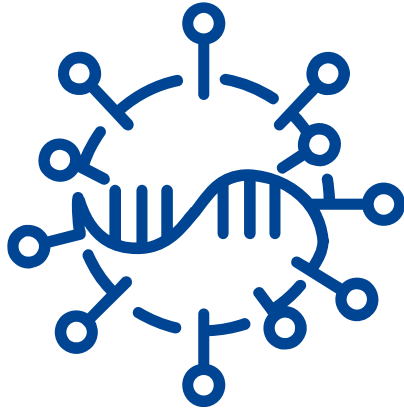
**Peace of mind** (patient) and **patient satisfaction/experience** (trust diagnosis and treatment/care decision)



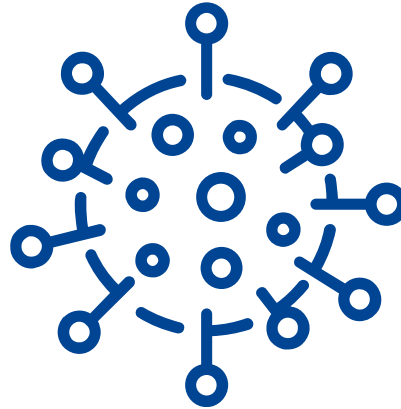
# Testing is critical

## So is choosing the right testing modality

The surge in demand for testing due to the COVID-19 pandemic has shined a light on testing solutions and issues related to speed, reliability, access to testing, reporting and more. Two modalities have risen to the top for both serial screening of asymptomatic individuals and for diagnostic testing of patients presenting symptoms for diagnosis.



**Molecular Test**











**Antigen Test**



# Understanding testing differences

Both rapid antigen and real-time PCR testing offer clinical value in supporting diagnosis and patient management. Understanding the real value of each test is critical to implementing the right testing solution for your needs.

Factor	RT-PCR 	Antigen 
 <b>Sample type</b>	Test dependent: e.g. nasal, nasopharyngeal, saliva	Nasal swab, nasopharyngeal
 <b>Accuracy</b>	High - results can vary by test*	Less capable than PCR of detecting low viral loads*
 <b>Personnel needed for collection</b>	Moderate if administrator collected; None if self-collected	Moderate if administrator collected; None if self-collected
 <b>Personnel needed for processing</b>	High to run test, record and report results	None
 <b>Time to result</b>	24 to 48 hours** plus transport time	<i>15 to 30 minutes</i>
 <b>Confirmatory test</b>	Not needed	Confirmatory test recommended in some cases***

\* Ask to see real-world performance data for the specific test being used

\*\* Turnaround time could be subject to change based upon demand and capacity. Facilities should be aware of this and monitor accordingly. Prices vary and will change as the market evolves.

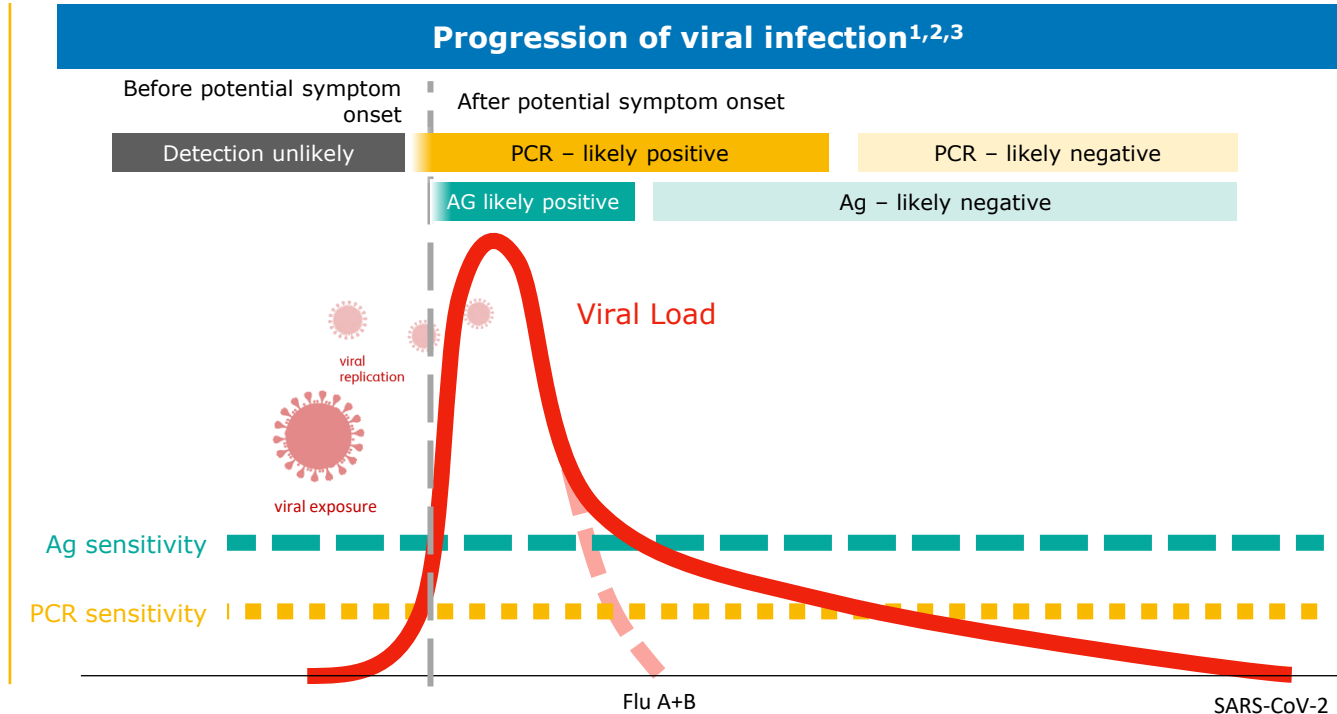
\*\*\*For more guidance on confirmatory testing see the [CDC Interim Guidance for Antigen Testing for SARS-CoV-2](#)



