Evaluation of the **Vivalytic one Analyser** for detecting **uropathogenic bacteria** and **antimicrobial resistances** in urine samples of urological patients



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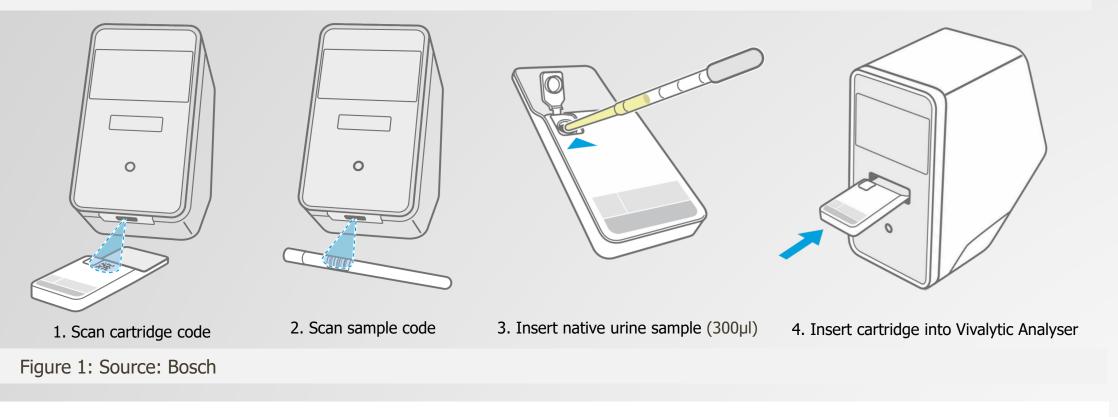






Background

The **Vivalytic Urinary tract infection** (UTI) test, currently under development, represents a qualitative PCR-based microarray test able to detect twenty-one specific uropathogenic bacteria and seven associated antimicrobial resistance genes in a **point-of-care** (POC) setting in four steps within 146 minutes.



Questions

- ---> What is the diagnostic accuracy of the Vivalytic UTI assay compared to standard-of-care diagnostics?
- ---> Does sample transport influence the pathogen and resistance detection rate, of the Vivalytic UTI assay?

Methods

In September 2023, we performed the Vivalytic UTI test on 126 consecutive urine samples of urological patients in the University Hospital of Giessen, Germany.

We **preselected** the urine samples for bacteriuria by screening with urine flow cytometry (UFC).

→ UFC cut-off ≥70 bacteria/µl.

We performed the Vivalytic UTI POC test twice:

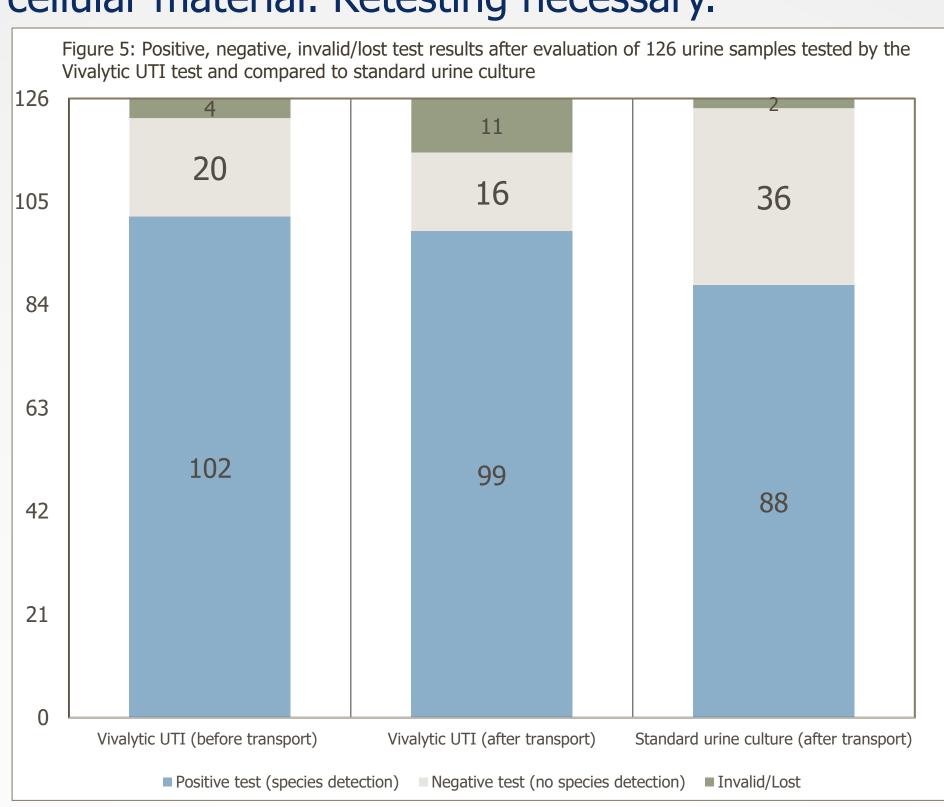
- (1) Urological department; before transport
- (2) Microbiological laboratory; **after transport.**Results were compared to standard urine culture and antibiotic sensitivity testing according to EUCAST; after transport of urine specimen.

