



CLEAR DIRECTION for Rapid Diagnosis of Pneumonia in Hospitalized Patients

Pneumonia can be fatal.

Clinical outcomes are highly dependent upon timely and appropriate therapy. Unfortunately, standard of care microbiology has a number of limitations including¹

- Requires several days for results
- Affected by sample transport time and temperature
- Fails to determine a causative agent in >50% of pneumonia patients
- Exposure to unnecessary broad-spectrum antibiotics



SHIFT THE PARADIGM

from days to hours
for optimal results.

The only FDA-cleared panel for lower respiratory tract infections that detects *Pneumocystis jirovecii*

Comprehensive Testing Panel

FDA-cleared Unyvero uniquely and accurately detects the most clinically relevant pathogens and antibiotic resistance markers associated with pneumonia.

BACTERIA		RESISTANCE	GENES	
<i>Acinetobacter</i> spp.	<i>Moraxella catarrhalis</i>	Carbapenems	<i>kpc</i>	<i>oxa-48</i>
<i>Chlamydia pneumoniae</i>	<i>Morganella morganii</i>		<i>ndm</i>	<i>oxa-58</i>
<i>Citrobacter freundii</i>	<i>Mycoplasma pneumoniae</i>		<i>oxa-23</i>	<i>vim</i>
<i>Enterobacter cloacae</i> complex	<i>Proteus</i> spp.		<i>oxa-24</i>	
<i>Escherichia coli</i>	<i>Pseudomonas aeruginosa</i>	3rd Generation Cephalosporins	<i>ctx-M</i>	
<i>Haemophilus influenzae</i>	<i>Serratia marcescens</i>			
<i>Klebsiella oxytoca</i>	<i>Staphylococcus aureus</i>	Oxacillin/Cefoxitin	<i>mecA</i>	
<i>Klebsiella pneumoniae</i>	<i>Stenotrophomonas maltophilia</i>			
<i>Klebsiella variicola</i>	<i>Streptococcus pneumoniae</i>	Penicillin	<i>tem</i>	
<i>Legionella pneumophila</i>				
FUNGI				
<i>Pneumocystis jirovecii</i> *				



* included on the Unyvero LRT BAL panel.

- Rapid, sample to answer direct from native specimen
- Simple and clear qualitative results based on quantitative algorithms
- Critical information for life-saving treatment decisions

Specimen Types:

- Endotracheal Aspirate
- Bronchoalveolar Lavage (including mini-BAL)

CLEAR DIRECTION for hospitalized pneumonia patients

Unyvero is Changing the Status Quo

Greater Diagnostic Accuracy Can Save Lives

Unyvero LRT has demonstrated correct identification of key pathogens that are often missed by culture, without relying on the growth of viable organisms²

Sensitivity: 91.4%
Specificity: 99.5%

Unyvero LRT identified *Acinetobacter* cases that were initially culture-negative but all had a subsequent culture that grew *Acinetobacter*. All patients with initial negative culture for *Acinetobacter* died.³

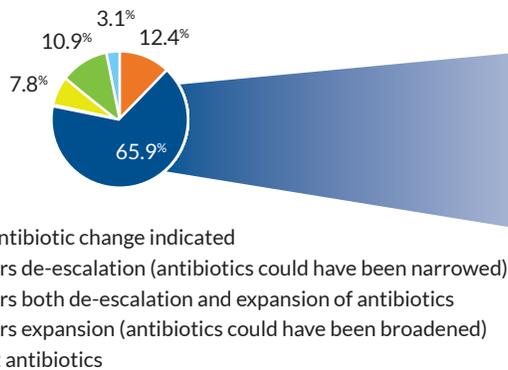
Would your clinicians want to know?

Unyvero Supports Antibiotic Stewardship⁴

"Antibiotic stewardship aims to minimize broad antibiotic use, which is associated with longer lengths of hospital stay, higher morbidity and mortality, higher hospital costs, nephrotoxicity, and nosocomial infections."

Potential Impact on Antibiotic Therapy

Potential impact on therapy based on Unyvero LRT results alone:



Two-thirds of de-escalations include:

69% had unnecessary MRSA coverage

64% had unnecessary Pseudomonas coverage

Get Clear Direction

Unyvero LRT quickly delivers actionable answers to reduce the time to appropriate therapy and drive optimal, cost-effective care for hospitalized pneumonia patients. For clear, comprehensive, and reliable results to advance antimicrobial stewardship initiatives, **Unyvero points the way.**

 **OpGen** Request an evaluation today: customersupport@opgen.com

References:

1. Messika J, Stoclin A, Bouvard E, et al. The Challenging Diagnosis of Non-Community-Acquired Pneumonia in Non-Mechanically Ventilated Subjects: Value of Microbiological Investigation. *Respir Care*. 2016;61(2):225234. doi:10.4187/respcare.04143
2. Unyvero LRT clinical trial data on file at Curetis.
3. Pickens C, et al. Rapid diagnostic testing of bronchoalveolar lavage to detect non-fermenting gram-negative bacteria and antibiotic resistance genes. Poster presented at: American Thoracic Society; 2018 May 18-23; San Diego, CA.
4. Pickens C, et al. A multiplex polymerase chain reaction assay for antibiotic stewardship in suspected pneumonia. *Diagnostic Microbiology & Infectious Disease*. <https://doi.org/10.1016/j.diagmicrobio.2020.115179>