Site Selection VALUE-Dx

1. Does currently not use equivalent rapid testing routinely in patients with CA-ARTI.
2. At least 25% of CA-ARTI patients seen at ER are not hospitalized.
3. At least 50 patients with CA-ARTI are seen per month at ER during influenza season.
4. Microbiology lab is capable of performing preferred rapid syndromic testing.

Objective
To assess the impact of rapid diagnostic testing of patients with Community Acquired Acute Respiratory Tract Infection (CA-ARTI) at the emergency department, on (1) hospital admission rates and (2) antimicrobial prescriptions (days of treatment) and (3) the non-inferiority in terms of clinical outcome.

Summary
Check https://value-dx.eu/index.php/work-package-4/ for context and design of VALUE-Dx Clinical Trials

Study design
Individually randomized controlled trial

Study Intervention
The diagnostic intervention is rapid syndromic testing with BIOFIRE® FilmArray Pneumonia Panel plus (PP): Sputum (and/or ETA or BAL sample) BIOFIRE® FilmArray Respiratory Panel 2.1 plus (RP2.1 plus): Nasopharyngeal swab

ADEQUATE
Advanced Diagnostics for Enhanced Quality of Antibiotic prescription in respiratory Tract infections in Emergency rooms

Eligible upon inclusion and exclusion criteria
Thoracic imaging (only if indicated as standard of care)

Collect informed consent
Randomize
Diagnostic intervention
Control
Sputum PP panel
Nasopharyngeal swab RP2.1 plus panel

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