



Xpert[®] MRSA/SA BC Xpert[®] MRSA/SA SSTI Product Presentation

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1. Introduction

Xpert®



What Is *S. aureus* and MRSA?

- ***Staphylococcus aureus* (*S. aureus*)** is a well-documented human opportunistic pathogen that causes both community and healthcare-associated infections¹
- **Methicillin-resistant *Staphylococcus aureus* (MRSA)** is a type of bacteria that is resistant to several antibiotics²
- MRSA can spread by **direct contact** with an infected wound or from contaminated hands, usually those of healthcare providers²
- People who **are colonized with MRSA** but do not have signs of infection **can spread the bacteria** to others²
- Individuals with MRSA colonization or carriage have an increased risk of **subsequent infection** and transmission⁵

 **Quickly identifying MRSA colonized patients who require contact precautions aids in reducing the risk of transmission and outbreaks³**

1. National Nosocomial Infections Surveillance (NNIS) System Report, summary from January 1992 through June 2004, issued October 2004. Am J Infect Control. 2004 Dec;32(8):470-85. <https://pubmed.ncbi.nlm.nih.gov/15573054/>

2. Centers for Disease Control and Prevention. (2019a, February 28). Healthcare settings. Centers for Disease Control and Prevention. <https://www.cdc.gov/mrsa/healthcare/index.html>

3. Siddiqui AH, Koirala J. Methicillin-Resistant *Staphylococcus aureus*. [Updated 2023 Apr 2]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482221/>

4. Gajdács M. The Continuing Threat of Methicillin-Resistant *Staphylococcus aureus*. Antibiotics (Basel). 2019 May 2;8(2):52. doi: 10.3390/antibiotics8020052. PMID: 31052511; PMCID: PMC6627156.

5. Lee, A. S. et al. (2018) Methicillin-resistant *Staphylococcus aureus* Nat. Rev. Dis. Primers doi:10.1038/nrdp.2018.33 <https://www.nature.com/articles/nrdp201833#Sec30>

Definitions

Colonization	The presence of bacteria on a body surface without causing disease or symptoms in the person ¹
Infection	Invasion of a host organism's bodily tissues by disease-causing organisms, ¹ causes outward signs and symptoms
<i>Staphylococcus aureus</i>	Also referred to as <i>S. aureus</i> or <i>SA</i> , opportunistic Gram-positive pathogen of humans and animals ²
MSSA	<i>Staphylococcus aureus</i> strains that are susceptible and can be treated with methicillin, oxacillin and cefoxitin ³
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
CA-MRSA	Community-associated methicillin-resistant <i>S. aureus</i>
HA-MRSA	Healthcare-associated methicillin-resistant <i>S. aureus</i>
LA-MRSA	Livestock-associated methicillin-resistant <i>S. aureus</i>
HAI	Healthcare-associated Infection
Methicillin	An anti-staphylococcal penicillin ³
Methicillin Resistance	Mediated by <i>mecA</i> and acquired by horizontal transfer of a mobile genetic element designated staphylococcal cassette chromosome <i>mec</i> (<i>SCCmec</i>) ³
Sepsis	The body's extreme response to an infection
BSI	Bloodstream infection
SSI	Surgical site infection
SSTI	Skin and soft tissue infection

1. Dani A. Colonization and infection. Cent European J Urol.2014;67(1):86-7. doi: 10.5173/cej.2014.01.art19. PMID: 24982790; PMCID: PMC4074726.

2. Shoaib M, Aqib AI, Muzammil I, Majeed N, Bhutta ZA, Kulyar MF, Fatima M, Zaheer CF, Muneer A, Murtaza M, Kashif M, Shafiqat F, Pu W. MRSA compendium of epidemiology, transmission, pathophysiology, treatment, and prevention within one health framework. Front Microbiol. 2023 Jan 10;13:1067284. doi: 10.3389/fmicb.2022.1067284. PMID: 36704547; PMCID: PMC9871788.

