

8 Arboviral Pathogens Nucleic Acid Detection Kit (Fluorescent PCR-Chip Method)

✅ 8-Plex Full Coverage | ✅ Sample-to-Result in ~40 min | ✅ Cold-Chain-Free

Powered by Chenghui Flex-Disc (CH-0104) fully automated molecular POCT platform



Detection Targets List (8 targets in Total)

- **Dengue virus 1,**
- **Dengue virus 2,**
- **Dengue virus 3,**
- **Dengue virus 4,**
- **Zika virus,**
- **Chikungunya virus,**
- **Yellow fever virus,**
- **West Nile virus.**

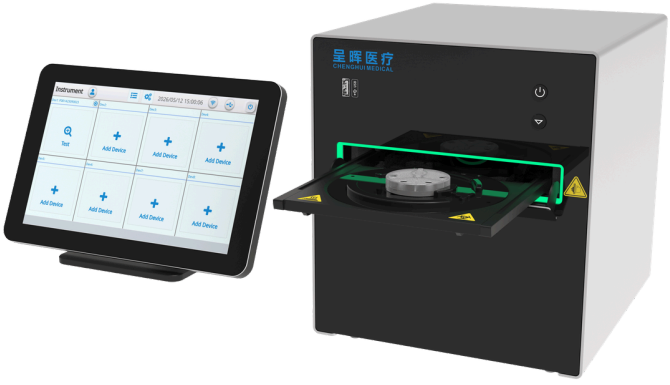
Covers all 8 WHO high-priority arboviral pathogens, supports single & mixed infection identification, and enables precise dengue serotyping for severe disease risk stratification.

Clinical Challenges

1. **Insufficient Differential Diagnosis Capacity, High Missed Diagnosis Risk:** Most arboviral infections present nearly identical early acute febrile symptoms, with high rates of mixed infection in co-endemic regions. Conventional single-target assays and rapid antigen tests have limited coverage and low sensitivity, leading to high missed diagnosis rates. The inability to differentiate dengue serotypes also creates barriers to early severe dengue warning and targeted clinical management.

2. **Delayed Centralized Testing, Hindering Clinical Intervention & Outbreak Response:** Traditional nucleic acid testing relies on centralized molecular laboratories, with long sample transit and batch processing workflows. For time-sensitive severe dengue cases, delayed diagnosis directly worsens patient prognosis; for port quarantine and outbreak scenarios, it also delays infection control and source tracing, increasing the risk of epidemic spread.
3. **High Deployment Barriers, Restricting Frontline & Grassroots Access:** Conventional molecular diagnostics require standardized PCR laboratories and certified technicians, making them largely unavailable in tropical endemic regions, primary care facilities, border ports, and field outbreak sites. Inflexible throughput leads to idle costs in low-volume daily use and capacity shortages during outbreak surges, while strict cold chain reliance further limits large-scale public health deployment in remote tropical areas.

Core Benefits



1. **Comprehensive 8-Plex Profiling with Precise Serotyping for Accurate Diagnosis:** A single run covers all 8 WHO-prioritized arboviruses, including 4 dengue serotypes, Zika, chikungunya, yellow fever and West Nile virus. It accurately identifies single and mixed infections with clear dengue serotype differentiation, eliminating the need for sequential separate testing and greatly improving diagnostic efficiency for acute febrile illness, while supporting early severe dengue risk stratification.
2. **Ultra-Rapid POCT Workflow for Timely Clinical & Public Health Response:** With only 1 minute of hands-on sample loading time and total turn-around time of ~40 minutes, it delivers far faster results than centralized laboratory workflows. It enables timely clinical intervention for severe cases, on-site rapid quarantine at ports of entry to block imported case spread, and fast source tracing during outbreaks.
3. **Low-Barrier, Flexible Deployment for All Scenarios:** The fully closed system requires no dedicated molecular laboratory or specialized technical staff, and can be operated by frontline medical workers after brief training. Its independent modular design enables flexible capacity scaling: a single instrument meets routine primary care and outpatient demand, while multi-unit parallel operation handles outbreak surges and mass screening, balancing operational cost and testing capacity.
4. **Onboard Single-Cartridge Quality Control:** Monitors fluid flow and the full PCR reaction process to effectively reducing the risk of false-negative results
5. **Cold-Chain-Free Storage & Transportation:** Stable storage and transport at 4–28°C with 12-month shelf life, eliminating cold chain logistics and refrigeration inventory costs, especially suitable for remote tropical regions.

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