

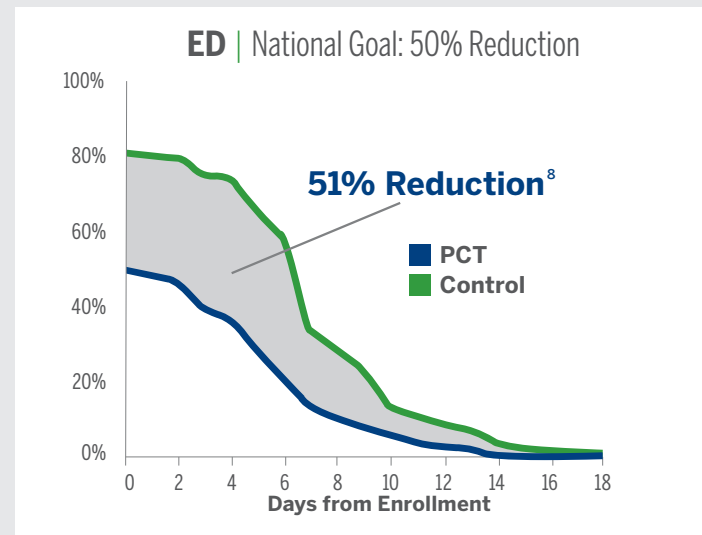
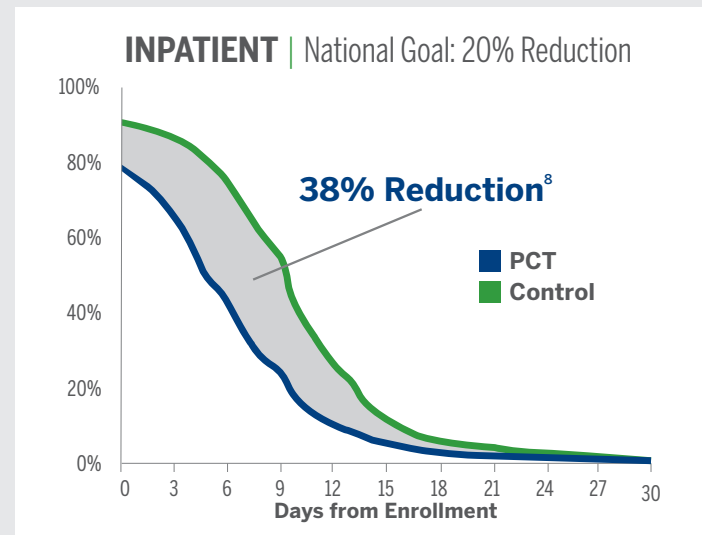
Today, we have better information and better ways to decide if antibiotics are warranted and if they can be discontinued

VIDAS® B•R•A•H•M•S PCT™ IS FDA-CLEARED TO AID IN DECISION MAKING ON ANTIBIOTIC THERAPY FOR PATIENTS WITH SUSPECTED OR CONFIRMED LRTI.

Procalcitonin (PCT) provides critical biomarker information:

- Bacterial infection stimulates PCT
- Viral infection blocks PCT
- PCT rises in 3-6 hours
- Half-life of 20-24 hours

VIDAS B•R•A•H•M•S PCT is proven to be effective in reducing antibiotic exposure beyond national goals⁷



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THE BIOMÉRIEUX SOLUTION FOR SEPSIS CARE MANAGEMENT

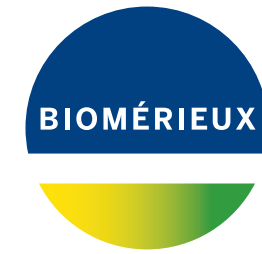


VIDAS® B•R•A•H•M•S PCT™	
Reference number	30450-01
Tests / kit	60

For more information, please visit:
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Important Information

The evaluation of VIDAS B•R•A•H•M•S PCT assay results must always be performed taking into consideration the patient's history and the results of any other tests performed.

In certain situations (newborns, polytrauma, burns, major surgery, prolonged or severe cardiogenic shock, etc.), PCT elevation may occur in the absence of infection. The return to normal values is usually rapid. Viral infections, allergies, autoimmune diseases and graft rejection do not lead to a significant increase in PCT. A localized bacterial infection can lead to a moderate increase in PCT levels.

Some patient characteristics, such as severity of renal failure or insufficiency, may influence PCT values and should be considered when interpreting test results. PCT levels tend to be lower in patients infected with certain atypical pathogens, such as *Chlamydia pneumoniae* and *Mycoplasma pneumoniae*, compared to those with typical bacterial infections. PCT levels are elevated in both severe and uncomplicated *Plasmodium falciparum* malaria.

The safety of PCT-guided therapy for individuals younger than 17 years-of-age, pregnant women, immunocompromised individuals or those on immunomodulatory agents, including anti-inflammatories (e.g., NSAIDs), was not analyzed separately in the supportive clinical trials.

