

BD GeneOhm™ MRSA

Knowing how and when to treat a patient leads to better medicine

Assay Performance¹

Sensitivity	93%
Specificity	96%
Negative Predictive Value (NPV)	98%
Positive Predictive Value (PPV) ²	85%

¹ BD GeneOhm™ MRSA package insert, BD Diagnostics 2006

² Fourteen (14) of the 23 culture-negative specimens that were BD GeneOhm™ MRSA positive were found to be culture-positive upon further investigation. This resulted in a total of 149 culture-positive and BD GeneOhm™ MRSA positive specimens out of a total of 158 PCR positive specimens.

"Healthcare facilities must not accept ongoing multidrug-resistant organism (MDRO) infection outbreaks...as the status quo. With selection of infection control measures appropriate to their situation, all facilities can achieve the desired goal and reduce the MDRO burden substantially."

- CDC/HICPAC, Management of MDROs in Healthcare Settings, 2006

In 2004, it was shown that 19% of patients colonized with MRSA at admission develop an infection, and for patients that acquire MRSA within the hospital, 25% go on to develop an infection.¹ Such infections pose up to a 23% mortality risk for those affected.²

¹ Davis KA et al. CID 2004;39:776-82.

² Blot SI et al, Arch Intern Med 2002;162:2229-35.

GeneOhm's commitment is to transform patient care by delivering rapid nucleic acid-based diagnostic solutions to identify, prevent and control healthcare-associated infections (HAIs).

BD GeneOhm™ MRSA

- Aids in the identification, prevention and control of MRSA
- Facilitates earlier intervention to prevent transmission and infection
- Can help control healthcare costs

With results in just 2 hours, versus 2-3 days required for traditional microbiology cultures, patients carrying MRSA can now be identified upon admission and immediately put into isolation, managed with CDC-recommended contact precautions and treated accordingly to prevent subsequent MRSA infections to themselves or others.³ When they occur, these deadly infections can increase the hospitalization costs by US \$27,083⁴ and US \$62,908⁵ per patient for an MRSA bacteremia or an MRSA surgical site infection, respectively.

"PCR [rapid molecular] screening for MRSA on admission to Critical Care Units is feasible in routine clinical practice, provides quicker results than culture based screening, and is associated with a significant reduction in subsequent MRSA transmission on the unit...4.90 transmissions per 1000 patient days using the PCR rapid molecular test versus 13.89 transmissions when using traditional culture method."⁶



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³ www.shea-online.org/assets/files/position_papers/SHEA_MRSA_VRE.pdf;
www.cdc.gov/ncidod/dhqp/pdf/ar/mdroguideline2006.pdf

⁴ Abramson MA. Infection Control Hosp Epidemiol 1999; 20: 408

⁵ Engemann JJ et al., CID 2003; 36:592-598

⁶ Cunningham R. Journal of Hospital Infection 2006; 64 (1), S1