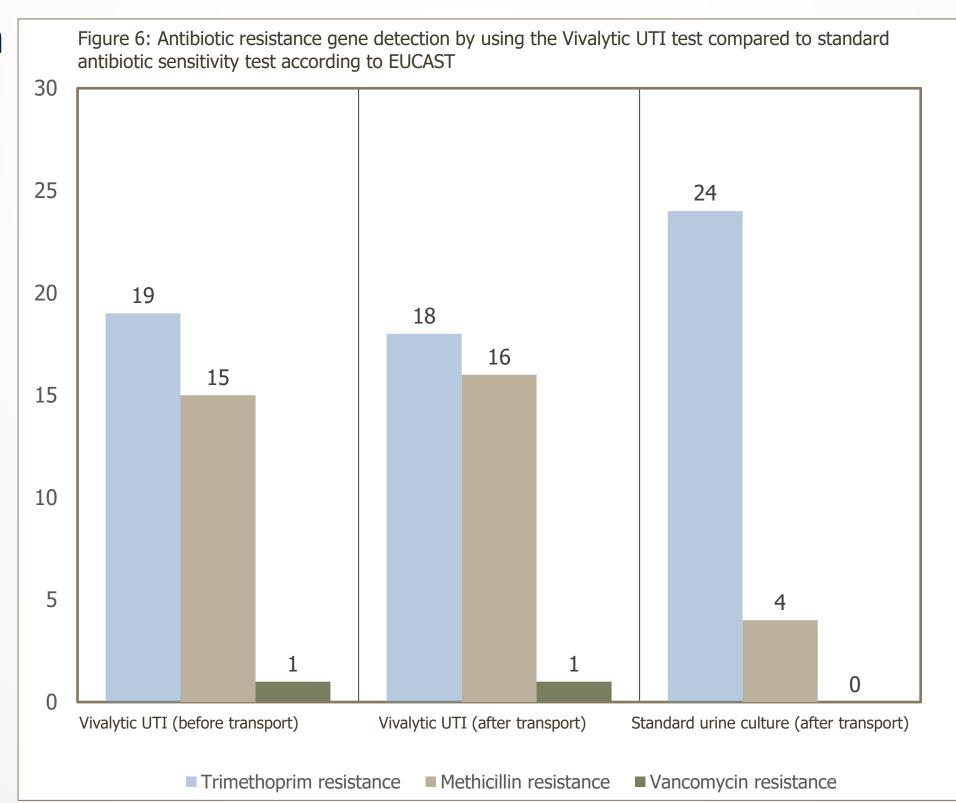
Results

Positive test: one/more uropathogenic species and/or antimicrobial resistance genes detected. Positive test results at the POC before transport (80.95%, 221 pathogen total) compared to after transport (78,57%, 184 pathogen total).

Negative test: no species and/or antimicrobial resistance gene detected.

Invalid test: partial/complete absence of human cellular material. Retesting necessary.



