

TB Resistance Assay

Detection of Pathogens of the *Mycobacterium tuberculosis complex* and its most important resistance genes

	Conjugate control
	Amplification control
	M. tuberculosis complex
	Isoniazid wild (inhA -16, -15, -8)
	Isoniazid mut (inhA -16, -15, -8)
	Isoniazid wild (katG 315)
	Isoniazid mut (katG 315)
	Rifampicin wild (rpoB 513 - 516)
	Rifampicin mut (rpoB 516)
	Rifampicin wild (rpoB 522 - 526)
	Rifampicin mut (rpoB 526)
	Rifampicin wild (rpoB 529 - 533)
	Rifampicin mut (rpoB 531)
	Streptomycin wild (rrs 522 - 526)
	Streptomycin wild (rpsL 43)
	Streptomycin wild (rpsL 88)
	KAN / AMK wild (rrs 1400/1401)
	KAN / AMK wild (rrs 1483)
	Quinolon wild (gyrA 90 - 94)

Tuberculosis (TB) is the leading cause of death in the world due to bacterial infection. Emerge and spread of resistant strains, such as multidrug-resistant (MDR-TB) or even extreme drug-resistant strains (XDR-TB), pose a serious threat for tuberculosis control efforts.

Resistant TB is more difficult to treat than drug-susceptible TB, there are stronger adverse effects, therapy is more expensive and the patient is more likely to stay infectious for a longer period of time. To prevent the spread of resistant TB, fast susceptibility tests are essential since standard tests can take up to several weeks.

Sensitivity

- 100% in culture confirmed cases
- 100% in microscopic confirmed cases
- 75% in smear negative cases!!!!

Worldwide evaluation studies revealed that this extremely sensitive reverse hybridisation assay from AID allows analyzing culture confirmed- and smear positive TB cases with a 100% accuracy and even performs with a sensitivity of around 70% in smear negative cases. This will largely help to avoid time consuming culture methods allowing for a much faster choice of proper drugs.

Order-No.:

RDB2185 12 tests
RDB2185X 60 tests

Ready to use reagents

References:

Shah, N.S. et al. (2007): Worldwide emergence of extensively drug-resistant tuberculosis; *Emerg. Infect. Dis.* 13(3), p: 380-387
Emergence of *Mycobacterium tuberculosis* with Extensive Resistance to Second-Line Drugs Worldwide, 2000-2004. *MMWR Morb Mortal Wkly Rep* 2006; 55: 301-305