m-PIMA™ HIV-1/2 VL

Viral load monitoring allows patients to stay on more affordable, less complex first-line regimens, with clear benefits for both patient and the healthcare system[1].

Challenges for continuous HIV Viral Load monitoring include access, timeliness of result, and retention

- **Access:** Cost and complexity of currently available technologies limit availability in resource-poor settings[2].
- **Long turnaround time:** Centralized testing causes lengthy delays in receiving results and disruptions in the treatment cascade[2,3].
- **Loss to follow-up:** <50% of virally suppressed patients receive a second, or follow-up HIV Viral Load test[4].

m-PIMA™ HIV-1/2 VL

ACTIONABLE RESULTS IN LESS THAN 70 MINUTES WHILE THE PATIENT IS STILL PRESENT

- **Extending VL Reach:** Early identification of treatment failure/lack of adherence can prevent transmissions, halt disease progression and reduce mortality.
- **Actionable Results at the Point of Care:** Results in <70 minutes while the patient is still present.
- **Potential Reduction of Patients Lost to Follow Up:** Improving the standard of care by bringing care to where it is needed the most (rural health centers).
- **Manage decentralized programs:** m-PIMA™ has connectivity enabled via CONNECT Universal Gateway.

CURRENT ALTERNATIVES
WEEKS OR MONTHS

VS

POINT OF CARE
LESS THAN 70 MINUTES

Product Specifications: WHO recommends that all patients on ART receive a viral load test at 6 months and 12 months, and annually thereafter if the patient is stable on ART [1], but very few patients receive that level of care.

The m-PIMA™ HIV-1/2 VL test is a quantitative nucleic acid amplification test designed for the quantification of HIV-1 groups M/N, and O and HIV-2 RNA in human plasma specimens.

Accuracy
HIV-1 (group M/N and O) and HIV-2
Sensitivity: ≥99%*
Specificity: ≥98%*

LOD (Limit of Detection)
HIV-1 group M: 342 copies/mL
HIV-1 group O: 228 copies/mL
HIV-2: 364 copies/mL

LLOQ (Lower Limit of Quantitation)
800 copies/mL

*at 1,000 copies/mL threshold for virologic failure

Time to Results
<70 minutes

Easy to perform
Sample volume: 50 µL EDTA plasma generated from venous or capillary whole blood.

VIRAL LOAD MONITORING HAS THE POTENTIAL TO SUPPORT THE REALIZATION OF THE 95-95-95 GOALS.

ORDER INFO

PART	ORDER NUMBER	QTY/BOX
m-PIMA™ Analyser	27030R001	1
m-PIMA™ HIV-1/2 VL	270150050	50
USB Printer	27040R007	1
Connect Universal Gateway	ACEU01	1

NOT CLEARED/APPROVED OR FOR SALE IN USA.

1. Bonner et al. Viral Load Monitoring as a Tool to Reinforce Adherence: A Systematic Review. Journal of Acquired Immune Deficiency Syndromes. (Sep 2013) 64(1);74-78.
2. Point-of-care viral load tests to detect high HIV viral load in people living with HIV/AIDS attending health facilities. Cochrane Database of Systematic Reviews (2022).
3. Pham, M. D., Nguyen, H. V., Anderson, D., Crowe, S., & Luchters, S. Viral load monitoring for people living with HIV in the era of test and treat: progress made and challenges ahead – a systematic review. BMC Public Health. (June 2022); 22(1):1203.
4. WHO. Toolkit: HIV molecular diagnostics toolkit to improve access to viral load testing and infant diagnosis: HIV treatment and care (2019) . HIV molecular diagnostics toolkit to improve access to viral load testing and infant diagnosis. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

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