Discrepancies between the laboratory and clinical findings should prompt additional evaluations, including repeat PCT testing.

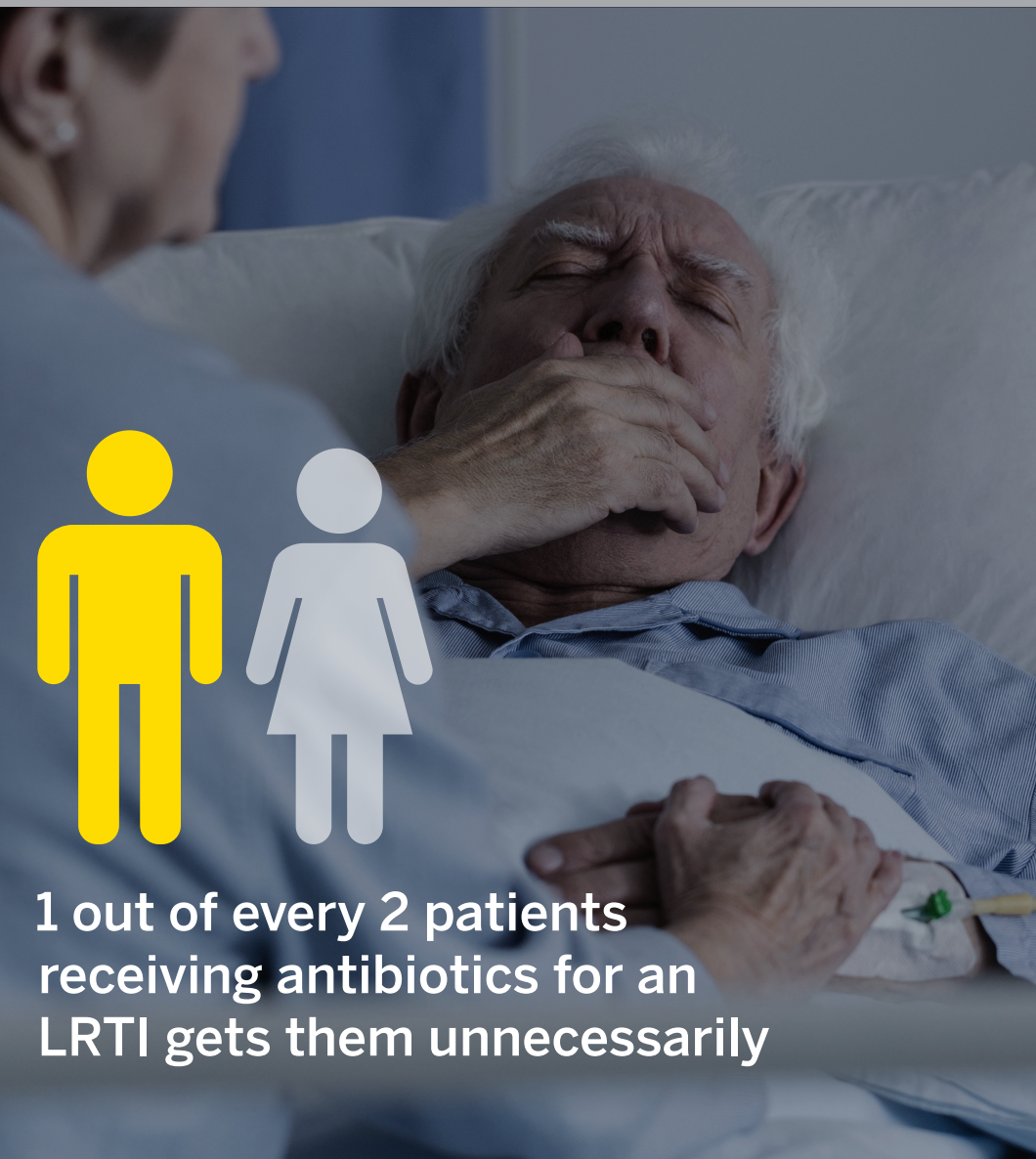
Please see full package insert for VIDAS B•R•A•H•M•S PCT (13975) for additional important information.



PCT-GUIDED ANTIBIOTIC THERAPY FOR LRTI*

Enhancing patient care
Improving antibiotic stewardship

*Lower Respiratory Tract Infections



1 out of every 2 patients receiving antibiotics for an LRTI gets them unnecessarily

69 million

patients receive antibiotics for LRTI in U.S. hospitals each year¹



LRTI are a serious threat

Defined as:

- Acute bronchitis
- Community-acquired pneumonia (CAP)
- Acute exacerbation of chronic obstructive pulmonary disease (AECOPD)

Non-specific symptoms overlap with other symptoms:

- Cough
- Sputum
- Fever
- Shortness of breath

But overexposure to antibiotics is a serious problem

- Unnecessary and prolonged use of antibiotics is common²
- Overall safety risk due to the rise of antibiotic resistance, with 2 million illnesses and roughly 23,000 deaths per year in the U.S.³
- Prolonged duration is associated with development of antimicrobial resistance⁴
- Antibiotic exposure is the single most important risk factor for the development of *Clostridioides difficile* associated disease (CDAD)⁵
- Epidemic strain of *C. difficile* is associated with increased risk of morbidity and mortality⁶

LRTI are a dangerous and costly problem—VIDAS® B•R•A•H•M•S PCT™ is an important part of the solution

Clinical Endpoints When Using PCT⁸

Metric	Reduction w/ PCT
Antibiotic exposure, ICU	1.4 days
Antibiotic exposure, ED	3 days
Antibiotic duration, ICU	0.7 days
Antibiotic duration, ED	2.5 days
Antibiotic related side effects	6%
30 day mortality	1%

PCT & Antibiotic Stewardship

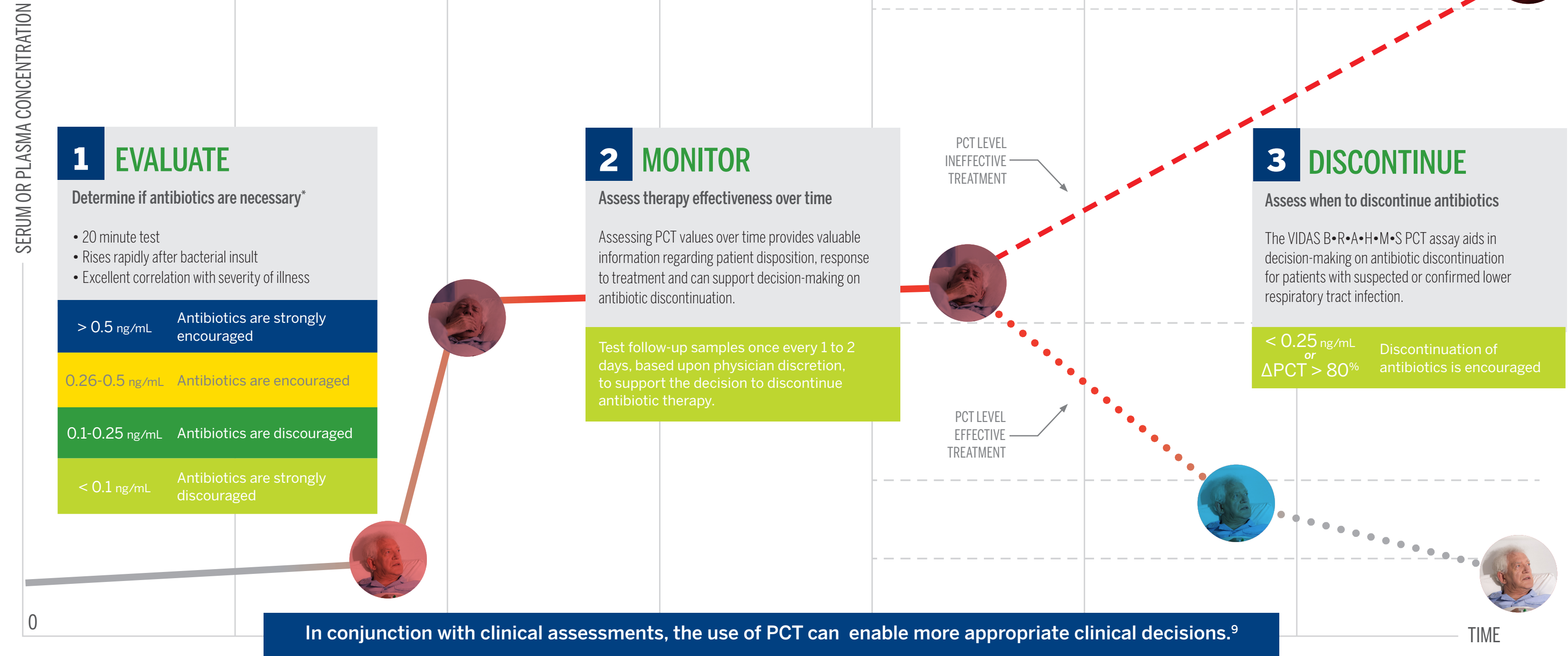
- Monitor PCT levels
- Gain needed data to make better, more informed decisions
- Additional guidance for initiation and discontinuation of antibiotic therapy
- Improve prescribing practices to slow rise of resistant bacteria
- Support CMS guidelines for antibiotic stewardship and infection prevention

Achieve the goal of giving antibiotics to the right patients, at the right time, for the right duration

PCT-GUIDED ANTIBIOTIC THERAPY

VIDAS® B•R•A•H•M•S PCT™

FOR PATIENTS WITH LOWER RESPIRATORY TRACT INFECTION



*Antibiotic therapy should be considered regardless of PCT result if the patient is clinically unstable, is at high risk for adverse outcome, has strong evidence of bacterial pathogen, or clinical context indicates antibiotic therapy is warranted.

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