# When to test symptomatic patients for COVID-19 & Influenza

Different tests are appropriate at different times and for different objectives. Which test is appropriate depends on a variety of criteria, including:

- ✓ What's the testing objective
- ✓ What's the patient's condition and potential exposure
- ✓ What's the patient care setting and access to a lab?
- ✓ How quickly do you need an answer?



## References:

1. Sethuraman N, Jeremiah SS, Ryo A. Interpreting Diagnostic Tests for SARS-CoV-2. JAMA (v0.1)
2. Q., Liu, B., Deng, H. et al. Antibody responses to SARS-CoV-2 in patient (v0.1)
3. Mina Michael J. et al. Rethinking Covid-19 Test Sensitivity - A Strategy for Containment N (v0.1)
4. Goyal A et al. Viral load and contact heterogeneity predict SARS-CoV-2 transmission and super-spreading events



# Screening:

## Where rapid antigen testing shines

In a recent modeling study, simulations illustrated the differences and value of both PCR and antigen testing. The sensitivity and specificity of PCR allows it to detect virtually any viral load, making it well-suited to acute, clinical settings. In screening settings, **rapid antigen testing excels at detecting active infection<sup>1</sup>, helping to avoid unnecessary quarantine.**

### Key findings from the study included<sup>1</sup>:

- Across settings, **higher screening rates** had the greatest effect on reducing disease burden measures (vs lower screening rates).
- **Rate and timing of testing plays a significant role in transmission reduction** and can overcome performance differences between test methodologies.
- Strategies with a longer test result wait time increased unnecessary quarantine costs. Across all settings and screening rates, **standalone PCR had the highest overall cost** (1.61-2.34 times greater vs other strategies).
- **Antigen-based testing plus isolation greatly reduces disease burden and costs** less than RT-PCR-based screening strategies.
- A screening strategy of antigen testing with repeat of negatives by antigen test 2 days later **averted the most infections and was cost savings compared to PCR-based testing.**

Reference:

1. Love, Jay et al. Comparison of antigen-and RT-PCR-based testing strategies for detection of SARS-CoV-2 in two high-exposure settings. PLoS One. (v0.1)



# Rapid antigen testing

## Built for the demands of today

With its shorter turnaround time, ability to accurately detect active infection, ease-of-use, and results delivered at the point-of-care or at-home, antigen testing is well-suited for early diagnosis and intervention:



### Rapid results

support immediate diagnosis and patient management.

Same day convenience reduces patient and care wait times and loss to follow up.