3. Turner NA, Sharma-Kuinkel BK, Maskarinec SA, Eichenberger EM, Shah PP, Carugati M, Holland TL, Fowler VG Jr. Methicillin-resistant **Staphylococcus aureus**: an overview of basic and clinical research. Nat Rev Microbiol. 2019 Apr;17(4):203-218. doi: 10.1038/s41579-018-0147-4

Surgical Site Infections (SSIs)

SSIs are a significant cause of morbidity and mortality¹

S. aureus is one of the most common pathogens responsible for SSIs²

More than 30% of HAIs are surgical site infections¹

SSIs caused by MRSA lead to worse clinical outcomes vs less resistant pathogens²

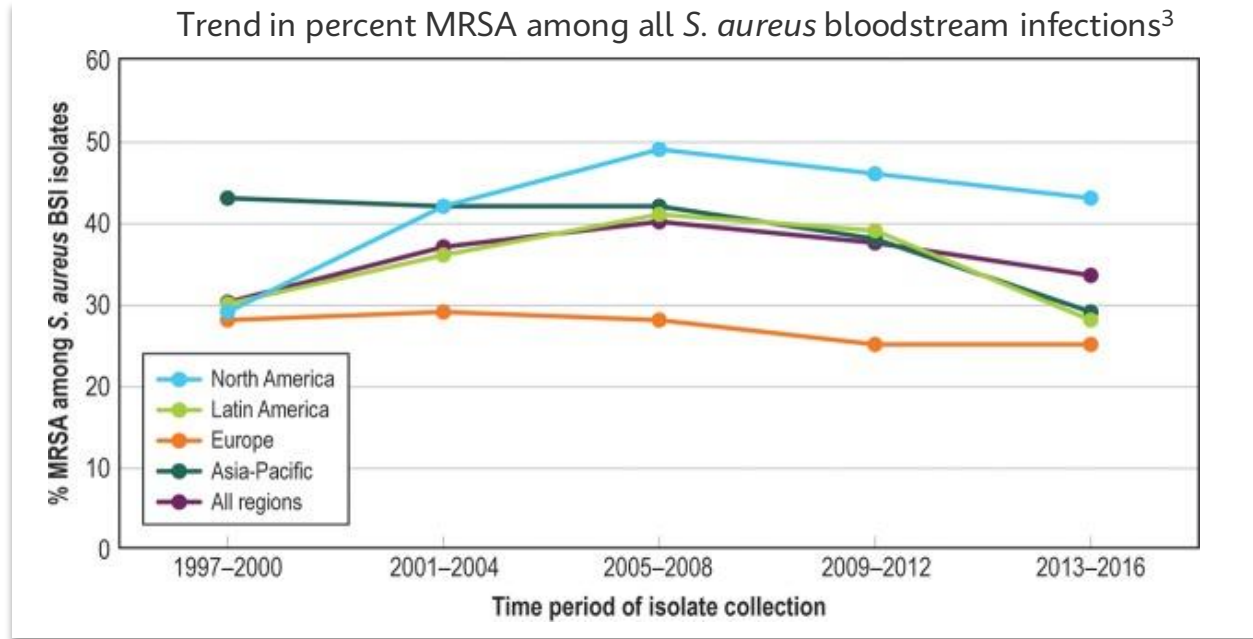
 Surgical site infections lead to extended hospital stays, increased hospital costs, and jeopardized health outcomes¹

1. Mengistu DA, Alemu A, Abdukadir AA, Mohammed Husen A, Ahmed F, Mohammed B, Musa I. Global Incidence of Surgical Site Infection Among Patients: Systematic Review and Meta-Analysis. Inquiry. 2023 Jan-Dec;60:469580231162549. doi: 10.1177/00469580231162549. PMID: 36964747; PMCID: PMC10041599.

2. Seidelman JL, Mantyh CR, Anderson DJ. Surgical Site Infection Prevention: A Review. JAMA. 2023;329(3):244–252. doi:10.1001/jama.2022.24075



Blood Stream Infections (BSI) Prevalence



- Blood stream infections cause an estimated **250,000 deaths annually** in North America and Europe combined¹
- ***S. aureus* and MRSA** continue to be **leading causes of bloodstream infections** and are associated with increased length of stay and hospital costs²
- **Early antimicrobial treatment** can reduce bloodstream infection mortality²



Early diagnosis and appropriate clinical management of bloodstream infections is crucial to improve patient outcomes

1. Goto M, Al-Hasan MN. Overall burden of bloodstream infection and nosocomial bloodstream infection in North America and Europe. Clin Microbiol Infect. 2013;19:501-9. Diekema DJ, Hsueh PR, Mendes RE, Pfaller MA, Parcel B, et al. Rapid molecular testing for Staphylococcus aureus bacteraemia improves clinical management. J Med Microbiol. 2020 Mar;.

3. Rolston KV, Sader HS, Jones RN. The Microbiology of Bloodstream Infection: 20-Year Trends from the SENTRY Antimicrobial Surveillance Program. Antimicrob Agents Chemother. 2019 Jun 24;63(7):e00355-19. doi: 10.1128/AAC.00355-19. PMID: 31010862; PMCID: PMC6591610.

