



Xpert[®]
SA Nasal
Complete

Test. Inform. Manage.



Xpert[®] SA Nasal Complete

Detection of *S. aureus* and MRSA Colonization.
In About an Hour.

 **Cepheid[®]**
A better way.

“A rapid test for both SA and MRSA colonization has many applications, including assisting physicians in targeting appropriate prophylactic therapy and decolonization to reduce the risk of post-surgical site infections.”



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The Need

***Staphylococcus aureus* infections are an increasingly serious public health issue.**

Colonized patients at risk for serious complications include surgical, trauma, burn and dialysis patients:

- *S. aureus* colonized patients are up to 9 times more likely to develop surgical site infections than non-carriers¹
- *S. aureus* is the major cause of access infections and bacteremia in dialysis patients²
- Carriage is the major risk factor for infection with *S. aureus* in dialysis patients⁴
- Up to 93% of nosocomial *S. aureus* infections are caused by a patient's own flora^{3,4}
- SA and MRSA infections are associated with increases in length of hospital stay, costs, morbidity, and mortality^{6,7,11}
- Nasal carriage of *S. aureus* and self-infection of wounds in ICU/Burn patients is well documented^{9,10}

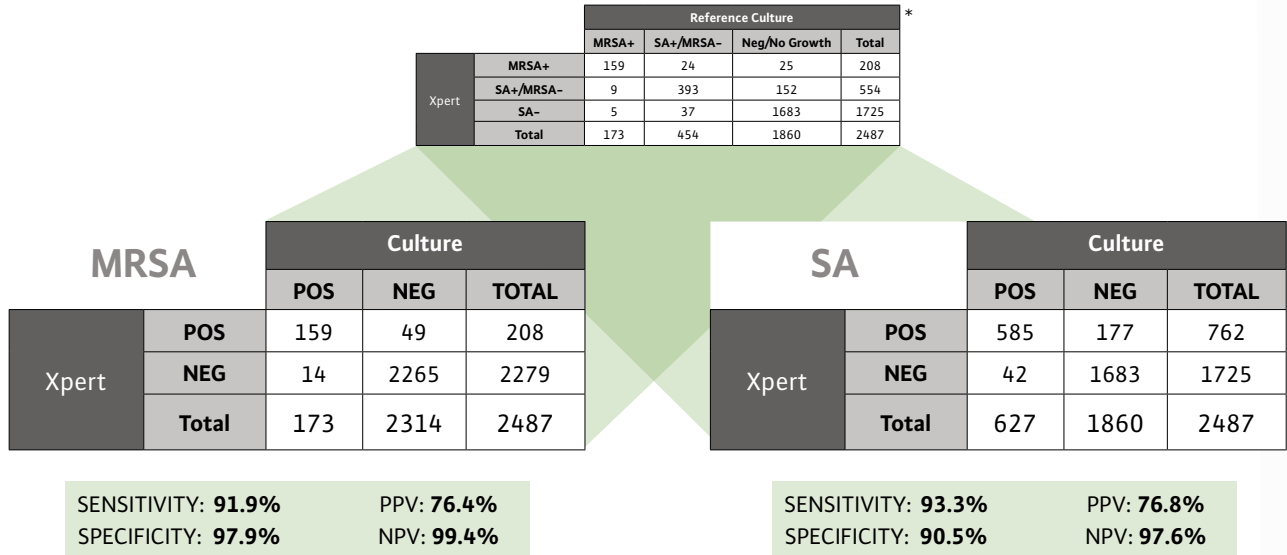
The Solution

Rapid and accurate detection of colonization facilitates targeted infection control practices:

- Optimize pre-admission workflow and counseling
- Enables measures to reduce endogenous infection risk, including decolonization
- Supports measures to reduce exogenous infection risk, including barrier/contact precautions
- Aligns with infection control strategies as outlined by SCIP and SHEA/IDSA

Performance

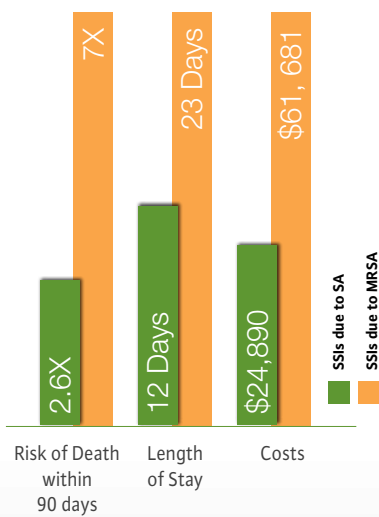
Performance Characteristics of Xpert® SA Nasal Complete Compared to MRSA and SA Direct Culture Method



