ANIA Neonatal Aminoglycoside Point of Care Testing

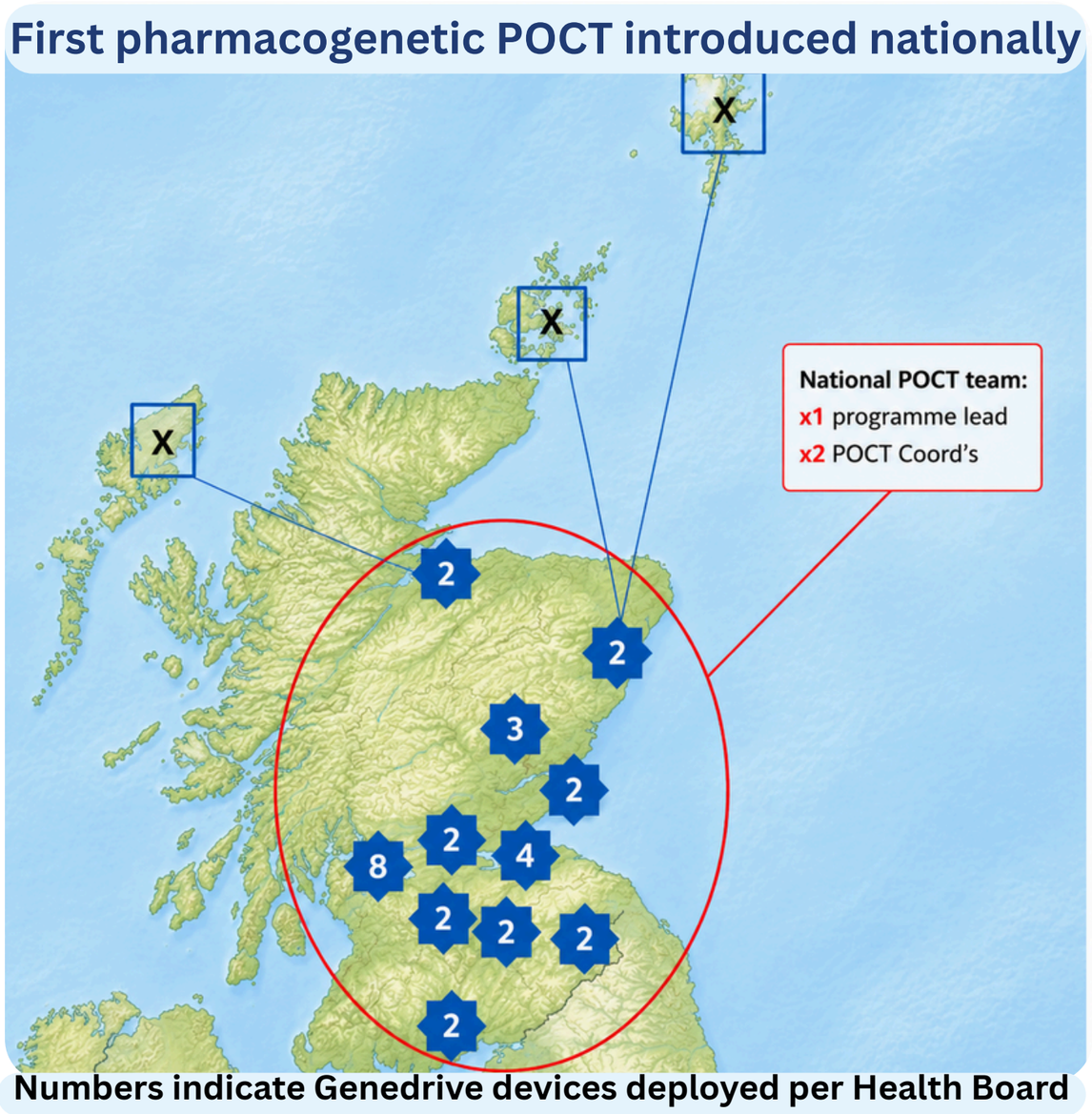
Implementation of a national pathway for rapid neonatal pharmacogenetic point-of-care testing, enabling timely and informed antibiotic prescribing.

1 IN 500 NEWBORNS

carry the m.1555A>G genetic variant, which increases their risk of aminoglycoside induced permanent hearing loss.

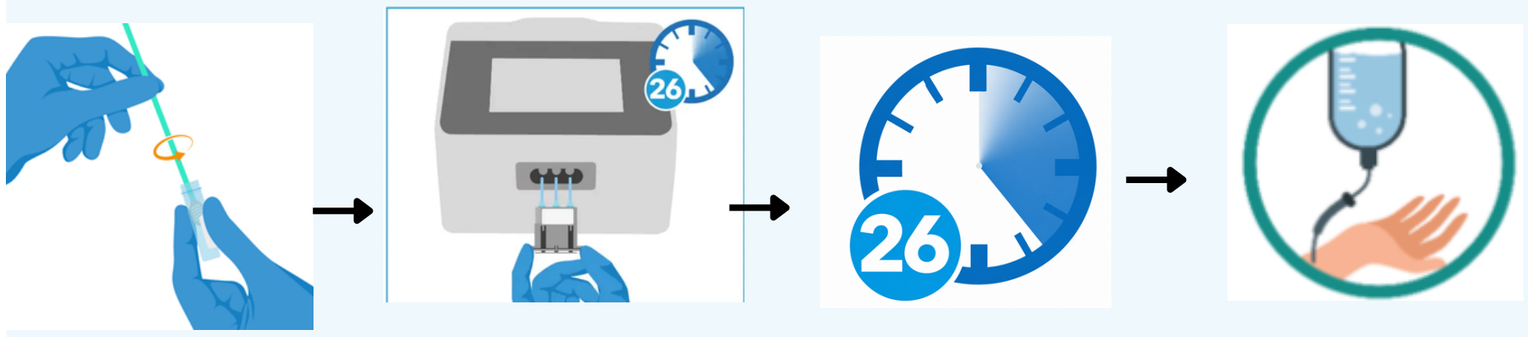
Genedrive POCT identifies newborns with the m.1555A>G variant, enabling alternative antibiotic selection and supporting precision prescribing.

First pharmacogenetic POCT introduced nationally



Numbers indicate Genedrive devices deployed per Health Board

POINT OF CARE TESTING PATHWAY



1. Buccal swab collected from newborn
2. POC genetic test performed at cotside
3. Result available in 26 minutes
4. Informed antibiotic prescribing decision

THE PLATFORM

Genedrive™ MT-RNR1 POCT System

Rapid molecular testing platform using nucleic acid amplification and integrated detection to provide actionable results.

PROGRAMME PROGRESS (As of 30 June 2026)

1,654
Tests completed

1 positive POCT result
(m.1555A>G variant detected)

5 of 11
Scottish Health Boards Live
Full rollout across all 11 Health Boards with neonatal units by the end of 2026

PROJECTED CLINICAL AND ECONOMIC IMPACT

£199,236
National deployment of the POCT is expected to prevent 31 babies from becoming deaf over a 5-year period, delivering a net cost saving of £199,236 to NHS Scotland.

£14.5 million
Potential wider societal savings (education and lifetime disability costs)