

Sterifilt® FAST is a particle filter exclusively developed for harm reduction.



Its objectives:

- Protect the veins
- Prevent abscesses, endocarditis and pulmonary complications
- Reduce the sharing of filters, a risk factor for hepatitis C
- Easy and rapid filtration



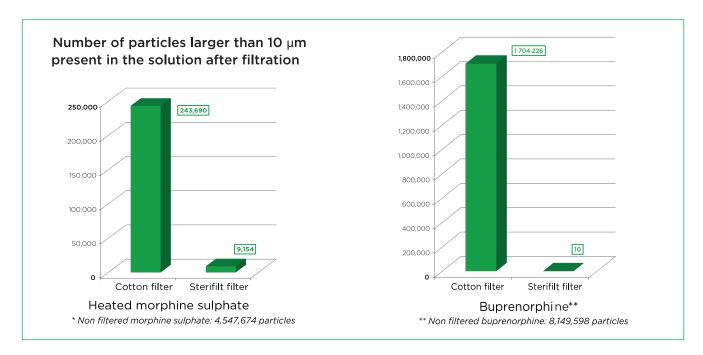
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Prevent abscesses, endocarditis and pulmonary complications

Insoluble particles larger than 10 µm are present in practically all injected solutions.

- → They damage the veins and block the pulmonary vessels.
- → They increase the risk of abscess and endocarditis.

By removing virtually all particles larger than 10 µm, Sterifilt considerably reduces these risks.



Reduce bacterial, fungal and viral infections

Handling filters (cigarette, cotton pieces) often contaminates them with bacteria and fungi. The design of the Sterifilt avoids any direct contact of hands with ist filtering part. Furthermore, it is distributed in a sterile blister pack.

Re-use and sharing of filters are a frequent cause of contamination by hepatitis C^1 . People who reuse or share filters increase the risk of contamination by a factor of 2.4 to 16.4. Membrane filters are less frequently reused than cotton or cigarette filters. Sterifilt thus reduces viral risks.

Sterifilt allows very fast filtration, including of pills intended for oral use. Among new users:

- → 87.2% believe that it is easy to use,
- → 85.9% that it is adapted to their needs,
- → 83.7% that filtering time is satisfactory or very satisfactory,
- → 86.0% that the filter is effective.

Important: Sterifilt removes the particles present in the solution but not bacteria or viruses.

Most infections are caused by bacteria present on the skin or in the environment. It is necessary to use sterile equipment, wash hands, disinfect the injection site and not lick the needle.

¹ Several cohorts have demonstrated that sharing cotton filters is a strong factor in the seroconversion of hepatitis C (relative adjusted risk of 16.4 - Brandet et al., 2006; 2.4 - Thorpe et al., 2002 and 2.83 - Hagan et al., 2010).