Acute respiratory infections (ARIs) are highly contagious and represent a major source of morbidity and mortality. The significant overlap in symptoms and signs makes it challenging for physicians to differentiate viral from bacterial infection and to identify which patients require antibiotic therapy. More than 50% of antibiotics prescribed for ARI are unnecessary, as the majority of infections are caused by viruses, and may lead to avoidable adverse reactions and antibiotic resistance.¹

FebriDx is a rapid, in-office test that uses a fingerstick blood sample to help identify a clinically significant immune response to ARI and differentiate viral from bacterial infection. FebriDx detects elevated levels of Myxovirus resistance A (MxA) – an intracellular protein that becomes elevated in the presence of acute viral infection and C-reactive protein (CRP) – an acute-phase inflammatory protein that is elevated in the presence of bacterial infection.

Independently, neither MxA nor CRP is sensitive or specific enough to differentiate viral from bacterial infection. A study shows that CRP guidance alone – at the NICE* Pneumonia Guidelines recommended cut-off value of 20 mg/L² – may lead to over treatment of more than 26% of patients with ARI.³ FebriDx combines the interpretation of both MxA and semi-quantitative CRP levels into a pattern of results, providing an accurate way to identify patients suffering from a significant ARI from those patients with a microbiologically unconfirmed respiratory illness (MURI), which are less likely to benefit from antibiotic therapy.

FebriDx can be used FIRST to help triage patients suffering from ARI, providing clinicians a pathway to diagnosis and treatment, leading to more efficacious medical decisions.

To order, visit FebriDx.com or call +1.941.556.1850.
**VIRAL OR BACTERIAL?**

**RIGHT DIAGNOSIS**
- Identify and triage patients suffering from a clinically significant ARI
- Differentiate viral from bacterial infectious etiology
- Identify the need for pathogen-specific reflex testing
- Clinical performance:
  - **Asymptomatic patients**
    - Positive Agreement = 100% (161/161)
    - Negative Agreement = 99% (159/161)
  - **Symptomatic patients**
    - **Viral**
      - Positive Agreement = 86% (56/65)
      - Negative Agreement = 89% (124/140)
    - **Bacterial**
      - Positive Agreement = 80% (20/25)
      - Negative Agreement = 93% (168/180)

**RIGHT TREATMENT**
- Empower physicians to make targeted immune response-directed therapeutic decisions at the point of care
- Reduce unnecessary antibiotic prescriptions and the possibility of antibiotic resistance, allergies and toxicities, and adverse events
- Improve patient satisfaction by reducing healthcare costs associated with misdiagnosis, repeat office visits, and mistreatment

**RIGHT NOW**
- Results in as soon as **15 minutes**
- Single use, disposable test
- Provide optimal patient management during the initial office visit

*National Institute for Health and Care Excellence (NICE)


FebriDx has not received FDA clearance and is not commercially available in the United States.