The Alifax screening methods are totally automated, from inoculation of samples into broths to plating of positive samples on selective agar media; results can be exhibited within 6.5 hours, and therefore they reduce the workload and optimize the laboratory workflow. The rapid recognition of antimicrobial-resistant organisms is essential to localize the spread of these bacteria and to apply the correct measures like isolation and monitoring of colonized patients in critical hospital wards. (Mariani S et al. Micr Med 2017)
Antibiotic resistance
The global threat

- USA estimated minimum number per year
- EUROPE estimated minimum number per year

nosocomial and community-acquired infections. Strong selection of bacteria is known for causing infections in different districts of the organism as skin, open wounds, respiratory and urinary tracts.

MRSA (Staphylococcus aureus) is a common bacteria present on the skin and mucous membranes in 20-35% of healthy people. This bacteria is known for causing infections in different districts of the organism as skin, open wounds, respiratory, and urinary tracts. Some strains called methicillin-resistant Staphylococcus aureus (MRSA) have developed a resistance to beta-lactam antibiotics, thus making them difficult to eradicate.

ESBL/AmpC
Enterobacteriaceae are one of the most important causes of nosocomial and community-acquired infections. Strong selection pressure exerted by antimicrobial use, especially with newer-generation β-lactam antibiotics, has led to the proliferation of bacteria carrying enzyme able to hydrolyze and inactivate them.

Carbapenem-resistant Enterobacteriaceae
Carbapenem-resistant Enterobacteriaceae (CRE) have emerged rapidly and extensively worldwide in invasive infections with CRE isolates. Strong selection pressure is exerted by antimicrobial use, thus emphasizing the need for active surveillance programs aimed at preventing the spread especially in the hospital environment. These programs rely on timely and accurate detection of aggressive pathogens resistant to the classes of carbapenems such as enterococci and enterobacteria which are in many cases the last line of therapy for Gram-negative infections.

Reliable, fast and complete solution
SCREENING WITH LIGHT TECHNOLOGY

HBL CARBAPENEMASE KIT - SI 1001.950 (Liquid Swab)
- Under development. Not CE marked and not FDA registered

- Disposable green screw cap vial with 18 ml of culture broth and 2D barcode
- Regenerating solution

- HBL MIC Card

HBL ESBL/AmpC SCREENING KIT - SI 1001.950 (Liquid Swab)
- Under development. Not CE marked and not FDA registered

- Disposable blue screw cap vial with 20 ml of culture broth and 2D barcode
- Regenerating solution

- 2D barcode
- HBL MIC Card

HBL MRSA KIT - SI 1001.900-L (Liquid Swab)
- Disposable green screw cap vial with 18 ml of culture broth and 2D barcode
- Regenerating solution

- 2D barcode
- HBL MIC Card

HBL MRSA KIT - SI 1001.900-D (Dry Swab)
- Disposable blue screw cap vial with 20 ml of culture broth and 2D barcode
- Regenerating solution

- 2D barcode
- HBL MIC Card

Fully integrated technology in the microbiology lab

- Liquid swabs can be directly inserted into Alfred 60/AST and Sidecar systems to perform the analysis by a 6 hours incubation time for general screening or 7 hours for treatment and streaking on petri dish of the positive culture in fully automation.

- Due to regulatory requirements, the products listed herein are available for sale in any relevant Country territory provided that they have been registered according to the applicable regulations. For these products, please refer to the detailed product information.

6h30min RESULT

The association with Sidecar walk-away system allows the streaking of primary sample or enriched culture in total automation.