

Truenat® for Viral Hepatitis

Chip-based Real-Time Rapid PCR Test for HAV, HBV, HCV and HEV

Viral Hepatitis - The Unseen Crisis

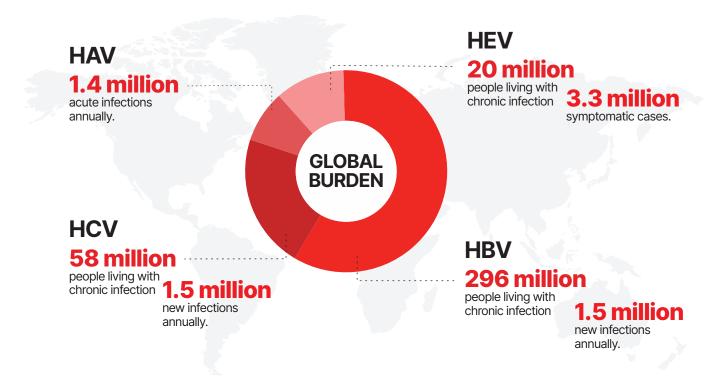
WHO estimates

1.1 million

deaths worldwide every year.



Of this, hepatitis B (HBV) and hepatitis C (HCV) account for most chronic cases and related mortalities. Meanwhile, hepatitis A (HAV) and hepatitis E (HEV) also lead to significant outbreaks and severe illness among at-risk groups.



Who Recommendations for Diagnosis

- WHO recommends expanding hepatitis diagnosis through simple, accessible testing encouraging decentralized, point-of-care approaches and viral load (nucleic acid) testing for HBV and HCV
- Point-of-care nucleic acid tests play a vital role in detecting and monitoring infection, supporting simplified and timely treatment.
- Truenat's molecular assays precisely align with these WHO recommendations by offering portable, rapid PCR testing for HBV, HCV, HAV, and HEV at the point of care—supporting the push for decentralization and rapid linkage to care.

Diagnosis and Treatment Monitoring of Hepatitis with Truenat®

Hepatitis A (HAV)

Truenat HAV detects HAV RNA before antibodies develop, aligning with WHO's focus on early molecular detection in acute outbreaks, especially when serology may lag.





Hepatitis B (HBV)

Truenat HBV quantifies HBV DNA from plasma at low detection limits (LoD: 55.9 IU/mL).

Enables field-based viral load monitoring, matching WHO's call for point-of-care diagnostics to expand access, guide treatment, and improve outcomes.



Truenat HCV delivers decentralized, rapid RNA (NAT) testing (LoD: 204 IU/mL), as WHO recommends automatic confirmatory nucleic acid testing after antibody screening—to accelerate diagnosis and treatment, especially in primary care and outreach settings.





Hepatitis E (HEV)

Truenat HEV offers early RT-PCR detection from stool or serum samples (LoD: 516 copies/mL), well-suited to WHO's decentralized, outbreak-response strategies in vulnerable populations.



Truenat® enables rapid and reliable diagnosis as well as treatment monitoring of viral hepatitis at the point of care—empowering timely clinical decisions and better patient outcomes.



KEY FEATURES



<1 hour turnaround time



Reagent stability Room temperature stable reagents



User-friendly Requires minimal human resource training



Lyophilized, ready-to-use **PCR** reagents



Smart chip Replete with batch-specific data



Minimal biosafety requirements Can be used even in resource limited settings



https://www.who.int/news/item/24-06-2022-WHO-publishes-updated-guidance-on-hepatitis-C-infection

Sharma N, Singh RK, Singh S, Thingnam SKS, Salam R, salam R, et al. Feasibility and effectiveness of community-led hepatit screening and treatment among people who inject drugs in Manipur, India. PLoS Glob Public Health. 2024;4(3):e0002795. doi:10.1371/journal.pgph.0002795. PMCID: PMC1110.3967.



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