2. Market Overview

Xpert®



MRSA Acquisition

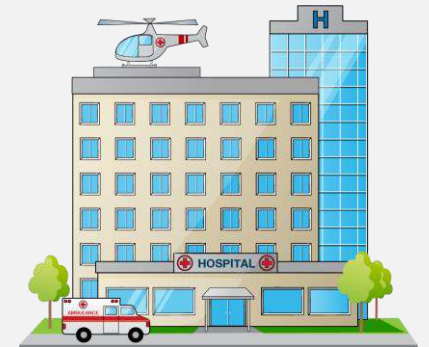
Outside of Healthcare Settings¹

- In the community, MRSA most often causes skin infections
- MRSA is usually spread in the community by contact with infected people or things that are carrying the bacteria
- In some cases, it causes pneumonia and other infections
- If left untreated, MRSA infections can become severe and cause sepsis



In Healthcare Settings²

- MRSA is a major healthcare-associated pathogen that can cause a variety of diseases
- In places such as a hospital or nursing home, MRSA can cause severe problems such as:
 - Bloodstream infections
 - Pneumonia
 - Surgical site infections
 - Sepsis



 **MRSA acquired in or outside healthcare settings can lead to severe outcomes**

1. National Nosocomial Infections Surveillance System. National Nosocomial Infections Surveillance (NNIS) System Report, summary from January 1992 through June 2004, issued October 2004. Am J Infect Control. 2004 Dec;32(8):470-85. <https://pubmed.ncbi.nlm.nih.gov/15573054/>

2. Centers for Disease Control and Prevention. (2019b, June 26). General information. Centers for Disease Control and Prevention. <https://www.cdc.gov/mrsa/community/index.html>

Patient Pathway

Surgical Site Infection



Patients return to healthcare facility after undergoing operative procedure

Median time to diagnosis of surgical site infection is typically **14-30 days post-operation**¹



Clinical samples are collected from individuals with symptoms to investigate active infection, **skin and soft tissues infections (SSTI)** are most common²



Samples are sent to laboratories for testing, common testing methods include **culture media** and **PCR**



Most surgical site infections can be treated with **antibiotics**

Some patients may **require another surgery** to treat the infection³

Left unresolved, SSIs can lead to **sepsis**⁴

1. Seidelman JL, Mantyh CR, Anderson DJ. Surgical Site Infection Prevention: A Review. JAMA. 2023;329(3):244–252. doi:10.1001/jama.2022.24075
2. Lee, A, de Lencastre, H., Garau, J. et al. Methicillin-resistant *Staphylococcus aureus*. Nat Rev Dis Primers 4, 18033 (2018). <https://doi.org/10.1038/nrdp.2018.33>
3. CDC Healthcare-Associated Infections SSI https://www.cdc.gov/hai/ssi/faq_ssi.html
4. Cohen NS, Bock JM, May AK. Sepsis and postoperative surgical site infections. Surgery. 2023 Aug;174(2):403-405. doi: 10.1016/j.surg.2023.01.006. Epub 2023 Feb 10. PMID: 36775759.

Patient Pathway

Bloodstream Infection



Patient presents to healthcare facility with **suspected infection**



Symptoms of **bloodstream infection** are observed



Blood culture samples are obtained and sent to the lab



Broad spectrum **antimicrobials** and fluids are started

Critical Factors for MRSA Patient Management

High-Risk Patient Population Factors

Infection Prevention and Control (IPC)

Colonization Status	Comorbidities and Other Health Care	Healthcare Exposure	Patient Demographics	Basic Recommendations
<ul style="list-style-type: none"> • MRSA colonization is the most important risk factor for active infection • Contact with others who are colonized or infected • Patients with previous history of colonization or infection 	<ul style="list-style-type: none"> • Diabetes mellitus • Chronic pulmonary disease • Chronic or open wounds • Invasive equipment or procedures • Immunocompromised patients 	<ul style="list-style-type: none"> • Previous hospital admissions • Prolonged hospitalization • ICU, NICU, burn unit, dialysis patients • Transplant and other specialty units 	<ul style="list-style-type: none"> • Advanced age • Residence of nursing homes • Residence of areas with endemic MRSA or MRSA outbreaks • Patients in close contact with agriculture or animals 	<ul style="list-style-type: none"> • Hand hygiene practice • Proper cleaning and disinfecting of equipment and environment • Monitoring programs • Contact precautions for MRSA colonized and infected patients • Targeted decolonization therapy • Targeted MRSA Screening

 **Infection prevention and control measures targeting high-risk patients may considerably reduce MRSA prevalence**

Chamchod F, Palittapongpim P. Effects of the proportion of high-risk patients and control strategies on the prevalence of methicillin-resistant *Staphylococcus aureus* in an intensive care unit. BMC Infect Dis. 2019 Dec 3;19(1):1026. doi: 10.1186/s12879-019-4632-9. PMID: 31795957; PMCID: PMC6889565.

