SZABO SCANDIC

Part of Europa Biosite

Produktinformation

- Forschungsprodukte & Biochemikalien
- Zellkultur & Verbrauchsmaterial
- Diagnostik & molekulare Diagnostik
- Laborgeräte & Service

Weitere Information auf den folgenden Seiten!
See the following pages for more information!

Lieferung & Zahlungsart

siehe unsere Liefer- und Versandbedingungen

Zuschläge

- Mindermengenzuschlag
- Trockeneiszuschlag
- Gefahrgutzuschlag
- Expressversand

SZABO-SCANDIC HandelsgmbH

Quellenstraße 110, A-1100 Wien

T. +43(0)1 489 3961-0

F. +43(0)1 489 3961-7

mail@szabo-scandic.com

www.szabo-scandic.com

linkedin.com/company/szaboscandic

XpressFISH®
Powered by PNA Technology

MRSA or MSSA? Your Patient is Waiting.

mecA XpressFISH®

Identification of MRSA

AdvanDx

The Blood Culture Tested Positive for *S. aureus*. Is it MRSA or MSSA?

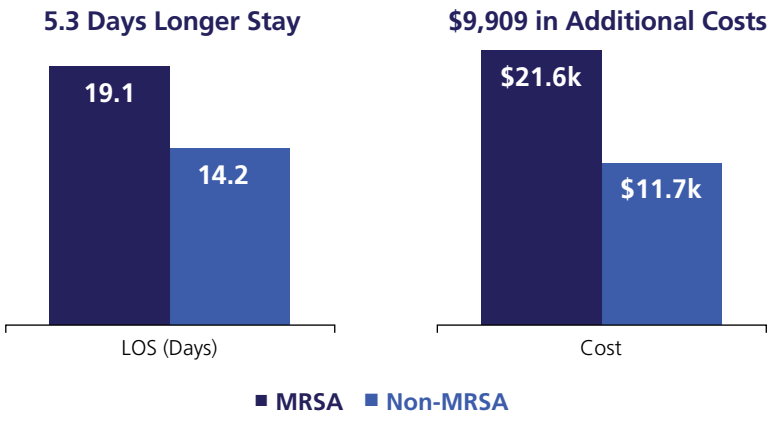
Why you need to know the difference

Methicillin-resistant *Staphylococcus aureus* (MRSA) is one of the most common antimicrobial resistant pathogens in both the healthcare setting and in the community.[1] Methicillin-resistance is almost exclusively caused by the **presence and expression of the *mecA* gene** that encodes a unique penicillin-binding protein (PBP2a) that has low affinity for methicillin and other beta-lactam (β-lactam) drugs.[2] It has been shown that MRSA infections can lead to increased hospital costs and extra length of stay.[3,4]

> "MRSA causes a range of illnesses, from skin and wound infections to pneumonia and bloodstream infections that can cause sepsis and death. *Staphylococcus* bacteria, including MRSA, are one of the most common causes of healthcare-associated infections."[5]

MRSA Increases Length of Stay and Hospital Costs[6]

Retrospective study of patients with MRSA and MSSA infections



"Determining if the sample is MSSA is clinically important because vancomycin demonstrates slow bactericidal activity against MSSA and is considered to be inferior to β-lactam therapy."[7]

The Pathogen ID Isn't Enough

It cannot

- Identify MRSA vs. MSSA
- Provide clinicians with needed information to determine appropriate therapy (β-lactam drugs vs. vancomycin or daptomycin)
- Detect the presence of the *mecA* gene and determine whether the gene is active

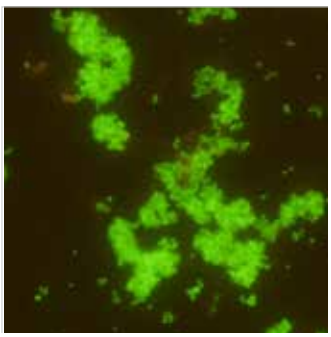
mecA XpressFISH Provides Fast and Actionable Information for MRSA

FIRST and ONLY molecular assay that detects the active *mecA* gene from positive *Staphylococcus aureus* blood cultures

- Results 1-3 days earlier than conventional methods
- Allows for early and appropriate therapy for patients with MRSA and MSSA infections
- Enables de-escalation of vancomycin for patients with MSSA infections

Positive *S. aureus* BC

***mecA XpressFISH*™**

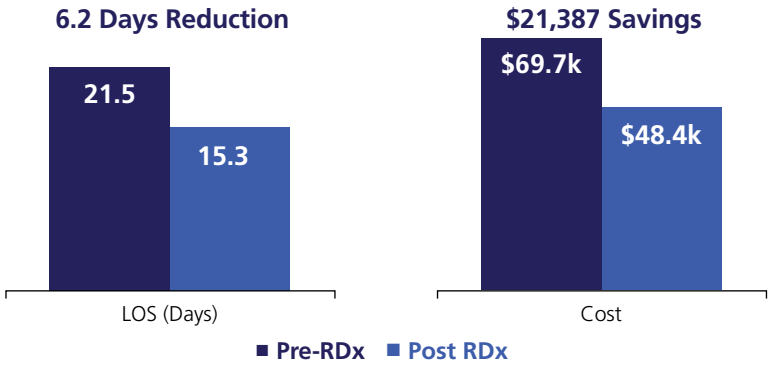


mecA Positive (MRSA)

mecA Negative (MSSA)

Rapid Detection of MRSA Decreases Length of Stay and Hospital Costs[7]

Comparative Study of Patients with *S. aureus* + BCs



mecA XpressFISH Provides Fast and Accurate Results

Greater than 98% Sensitivity and Specificity

***mecA XpressFISH* Performance vs. Cefoxitin Disk Diffusion**

	Cefoxitin Disk Diffusion		
	Methicillin Resistant (≤ 21mm)	Methicillin Susceptible (≥ 22mm)	
mecA XpressFISH Positive	151	1[a]	PPV 99.3% (151/152) 95% CI (96.4-99.9)
mecA XpressFISH Negative	2[b]	185	NPV 98.9% (185/187) 95% CI (96.2-99.7)
N=339	Sensitivity 98.7% (151/153) 95% CI (65.4-99.6)	Specificity 99.5% (185/186) 95% CI (97.0-99.9)	

a. False Positive *mecA* (weak Green Positive); Negative upon repeat testing. Cefoxitin disk = 28 mm.
b. Two False Negative *mecA*: For one, repeat testing was Negative, and for the other it was Positive (weak Green Positive). Cefoxitin disk diffusion results were 19 mm and 11 mm, respectively.

Find out how your patients can benefit from *mecA XpressFISH* at www.AdvanDx.com

1. Dantes et al. JAMA Intern Med 2013; 173(21):1970-1978.
2. Gordon et al. Clin Infect Dis 2008; 46:S350-359..
3. Zimlichman et al. JAMA Intern Med 2013; 173(22):2039-2046.
4. Cosgrove et al. Infect Con Hosp Epide 2005; 26(2):166-174.
5. Centers for Disease Control 2013. Antibiotic resistant threats in the United States, 2013. Retrieved from http://www.cdc.gov/drugresistance/threat-report-2013.
6. Lodise et al. Diag Microbiol Infect Dis 2005; 52:113-122.
7. Bauer et al. Clin Infect Dis 2010; 51:1074-1080.

US HEADQUARTERS
400 TRADECENTER
WOBURN, MA 01801
+1 866 376 0009

EU HEADQUARTERS
BYGSTUBBEN 11
2950 VEDBAEK DENMARK
+45 45 16 07 99
www.AdvanDx.com

AdvanDx