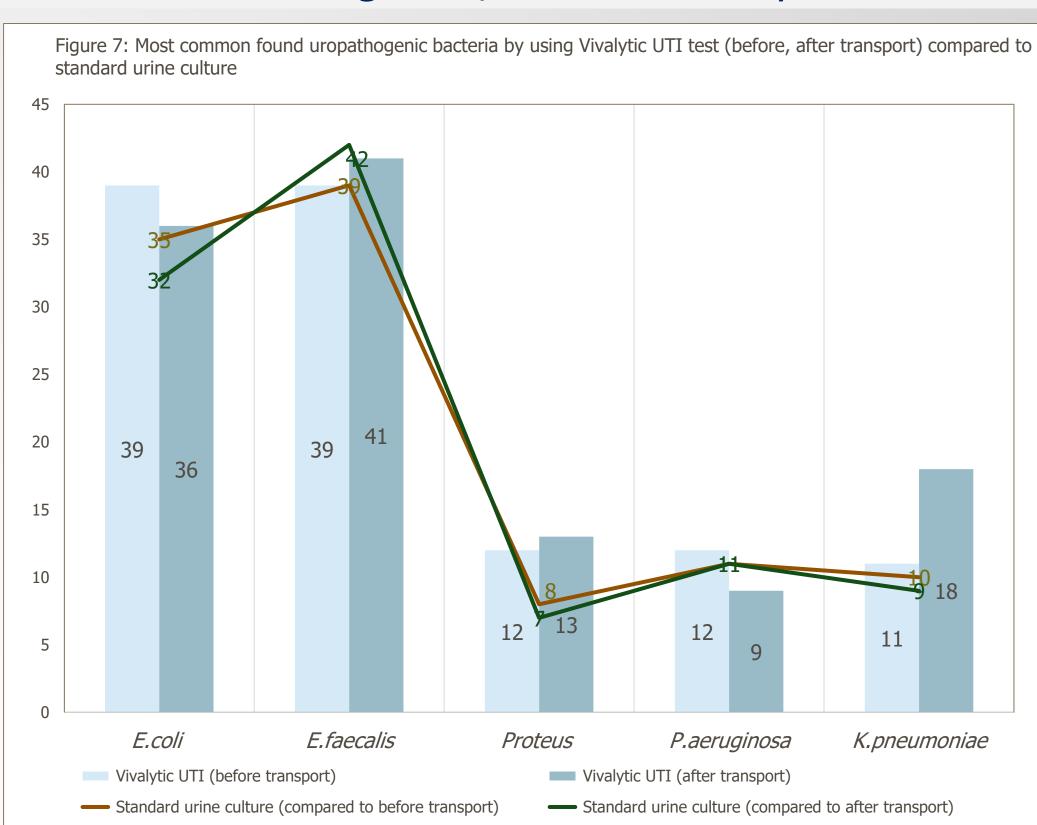


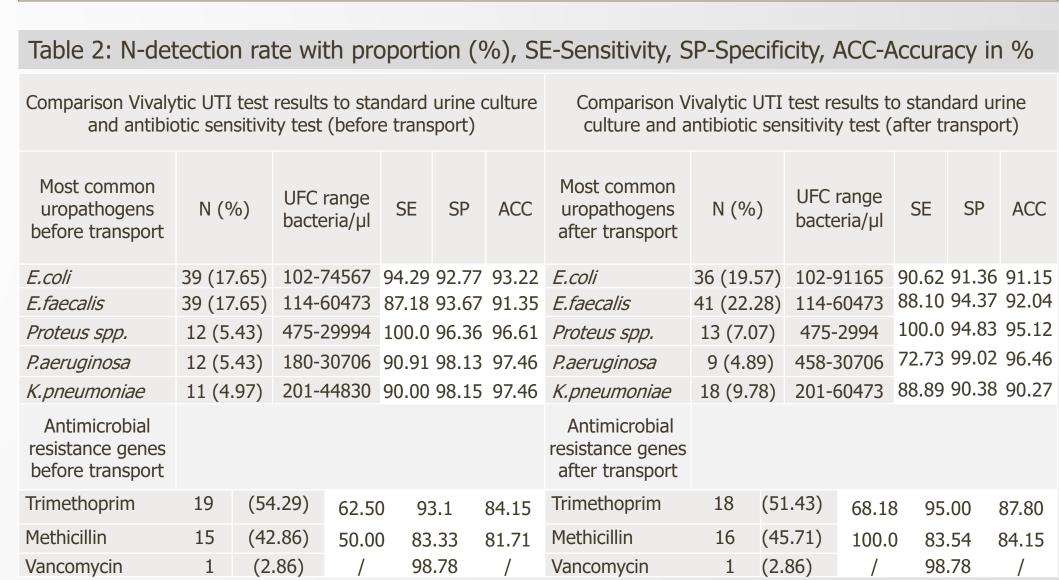
Graphs & Tables

The Vivalytic UTI test detected **nineteen** species, **sixteen** reached a diagnostic accuracy ≥90.27% with negative predictive values ≥93.67%.

The most frequently found uropathogenic bacteria for complicated UTIs were;

Escherichia coli, Enterococcus faecalis, Proteus spp., Pseudomonas aeruginosa, and Klebsiella pneumoniae.