3. Product Overview

Xpert®



Cepheid MRSA Portfolio

2x

MRSA Diagnostic Tests

Aim: Aid to Detect Infection

- Testing to investigate **patients with symptoms**
- **Xpert® MRSA/SA SSTI**: Diagnostic for MRSA and *S. aureus* from **skin and soft tissue swabs**
- **Xpert® MRSA/SA Blood Culture**: Diagnostic for MRSA and *S. aureus* **Gram-positive blood culture** samples



2x

MRSA Screening Tests

Aim: Aid to Prevent Infection

- Testing for **patients without symptoms**
- **Xpert® MRSA NxG**: Screening for MRSA (**high-risk admissions**)
- **Xpert® SA Nasal Complete**: Screening for *S. aureus* and MRSA (**surgical admissions**)



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

Product Overview Xpert® MRSA/SA SSTI



Intended Use

Xpert® MRSA/SA SSTI is a qualitative *in vitro* diagnostic test intended for the **detection of *Staphylococcus aureus* (SA)** and **methicillin-resistant *Staphylococcus aureus* (MRSA)** from skin and soft tissue infection swabs

Xpert® MRSA/SA SSTI

Targets	<i>spa</i> , <i>mecA</i> , <i>SCCmec</i>
Sample Types	Skin and soft tissue infection swabs
Time to Result	62 minutes
Workflow	Sample in, answer out in 3 easy steps
US-IVD Part Number	GXM RSA/SA-SSTI-10
CE-IVD Part Number	GXM RSA/SA-SSTI-CE
Software Version	4.3 or higher
Onboard Internal Controls	Probe Check Control (PCC) Specimen Processing Control (SPC)

Closed cartridge system minimizes risk of contamination

On-demand and random-access results

See Xpert® MRSA/SA SSTI package insert 300-5440 & 301-0190 for additional details.
IVD. *In Vitro* Diagnostic Medical Device. May not be available in all countries.

Product Overview Xpert® MRSA/SA Blood Culture



Intended Use

Xpert® MRSA/SA Blood Culture is a qualitative *in vitro* diagnostic test designed for rapid and simultaneous detection of *S. aureus* & methicillin-resistant *S. aureus* (MRSA) directly from gram-positive blood cultures.

Xpert® MRSA/SA Blood Culture

Targets	<i>spa</i> , <i>mecA</i> , <i>SCCmec</i>
Sample Types	Positive blood culture samples
Time to Result	62 minutes
Workflow	Sample in, answer out in 3 easy steps
US-IVD Part Number	GXMRSA/SA-BC-10
CE-IVD Part Number	GXMRSA/SABC-CE-10
Software Version	5.3 or higher
Onboard Internal Controls	Probe Check Control (PCC) Specimen Processing Control (SPC)

Closed cartridge system minimizes risk of contamination

On-demand and random-access results

See Xpert® MRSA/SA Blood Culture package insert 301-1061 & 302-0493 for additional details.
IVD. *In Vitro* Diagnostic Medical Device. May not be available in all countries.