**No prescription required**  
for at-home antigen tests



**No medical professional required**  
for sample collection or for testing  
for at-home antigen tests



**Clinically validated**  
and trusted



**Cost-effective**  
to support frequent testing  
scenarios such as serial testing

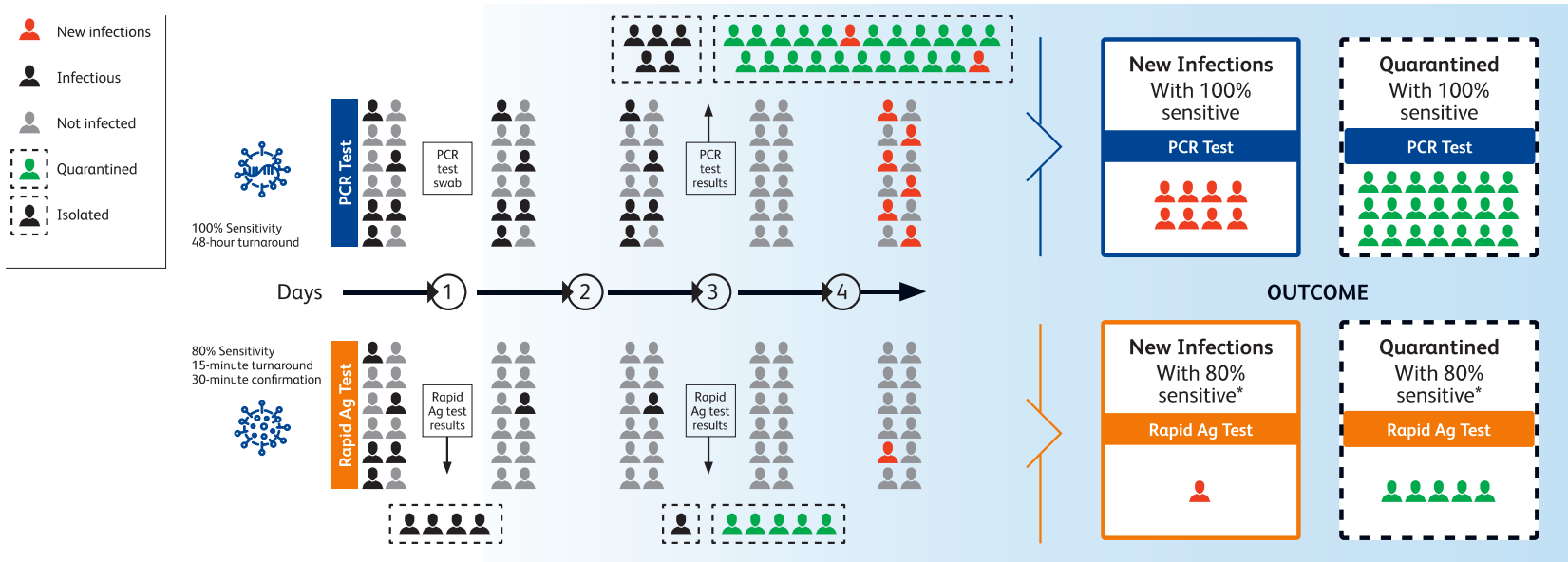


**Expands access**  
to testing



# Rapid testing + Frequency = Confidence

The cost advantages, rapid results, and ease of use that comes with rapid antigen testing allows it to deliver on the real key to success in screening—**frequency**.



\*Most antigen tests exceed 80% and approach 95% for high viral loads

Michael Mina,  
MD PhD, Harvard T.H. Chan School  
of Public Health/Medical School







# Routinely Evolving Government Requirements

As a part of the Biden Administration's newly released "Path Out of the Pandemic", the administration previously announced that it has ordered the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) to create new COVID-19 regulations that require (on-hold as of 12/7/2021):

- **Businesses with one hundred (100) or more employees to ensure that their workers are fully vaccinated against COVID-19, or**
- **Produce a negative COVID-19 test each week**

As a result, businesses may need to be prepared to choose a COVID-19 testing modality and **implement an ongoing testing program for their unvaccinated employees.**



THE WHITE HOUSE

Administration Priorities COVID Plan Briefing Room Español MENU

## PATH OUT OF THE PANDEMIC

PRESIDENT BIDEN'S COVID-19 ACTION PLAN

**P**resident Biden is implementing a six-pronged, comprehensive national strategy that employs the same science-based approach that was used to successfully combat previous variants of COVID-19 earlier this year. This plan will ensure that we are using every available tool to combat COVID-19 and save even more lives in the months ahead, while also keeping schools open and safe, and protecting our economy from lockdowns and damage.

- Vaccinating the Unvaccinated
- Further Protecting the Vaccinated
- Keeping Schools Safely Open
- Increasing Testing & Requiring Masking
- Protecting Our Economic Recovery
- Improving Care for those with COVID-19

[Learn more](#)

