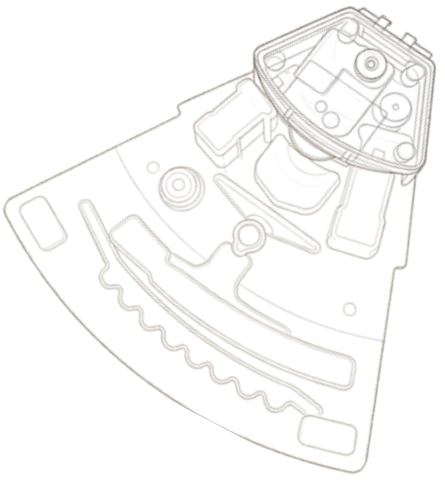
呈晖医疗
CHENGHUI MEDICAL



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

Sample-to-Answer 8 Arboviral Pathogen Panel | 4 Samples in 80 Minutes

Powered by Chenghui Multi-Disc (CQ-0404) Fully Automated Molecular POCT Platform



CE
IVD

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.**

Challenges

1. **Complex Differential Diagnosis with High Missed Diagnosis Risk:** Most arboviral infections including dengue, Zika and chikungunya share nearly identical early clinical features, with frequent mixed infections in co-endemic areas. Conventional single-target assays and rapid antigen tests have limited coverage and low sensitivity, leading to high missed diagnosis rates and difficulties in targeted clinical management and early severe case warning.

2. **Delayed Centralized Testing Slows Clinical Care & Outbreak Response:** Traditional nucleic acid testing relies on centralized molecular laboratories with lengthy sample transport and batch processing workflows. Delayed results directly worsen prognosis for time-sensitive severe cases, and also hinder timely infection control implementation and pathogen source tracing during outbreak events.
3. **High Deployment Barriers Fail Frontline & Port Quarantine Demands:** Conventional molecular diagnostics require standardized PCR labs and certified personnel, making them unavailable in tropical endemic regions, primary care facilities, border ports and field outbreak sites. Rising cross-border transmission risks of imported arboviral diseases further widen the gap, as frontline quarantine sites lack on-site rapid screening tools to prevent secondary community transmission.

Core Clinical Benefits



1. **Comprehensive 8-Plex Pathogen Profiling for Precision Diagnosis:** A single run covers 8 WHO-prioritized pathogenic arboviruses, including all 4 dengue serotypes, Zika, Chikungunya, Yellow fever and West Nile virus, accurately identifying single and mixed infections with clear serotype differentiation. With higher sensitivity and specificity than rapid antigen tests, it detects low viral load early-stage infections, supporting early severe dengue warning and timely targeted clinical management.
2. **High-Efficiency Batch Testing with 4 Parallel Samples:** Compatible with the Multi-Disc (CQ-0404) fully automated analyzer, it delivers complete results in ~80 minutes. 4 parallel samples per run greatly improves batch detection efficiency, securing critical diagnostic and response windows for clinical care and outbreak control.
3. **Low-Barrier POCT Deployment for Dual Clinical & Public Health Use:** The fully automated closed system requires no standardized molecular laboratory or specialized technical staff, and can be operated by frontline medical workers after brief training. It can be directly deployed across infectious disease wards, primary care settings, border quarantine stations and field outbreak sites, supporting acute febrile illness workup, on-site port quarantine, efficient outbreak response and epidemiological surveillance to curb imported arbovirus transmission.
4. **Onboard Single-Cartridge Quality Control:** Built-in internal control monitors the entire fluidic and PCR reaction process, effectively reducing the risk of false-negative results.
5. **Cold-Chain-Free Storage & Transportation:** Stable for 12 months at 4–28°C for storage and transport, no cold chain required, cutting logistics and inventory costs for healthcare facilities.

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