Key Features & Performance Specifications

Xpert® MRSA/SA SSTI



Xpert® MRSA/SA Blood Culture

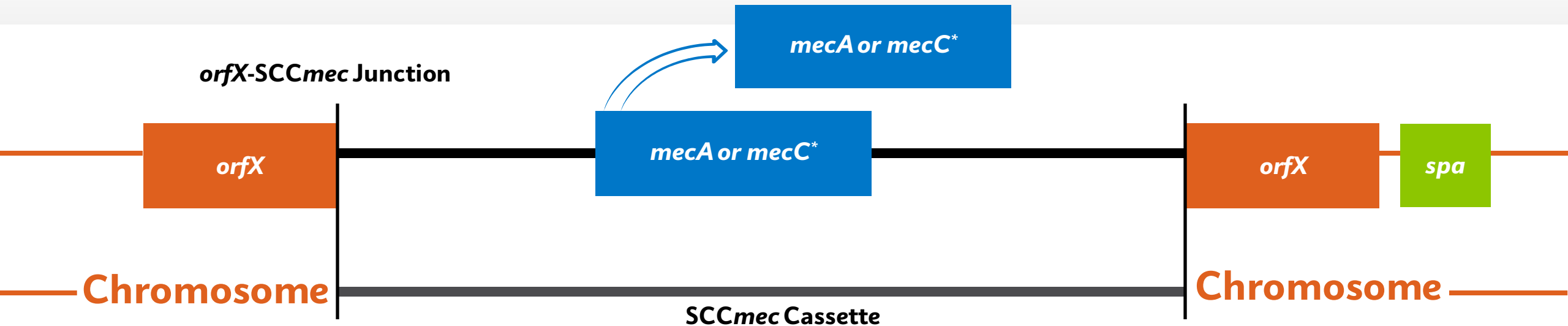


Technology	Real-time RT-PCR		Real-time RT-PCR
Intended Use	Qualitative <i>in vitro</i> diagnostic test intended for the detection of <i>Staphylococcus aureus</i> (SA) and methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) from skin and soft tissue infection swabs.		Qualitative <i>in vitro</i> diagnostic test designed for rapid and simultaneous detection of <i>S. aureus</i> & methicillin-resistant <i>S. aureus</i> (MRSA) directly from gram-positive blood cultures.
Targets	SCCmec mecA spa		SCCmec mecA spa
Positive Percent Agreement	MRSA	93.8%	98.1%
	SA	95.7%	99.6%
Negative Percent Agreement	MRSA	97.3%	99.6%
	SA	89.5%	99.5%
LOD	MRSA	300 CFU	400 CFU
	SA	150 CFU	300 CFU
Sample Type	Skin and soft tissue infection swabs		Positive blood culture samples
Collection Device	Cepheid Dual Swab		–
Time to Result	62 minutes		62 minutes
Catalog Numbers	US-IVD	GXMRSA/SA-SSTI-10	GXMRSA/SA-BC-10
	CE-IVD	GXMRSA/SA-SSTI-CE	GXMRSA/SABC-CE-10

See Xpert® MRSA/SA SSTI package insert 300-5440 & 301-0190 for additional details
 See Xpert® MRSA/SA Blood Culture package insert 301-1061 & 302-0493 for additional details.
 Xpert MRSA/SA SSTI and Xpert MRSA/SA Blood Culture were compared to reference culture methods IVD. *In Vitro* Diagnostic Medical Device. May not be available in all countries

Broad Coverage for Reliable Performance

- The *mec* gene (which causes resistance) is carried by the **SCC*mec* cassette**
- The **SCC*mec* can lose the *mec* gene**, becoming an empty cassette, but **still susceptible**
- The most accurate way to detect MRSA is to target **both the *orfX*-SCC*mec* junction** to detect the cassette and the ***mecA* or *mecC* genes*** to detect the resistance, helping to **avoid under-detection**



➔ Targeting both the *orfX*-SCC*mec* junction and the *mecA* or *mecC* genes aids in reliable detection

*Xpert MRSA/SA SSTI and Xpert MRSA/SA Blood Culture only detect *mecA*
See Xpert® MRSA/SA SSTI package insert 300-5440 & 301-0190 for additional details
See Xpert® MRSA/SA Blood Culture package insert 301-1061 & 302-0493 for additional details.

4. Positioning

Xpert®



Positioning

Xpert® MRSA/SA SSTI

Fast and accurate **detection of MRSA and *S. aureus*** from skin and soft tissue infections in **62 minutes**

- Rapid detection enables **targeted antimicrobial therapy** and improved antimicrobial stewardship¹



Xpert® MRSA/SA Blood Culture

Fast and accurate **detection of MRSA and *S. aureus*** from gram-positive blood culture samples in **62 minutes**

- Rapid detection enables **optimized therapy and improved patient management**²

 **Rapid and accurate detection of MRSA and *S. aureus* enables targeted antimicrobial therapy**

1. May LS, Rothman RE, Miller LG, Brooks G, Zocchi M, Zatorski C, Dugas AF, Ware CE, Jordan JA. A Randomized Clinical Trial Comparing Use of Rapid Molecular Testing for Staphylococcus aureus for Patients With Cutaneous Abscesses in the Emergency Department With Standard of Care. Infect Control Hosp Epidemiol. 2015 Dec;36(12):1423-30. doi: 10.1017/ice.2015.202. Epub 2015 Aug 26. PMID: 26306996; PMCID: PMC5336348.

