Objective: Laboratory protocols are continuously under pressure to provide rapid turnaround for test results. An evaluation was performed to determine whether commercially available direct fluorescent antigen detection assays for respiratory and community setting are of major concern.

Conclusions: Reporting of Clinical Microbiology data is the primary means to support the diagnosis of disease. A rapid and accurate analysis of respiratory infections in the hospital and community setting is of major concern. Depending on the scope and volume of the laboratory service, differential diagnostics may be utilized. In the case of non-specific symptoms, the determination of influenza A or B can be a challenge. The clinical diagnostic algorithm for influenza is based on viral replication, which may be prolonged in the absence of antiviral therapy. Laboratory identification of influenza virus can be achieved by virus isolation, which is the gold standard for laboratory diagnosis of influenza virus.

Method: Published sample handling and processing testing protocols were followed for both the rapid immunoassays techniques (Quidel, Quidel Tru A+B, Meridian TRU FLU / RS V test) and direct fluorescent techniques. Published sample handling and processing testing protocols were followed for both the rapid immunoassays techniques (Quidel, Quidel Tru A+B, Meridian TRU FLU / RS V test) and direct fluorescent techniques. Published sample handling and processing testing protocols were followed for both the rapid immunoassays techniques (Quidel, Quidel Tru A+B, Meridian TRU FLU / RS V test) and direct fluorescent techniques.