* Xpert SA Nasal Complete Package Insert

The Impact

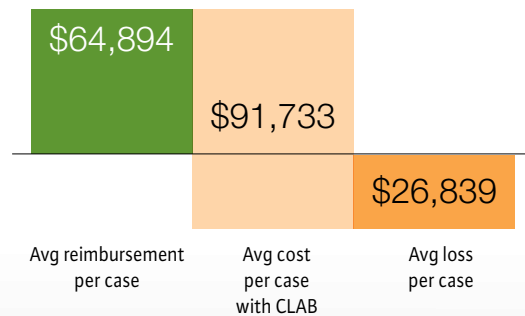
Surgical Site Infections (SSIs) due to SA & MRSA significantly increase risk of death, costs and hospitalization as compared to surgeries without SSIs.^{6,7}



Rapid detection and implementation of targeted control measures improves your bottom line by reducing adverse medical care events.

Hospitals absorb most of the costs for adverse medical care events, as in the example below.

Costs of Central Line Associated Bloodstream Infection (CLAB)⁵



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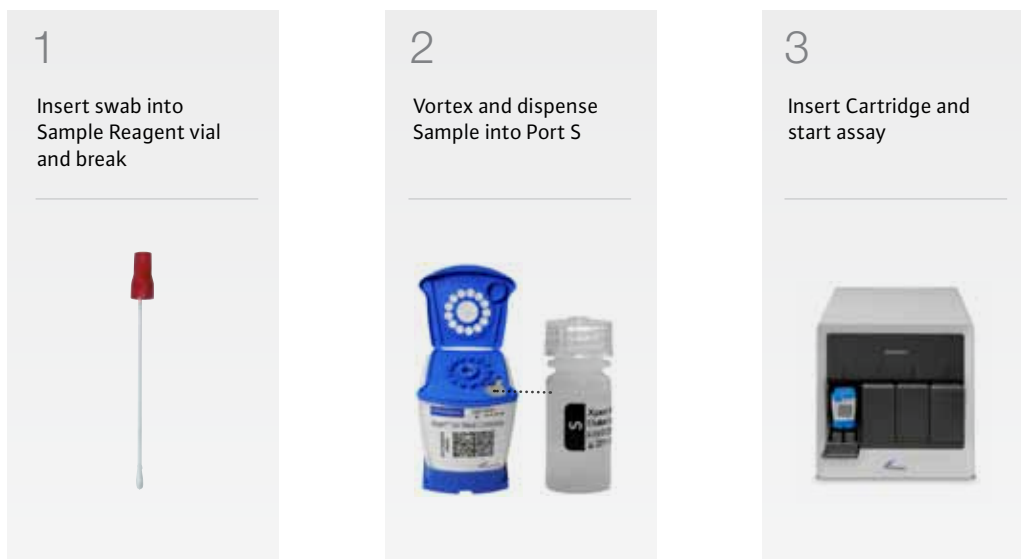
Xpert[®] SA Nasal Complete

- Fully automated process reduces handling time to just minutes
- Random access for flexibility and workflow optimization
- Rapid results to improve patient management
- Fully integrated reagent and instrument system for accuracy and reproducibility

WORKFLOW:

3 Easy Steps

Total hands-on time: <1 Minute



ORDERING INFORMATION

Xpert SA Nasal Complete (10 Cartridges with reagents) Catalog No. GXSACOMP-10

References:

1. Kluytmans, J., *Clinical Microbiology Review*, 1997, Vol 10, No. 3
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3. Critchley et al, *Drug Discovery Today*, 2006, Vol. 3 No. 2
4. VL Yu et al., "Staphylococcus aureus nasal carriage and infection in patients on hemodialysis. Efficacy of antibiotic prophylaxis." *NEJM* July 1986
5. Murphy D., et al. "Dispelling the Myths: The True Cost of Healthcare-Associated Infections. An APIC Briefing", February 2007.
6. Engemann et al. "Adverse clinical and economic outcomes attributable to methicillin resistance among patients with *Staphylococcus aureus* surgical site infection, *CID* 36:2003.
7. Anderson et al. "Clinical and Financial Outcomes Due to Methicillin Resistant *Staphylococcus aureus* Surgical Site Infection: A Multi-Center Matched Outcomes Study", *PLoS One*; 2009
8. Bode et al, "Preventing Surgical-Site Infections in Nasal Carriers of *Staphylococcus aureus*", *NEJM* January 2010
9. Mackie et al, "Reduction in *Staphylococcus aureus* wound colonization ...", *Burns* 1994; 20, (1), S14-S18
10. Kooistra-Smid et al, "Molecular epidemiology of *Staphylococcus aureus* colonization in a burn center", *Burns* 2004, Feb; 30 (1), 27-33
11. Noskin et al, "The Burden of *Staphylococcus aureus* Infections on Hospitals in the United States", *Arch Intern Medicine* Vol 165, Aug 2005



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