2. Parcel B, et al. Rapid molecular testing for Staphylococcus aureus bacteraemia improves clinical management. J Med Microbiol. 2020 Mar;69

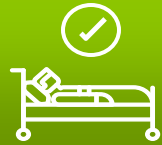


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3. IVD. In Vitro Diagnostic Medical Device. May not be available in all countries

Xpert[®] MRSA/SA SSTI Value Proposition

 Rapid detection enables appropriate management of patients, reduces empirical prescribing and supports improved patient outcomes

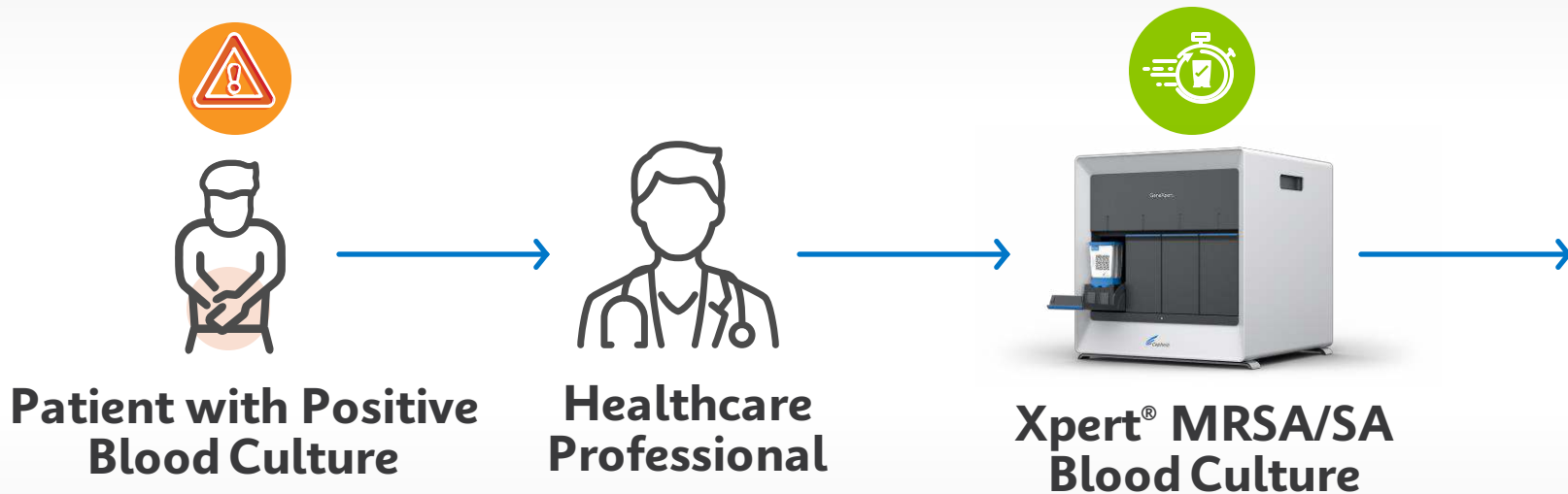


-  Improved Patient Management
-  Targeted Antimicrobial Therapy
-  Reduced Time to Results vs. Manual Methods

May LS, et al. A Randomized Clinical Trial Comparing Use of Rapid Molecular Testing for Staphylococcus aureus for Patients With Cutaneous Abscesses in the Emergency Department With Standard of Care. Infect Control Hosp Epidemiol. 2015 Dec;36(12):1423-30
IVD. In Vitro Diagnostic Medical Device. Not available in all countries.

Xpert[®] MRSA/SA Blood Culture Value Proposition

 Rapid identification optimizes therapy to support improved patient outcomes and reduced empirical prescribing



Reduced Length of Stay



Optimized Therapy



Reduced Time to Results vs. Manual Methods

Parcel B, et al. Rapid molecular testing for Staphylococcus aureus bacteraemia improves clinical management. J Med Microbiol. 2020 Mar IVD. *In Vitro* Diagnostic Medical Device. Not available in all countries.

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5. Competitive Overview

Competitive Analysis

How They Position

A

Culture Media

- Very cheap, \$7.50 and below per plate¹
- Common and considered the gold standard
- Coverage for emerging strains
- Additional susceptibility testing possible

B

Medium to Large Panels BioFire, Verigene etc.

