

What is MRSA?

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a Gram-positive bacteria that colonises the nose and the skin. If it enters the body, for instance during surgery or through a wound, it can cause infections that are very difficult to treat with antibiotics.

Why is MRSA a problem?

MRSA infections remain a serious cause of healthcare-associated infections (HAIs) globally, given its propensity to spread in healthcare settings and the limitations of current treatment. The bacteria acquire a gene that makes them resistant to a powerful antibiotic called methicillin.



Longer hospital stays¹



High cost impacts²



High mortality rate²

Improving MRSA turnaround times is essential to enhance clinical efficiency and improve patient flow through the hospital.¹

Who should be tested?

It is recommended that the current practice of mandatory MRSA screening of acute and elective admissions to NHS hospitals in England is streamlined to the following:³



All patients admitted to high-risk units e.g.⁴



Orthopaedic Patients



Trauma Patients




How to test?

A nasal swab is primarily taken. UKHSA recommends a chromogenic selective MRSA agar or the use of a commercial molecular method (PCR) if rapid results are required.⁴



Why test with fast PCR?

Fast and accurate PCR testing with the GeneXpert® system and Xpert® MRSA NxG test provides medically actionable information on-site for better patient management.

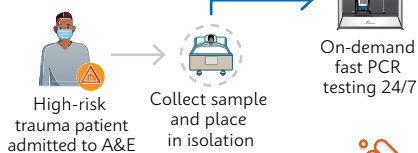
Right Patient, Right Bed, Right Time

-  Trauma patients admitted to correct ward-eliminating ring-fence breaches⁴
-  Reduced elective surgery cancellation and positive effect on 52-week RTT¹
-  Optimised admissions pathway and decolonisation⁵

Poorer Patient Outcomes

-  Incorrect admission to elective ward. Breaching ring-fenced beds¹
-  Cancellation of elective surgeries¹
-  Missing 4-hour A&E admission target¹

On-demand PCR Pathway



Results in
~1 hour*

Traditional Culture Pathway



Results in
48 hours¹



Fast screening of trauma on arrival enables admission directly to the elective ward if MRSA negative, maximising bed occupancy and minimising the cancellation of elective surgeries. It also speeds up progression along the care pathway, improving the patient experience, and has driven down the associated breaches of the 52-week RTT¹ target.¹

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Scan or click
to learn more

CE-IVD. *In Vitro* Diagnostic Medical Device. May not be available in all countries.

* Early Assay Termination at 47 mins for positive results, otherwise total run time is 70 mins.

[^] RTT – referral to treatment.

- 1 Clinical Services Journal. Feb 2022. POC Testing of Trauma Patients for MRSA. <https://www.clinicalservicesjournal.com/story/37642/poc-testing-of-trauma-patients-for-mrsa>
- 2 Köck R, et al. Euro Surveill. 2014 Jul 24;19(29):2086.
- 3 DHSC. MRSA Screening Guidance. 2014. Accessed Oct 2023. https://assets.publishing.service.gov.uk/media/5ecd4f8886650c76a7c9ae87/B_29i7.pdf
- 4 PHE. UK SMI. MRSA Screening. 2020. Accessed Oct 2023. https://assets.publishing.service.gov.uk/media/5a7ed4f1ed915d74e6226bc7/Implementation_of_modified_admission_MRSA_screening_guidance_for_NHS.pdf
- 5 Bouza E, et al. Enfermedades Infecciosas y Microbiología Clínica. 2020 Dec;38(10):466–470.

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