



Know whether it's viral or bacterial, sooner, **with respiratory virus and pathogen panels**

When a patient presents for an acute visit with influenza-like symptoms, timing for diagnosis is critical. But distinguishing between different types of infection—and making a differential diagnosis—can be challenging. Influenza, respiratory syncytial virus (RSV), other viruses, and some types of bacterial infection can all share similar symptoms.

Quest Diagnostics offers molecular respiratory virus and pathogen panels that can help clinicians with the following:

- Differentiate bacterial from viral infections
- Reduce unnecessary antibiotic prescribing that can lead to rising rates of antimicrobial resistance³
- Diagnose some infections that have been commonly missed⁴
- Get results faster than with traditional methods³

Quest's new **Respiratory Pathogen Panel** expands our testing options to include bacterial pathogens in addition to viral, for the most accurate diagnosis.

Influenza^{1*}

959,000
hospitalizations

79,400
deaths

RSV^{2*}

234,527
hospitalizations

14,000
deaths

*In the US, during 2017–2018
(influenza) and 2016–2017 (RSV)



For seasonal acute respiratory tract infections, timely clinical decision-making is crucial. Quest's expanded panels provide **accurate, rapid results for diagnosis.**

Know you're using the preferred testing method

Evidence is increasing that molecular viral panel tests are preferable to traditional virus detection methods (eg, culture, rapid antigen detection test [RADT], direct fluorescent antibody) due to³:



Enhanced sensitivity and specificity



Rapid turnaround time (eg, 24–48 hours)



A broader range of virus detection



High positive predictive values, even during times of low viral prevalence

“RADTs should be replaced by more sensitive (molecular tests) whenever practical.”

—Journal of Clinical Microbiology (2011)

Quest's panels can help address the overuse of antibiotics

Quest's panels help clinicians rapidly identify the pathogen causing a patient's illness, allowing therapy to be tailored; this includes adding or discontinuing antibiotic therapy as indicated. Inappropriate antibiotic therapy can contribute to antimicrobial resistance, one of the biggest public health challenges of our time.⁵

30%

of all antibiotics prescribed in outpatient clinics are unnecessary⁶

Test Name	Test Code	CPT Code*
Respiratory Virus Panel Includes Adenovirus, Human Metapneumovirus, Human Parainfluenza Virus 1, Human Parainfluenza Virus 2, Human Parainfluenza Virus 3, Human RSV A, Human RSV B, Influenza A, Influenza A Subtype H1, Influenza A Subtype H3, Influenza B, Rhinovirus	95512	87633
[NEW] Respiratory Pathogen Panel Includes Adenovirus, Human Metapneumovirus, Rhinovirus/Enterovirus, Influenza A, Influenza A Subtype H1, Influenza A Subtype H3, Influenza B, Parainfluenza virus (1,2,3,4), RSV-A, RSV-B, Bocavirus, Coronavirus 229E, Coronavirus OC43, Coronavirus NL63, Coronavirus HKU1, <i>Chlamydia pneumoniae</i> , <i>Mycoplasma pneumoniae</i>	37444	87633 87486 (C. pneumoniae) 87581 (M. pneumoniae)

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.



Accurate, rapid results allow for faster treatment decisions. Contact your sales representative or visit **KnowingInfluenza.com** to learn more.

References

- Centers for Disease Control and Prevention. Estimated influenza illnesses, medical visits, hospitalizations, and deaths in the United States—2017–2018 influenza season. November 15, 2018. <https://www.cdc.gov/flu/about/burden/estimates.htm>. Accessed December 12, 2018.
- Centers for Disease Control and Prevention. Respiratory syncytial virus circulation in the United States, July 2016–2017. *MMWR*. 2018;67(2):71–76.
- Ginocchio G, McAdam A. Current best practices for respiratory virus testing. *J Clin Microbiology*. 2011;49(9):S44–S48.
- Ramanan P, Bryson AL, Binnicker MJ, et al. Syndromic panel-based testing in clinical microbiology. *Clin Microbiol*. 2018;31(1):e00024–17.
- Centers for Disease Control and Prevention. Antibiotic/antimicrobial resistance (AR/AMR): biggest threats and data. November 26, 2018. https://www.cdc.gov/drugresistance/biggest_threats.html. Accessed December 13, 2018.
- Centers for Disease Control and Prevention. Antibiotic use in the United States, 2017: progress and opportunities. Atlanta, GA: US Department of Health and Human Services, CDC; 2017.

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