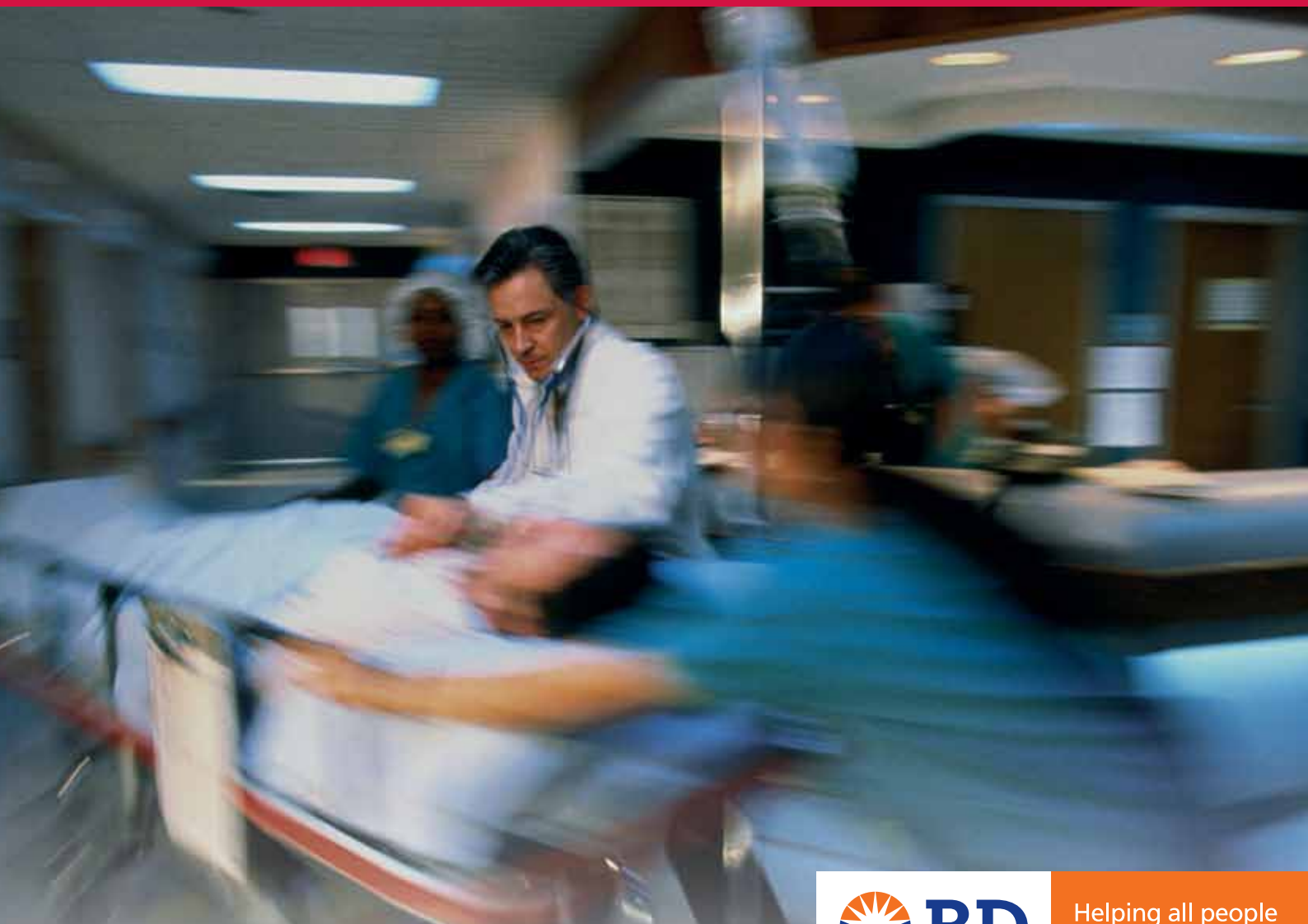


# BD GeneOhm™ MRSA

Direct detection of nasal colonization by methicillin-resistant *Staphylococcus aureus*



Helping all people  
live healthy lives

## 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 infection<sup>1</sup>. Such infections pose up to a 23% mortality risk for those affected<sup>2</sup>.

<sup>1</sup> Davis KA et.al. CID 2004;39:776-82.

<sup>2</sup> Blot SI et al, Arch Intern Med 2002;162:2229-35

The BD GeneOhm™ line  
of products help improve  
patient outcomes by  
delivering cost-effective,  
rapid, molecular  
solutions for the detection  
and prevention of  
Healthcare Associated  
Infections (HAI).

## BD GeneOhm™ MRSA

Direct detection of nasal colonization by  
methicillin-resistant *Staph aureus*

### Assay Features/Performance<sup>3</sup>

Sensitivity	93%
Specificity	96%
Negative Predictive Value (NPV)	98%
Positive Predictive Value (PPV) <sup>4</sup>	85%

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".<sup>5</sup>
- "PCR 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."<sup>6</sup>
- "Although the screening programme is costly, the reduction in MRSA surgical wound infection and bacteraemia produces nearly equivalent savings and the improvements in quality of life for patients are considerable."<sup>7</sup>

5 Robicsek et al., Ann Intern Med. 2008;148:409-418.

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



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