- Fast (~1-2 hours), compared to culture
- Generally high performance
- Robust target coverage
- Large menu of panels
- Low hands-on time
- Scalable technology

1. Ayebare, A., Bebell, L.M., Bazira, J. et al. Comparative assessment of methicillin resistant *Staphylococcus aureus* diagnostic assays for use in resource-limited settings. BMC Microbiol 19, 194 (2019). <https://doi.org/10.1186/s12866-019-1566-8>

Competitive Analysis

How We Challenge

A

Culture Media

- Too slow for effective and optimal patient management¹
- Very time-consuming and complex² and requires additional staff time
- Evidence demonstrates net cost-effectiveness in using rapid PCR^{1,3}
- Enrichment required (takes additional time), or may miss up to 30% of cases^{4,5}

B

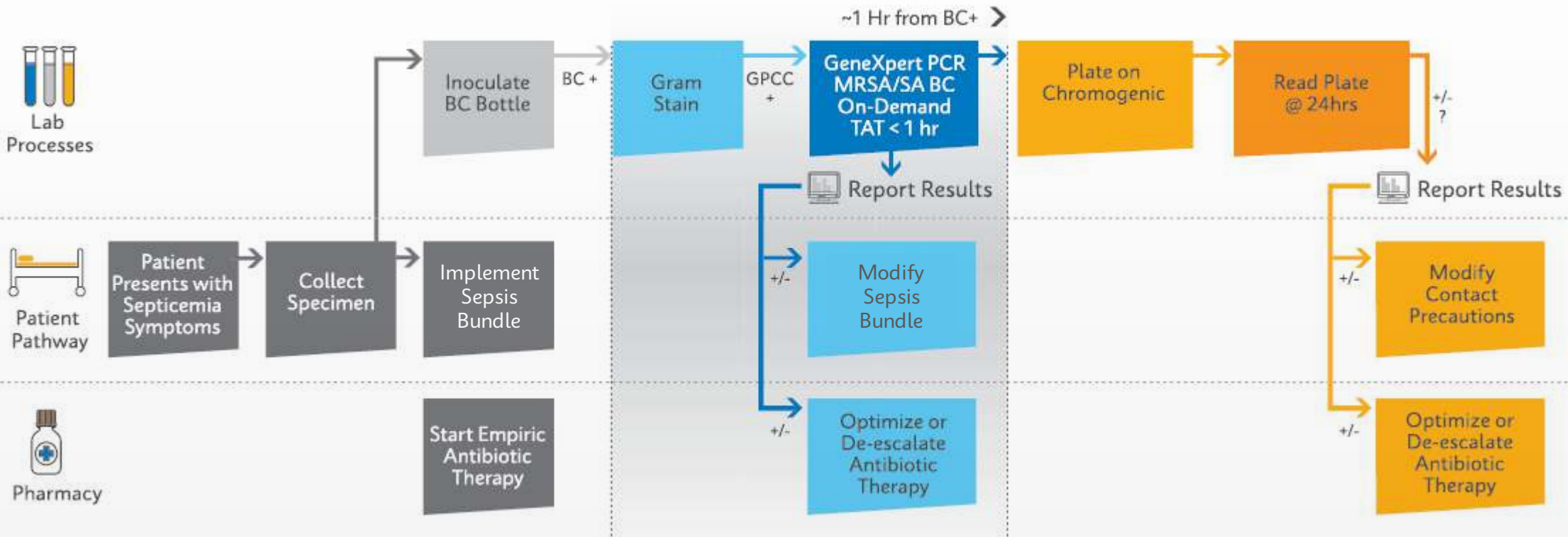
Medium to Large Panels BioFire, Verigene etc.

- Limited daily runs based on lab hours
- Long hands-on-time and skilled staff
- Additional consumables add costs
- Not fully automated or random access
- Potential contamination risks
- Not all targets are actionable
- Panels are expensive and have reimbursement barriers

Culture vs. Xpert® MRSA/SA Blood Culture Comparison

Pathway with GeneXpert® System vs. Pathway with Traditional Testing¹

⌚ 4 to 36 hours ⌚ additional 1-2 hours ⌚ vs. additional 1-2 days



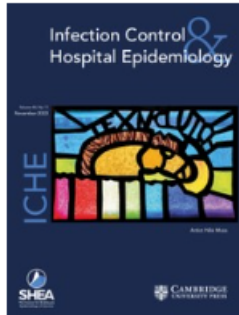
1. Yarbrough M, et al. Multicenter evaluation of the Xpert MRSA NxC assay for detection of methicillin-resistant Staphylococcus aureus in Nasal Swabs. J Clin Microbiol. 2017 Dec;56(1). IVD In Vitro Diagnostic Medical Device. May not be available in all countries



6. Key References

Xpert®

Xpert® MRSA/SA SSTI



[Infection Control & Hospital Epidemiology](#)

A Randomized Clinical Trial Comparing Use of Rapid Molecular Testing for *Staphylococcus aureus* for Patients With Cutaneous Abscesses in the Emergency Department With Standard of Care

Published online by Cambridge University Press: 26 August 2015

Larissa S. May, Richard E. Rothman, Loren G. Miller, Gillian Brooks, Mark Zocchi, Catherine Zatorski, Andrea F. Dugas, Chelsea E. Ware and Jeanne A. Jordan