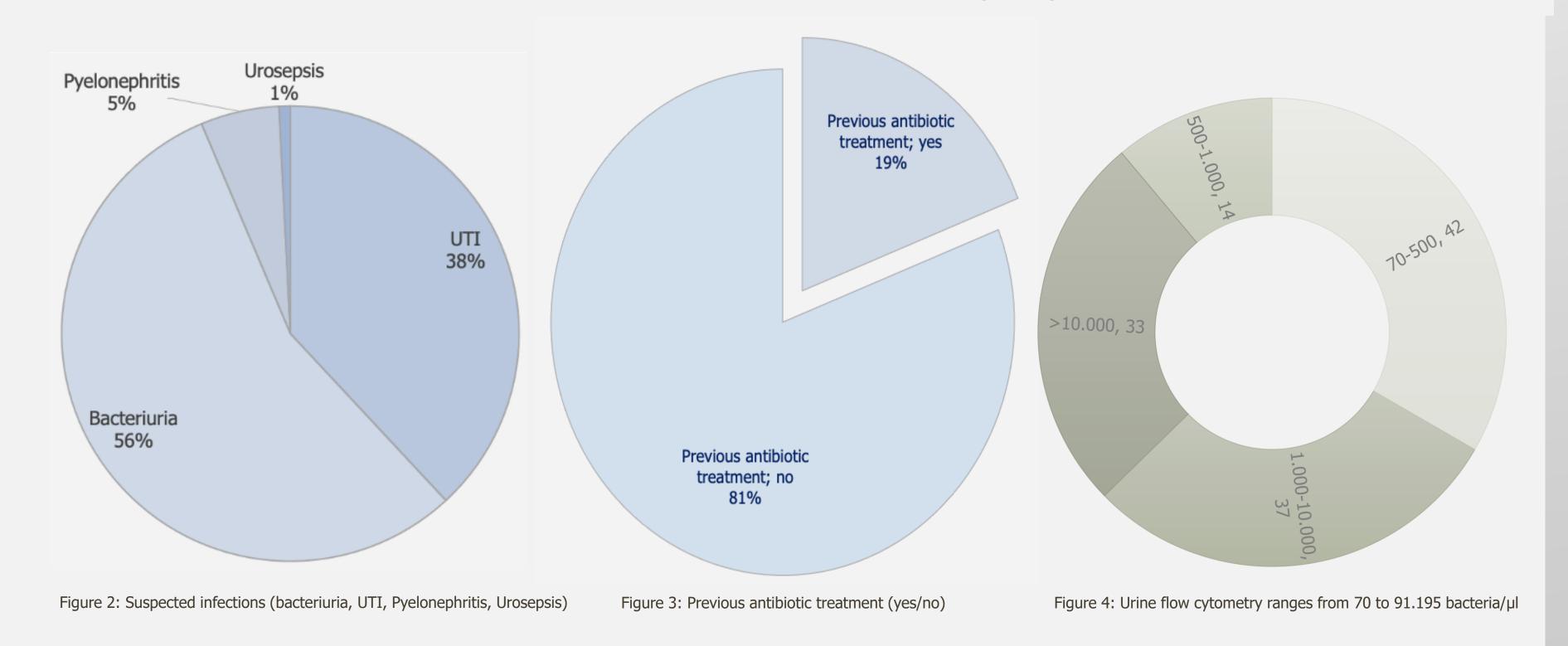


The antimicrobial resistance gene detection rate reached a higher accuracy after transport (≥84.15%) compared to POC-testing before transport (≥81.71%), except for Vancomycin resistance.



Selected 126 urine samples of urological patients

The selected urine samples included native mid-stream urine (88.1%), and catheterized urine (11.9%) from 51 female and 75 male patients with an average age of 62.9 years.



Conclusion

In this study, the Vivalytic UTI test displayed high sensitivity and specificity in identifying uropathogenic bacteria and antibiotic resistance markers.

We observed a higher degree of concordant pathogen identification at the POC, before transport (p=0.0336). The transport of urine samples influenced the pathogen detection rate and antibiotic susceptibility testing of the Vivalytic UTI analyser.

Limitations of the Vivalytic UTI test

- ➤ A negative test result does not exclude the presence of specific pathogens:
- (1) Aerococcus urinae, Enterococcus hirae, Hafnia alvei, and Staphylococcus lugdunensis not part of the Vivalytic UTI test panel, detected by Standard urine culture only (19%).
- (2) Pathogen present in urine sample at levels below sensitivity.
- → A positive test does not necessarily imply the presence of viable bacterial cells.
- ➤ Invalid test results in 9.5% before transport, 11.1% after transport.
- ➤ No quantitative test results available.

Acknowledgments

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