What doesn’t kill them makes them stronger.
The misuse of antibiotics has created a huge global health crisis.

The Test Target Treat™ initiative from Alere empowers healthcare professionals to make targeted treatment decisions sooner with rapid diagnostics—reducing inappropriate antimicrobial use and the spread of resistance.

Empowering appropriate antimicrobial use with rapid diagnostics.

Vero-cytotoxin Toxin-producing E. coli (VTEC)
Sub-optimal diagnosis for VTEC infection can result in the unnecessary prescription of antibiotics that can result in adverse clinical consequences as well as the growing problem of resistance. Prompt detection is necessary to prevent outbreaks and to direct appropriate treatment therapies.

Malaria
Between 2010 and 2015, the children under five years old, taking the life of a child every two minutes, even though it is a preventable and curable disease. Since it has become clear that continued presumptive treatment of malaria will lead to both drug wastage and under-treatment of other febrile illnesses, the World Health Organization (WHO) recommends that every suspected malaria case be confirmed by microscopy or a rapid diagnostic test (RDT) prior to treatment.

Pharyngitis
Rapid tests to identify Strep A pharyngitis can reduce unnecessary antibiotic prescribing and antimicrobial resistance by enabling appropriate treatment for positive cases. The Alere portfolio of Strep A Pharyngitis products can provide highly accurate results in as little as 5 minutes and are easy to use in a variety of settings. The Alere™ Strep A molecular test provides accurate results in 8 minutes or less.

Influenza
A positive rapid influenza test result enables antibiotics to be withheld and antivirals to be prescribed where appropriate. Traditional diagnosis of influenza by viral culture or polymerase chain reaction (PCR) is too lengthy to be useful for effective treatment options. Alere™ Influenza A & B is a molecular flu test that provides results in 15 minutes or less.

C. difficile
Clostridium difficile infection (CDI) is the most common cause of hospital acquired, infectious diarrhea and generally occurs when patients have been treated with antibiotics. The latest ESCMID guidelines published in 2016 recommend to screen samples simultaneously with both a GDH and toxin A/B EIA with an assay that includes both targets in one system. The C. DIFF QUIK CHEK COMPLETE™ test detects and differentiates GDH and toxins A/B simultaneously in less than 30 minutes.

Pneumonia
The early and rapid diagnosis of pneumonia can allow more directed therapy and confidence in appropriate treatment for a majority of patients. Using an appropriate pathogen-focused antibiotic or narrowing empirical therapy can decrease cost, drug adverse events, and the threat of antibiotic resistance.

Point of care C-reactive Protein (CRP)
The use of point of care tests for CRP have been shown to significantly reduce antibiotic prescribing for lower respiratory tract infections (RTIs) without compromising patient recovery or satisfaction with care.

Respiratory Syncytial Virus (RSV)
RSV symptoms are similar to those of other common respiratory infections. Patients presenting with these symptoms are often treated empirically with antibiotics, without a formal diagnosis. An accurate diagnosis allows infection control measures to be implemented, and enables the physician to withhold antibiotics, which are not effective against viruses.

S. aureus and Methicillin resistant S. aureus (MRSA)
It is essential that S. aureus and MRSA infections are identified as early as possible and steps are taken to ensure the correct treatment is implemented. Rapid testing aids in reducing the empirical use of Vancomycin and permits cost-effective decisions for optimal patient management.