BD GeneOhm™ MRSA
Direct detection of nasal colonization by methicillin-resistant Staphylococcus aureus

Your important tool in active surveillance of MRSA
With a result in less than 2 hours you can more rapidly implement infection control measures and prevent transmission.

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 infection1. Such infections pose up to a 23% mortality risk for those affected2.

1 Davis KA et al. CID 2004;39:776-82.
BD GeneOhm™ MRSA
Direct detection of nasal colonization by methicillin-resistant *Staph aureus*

**Assay Features/Performance**

<table>
<thead>
<tr>
<th>Feature</th>
<th>Value</th>
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<tbody>
<tr>
<td>Sensitivity</td>
<td>93%</td>
</tr>
<tr>
<td>Specificity</td>
<td>96%</td>
</tr>
<tr>
<td>Negative Predictive Value (NPV)</td>
<td>98%</td>
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<tr>
<td>Positive Predictive Value (PPV)</td>
<td>85%</td>
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</tbody>
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3 BD GeneOhm™ MRSA package insert, BD Diagnostics 2006
4 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.

**Rapid Turn Around Time**
- Results in just 2 hours, versus 2-3 days required for traditional microbiology cultures
- Patients carrying MRSA can now be identified upon admission
- Immediate transfer to isolation, where they are managed with CDC-recommended contact precautions and treated accordingly
- Prevention of subsequent MRSA infections to themselves or others

**Clinical and Economical Advantage**
- “The introduction of universal admission surveillance for MRSA was associated with a large reduction in MRSA disease during admission and 30 days after discharge. Intervention: Polymerase chain reaction-based nasal surveillance for MRSA followed by topical decolonization therapy and contact isolation of patients who tested positive for MRSA”.

6 Cunningham et al., Journal of Hospital Infection (2007) 65, 24-28
7 Keshtgar et al., British Journal of Surgery, Published Online: 27 Nov 2007