[Show author details](#) ▼

- Differentiating MRSA from non-MRSA causes of abscesses **has important patient care implications**
- Availability of rapid molecular test results was associated with **more targeted antibiotic selection**



Rapid detection enables a targeted antimicrobial therapy approach for better antimicrobial stewardship

May LS, et al. A Randomized Clinical Trial Comparing Use of Rapid Molecular Testing for *Staphylococcus aureus* for Patients With Cutaneous Abscesses in the Emergency Department With Standard of Care. *Infect Control Hosp Epidemiol.* 2015

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

Xpert® MRSA/SA SSTI



Diagnostic Microbiology and Infectious Disease
Volume 78, Issue 3, March 2014, Pages 313-315



Clinical Outcomes

Rapid detection of *Staphylococcus aureus* and methicillin resistance in bone and joint infection samples: evaluation of the GeneXpert MRSA/SA SSTI assay



A GeneXpert MRSA/SA SSTI positive result allows clinician to **rapidly adapt the antimicrobial therapy** with anti-staphylococcal penicillin for MSSA and vancomycin for MRSA, leading to reduce the cost of overall patient management, the length of hospital stay, the rate of adverse events, and the emergence of resistant bacteria

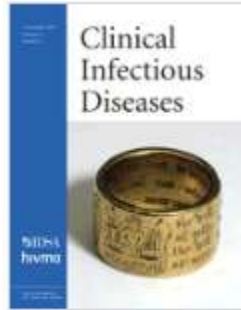


Rapid and accurate detection impacts patient management, length of stay, and antimicrobial stewardship

Valour et al. (2014) Rapid detection of *Staphylococcus aureus* and methicillin resistance in bone and joint infection samples: evaluation of the GeneXpert MRSA/SA SSTI assay
<https://www.sciencedirect.com/science/article/pii/S0732889313006391>

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

Xpert[®] MRSA/SA Blood Culture



Volume 51, Issue 9
1 November 2010

JOURNAL ARTICLE

An Antimicrobial Stewardship Program's Impact FREE

Karri A. Bauer, Jessica E. West, Joan-Miquel Balada-Llasat, Preeti Pancholi,
Kurt B. Stevenson, Debra A. Goff ✉

Clinical Infectious Diseases, Volume 51, Issue 9, 1 November 2010, Pages 1074–1080,

<https://doi.org/10.1086/656623>

Published: 01 November 2010 [Article history](#) ▼

Implementation Xpert[®] MRSA/SA BC test coupled with an infectious disease pharmacist's consultation resulted in:

- Optimal antibiotic therapy occurred 1.7 days sooner for MSSA bacteremic patients
- Mean length of stay was 6.2 days shorter for both MRSA and MSSA bacteremic patients
- Mean hospital costs were \$21,387 less for both MRSA and MSSA bacteremic patients

 **Rapid PCR enables timely, effective therapy and is associated with decreased length of stay and health care costs**

Karri A. Bauer, Jessica E. West, Joan-Miquel Balada-Llasat, Preeti Pancholi, Kurt B. Stevenson, Debra A. Goff, An Antimicrobial Stewardship Program's Impact, *Clinical Infectious Diseases*, Volume 51, Issue 9, 1 November 2010, Pages 1074–1080, <https://doi.org/10.1086/656623>

Xpert® MRSA/SA Blood Culture





Publications ▾ Information for authors ▾ Microbiology

JOURNAL OF MEDICAL MICROBIOLOGY

Volume 69, Issue 4

Research Article | Free

Rapid molecular testing for *Staphylococcus aureus* bacteraemia improves clinical management

Martin P. McHugh^{1,†} , Benjamin J. Parcell^{2,††}, Fiona M. MacKenzie^{2,3}, Kate E. Templeton¹ , Scottish Microbiology and Virology Network (SMVN) Molecular Diagnostics Evaluation Group

 View Affiliations

Published: 06 March 2020 | <https://doi.org/10.1099/jmm.0.001171>



Rapid and accurate detection of *S. aureus* with the Xpert MRSA/SA BC assay in positive blood culture bottles allowed earlier targeted patient management



Improved *S. aureus* and MRSA management reduces inappropriate antimicrobial use, length of stay and healthcare costs

Parcel B, et al. Rapid molecular testing for *Staphylococcus aureus* bacteraemia improves clinical management. J Med Microbiol. 2020 IVD. In Vitro Diagnostic Medical Device. May not be available in all countries



Thank You

www.cepheid.com

