

# Pharyn

*Swiftly identify the two most common pharyngitis causing pathogens from a single throat swab sample*

The mariPOC® Pharyn test is intended for rapid testing of pharyngitis or tonsillitis causing pathogens Group A streptococcus (GAS) and adenovirus. The test is designed to differentiate viral and bacterial infections to optimize the use of antibiotics. The Pharyn test is highly sensitive so it is also well-suited for asymptomatic screening in an epidemic situation.

## Easy workflow



Patient examination



Throat sample pre-treatment



Fully automated analysis



Culture sensitivity in 15 minutes

## Performance

Analyte	Sensitivity (N)	Specificity (N)	Reference test
Adenovirus	92.3% (24/26)	100% (200/200)	For sensitivity: TR-FIA For specificity: PCR
Group A streptococci	100–150%* (mariPOC: 38–55, culture: 38)	~100% (137/137)	Bacterial culture

\* Clinical sensitivity depends on the applied reporting sensitivity level (+, ++, +++). Preliminary result phase sensitivity corresponds approximately standard culture (+++). Final results + or ++ are likely culture negative but analytically positive findings.

The mariPOC antigen detection test is **more sensitive** than the conventional bacterial culture for the detection of GAS among symptomatic pharyngitis patients<sup>2</sup>



## Pathogen coverage

Group A streptococci  
Adenovirus

### Time to result

15 min	Positives
55 min	Low positives and negatives

## GAS is the most common cause of bacterial pharyngitis

- ✓ Correct use of antibiotics can relieve symptoms and speed up recovery.
- ✓ Indications of Group A streptococci test method now also include streptococcal dermatitis.

## Adenovirus testing is important for differential diagnosis

- ✓ Adenovirus is the most common cause of viral pharyngitis.
- ✓ Adenovirus is especially problematic due to symptoms similar to bacterial infections and elevated C-reactive protein (CRP) levels.
- ✓ There is no specific treatment for adenovirus, but quick diagnosis helps to predict the course of the disease and avoid unnecessary antibiotics.

<sup>1</sup> Antikainen P. *et al.* (2017) 34th NSCMID. Abstract and poster #PP02.36.

<sup>2</sup> Vakkila J. *et al.* (2015) J Clin Microbiol. 53:2079-2083