

**Thermo Scientific**

Multi-Drug Resistant Organism screening



**Bringing more to**

MDRO screening

**Thermo**  
SCIENTIFIC

# From detection to surveillance

## comprehensive solutions for MDRO screening

### Collection & Transport



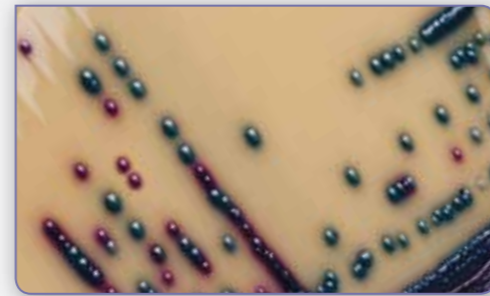
#### ESwab™\*

- Streamline and enhance specimen collection with ESwab, the only liquid-based multipurpose collection and transport system
- Maintains aerobic and anaerobic bacteria viability for up to 48 hours
- Supports all types of bacteria

#### Supplementary Products

- Sterile Urine Container
- Fecal Transport

### Detect, Isolate, Identify



#### Thermo Scientific Chromogenic Media

- Accurate, economical solutions for MRSA and VRE screening
- Innovative chromogens ensure vivid colony counts, for rapid differentiation and easy identification
- Isolate and detect in just one step—no confirmation needed, for maximum efficiency and workflow simplicity

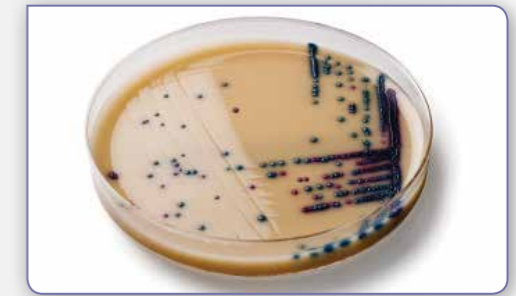


#### Thermo Scientific Spectra MRSA

- Reliable, cost-effective test to detect nasal colonization of MRSA and MRSA from positive blood cultures within 24 hours
- Delivers high Positive Predictive Value (PPV), reducing unnecessary patient isolation costs
- Easy-to-use, easy-to-read format for optimal workflow
- Aids in prevention of MRSA transmission and outbreaks

#### Supplementary Products

- Oxoid™ PBP2 Latex Agglutination Test Kit



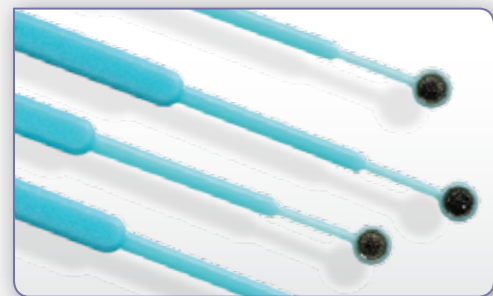
#### Thermo Scientific Spectra VRE

- Detects gastrointestinal colonization of VRE in just 24 hours, with no additional confirmatory testing
- Reliable, economical VRE screening tool that correctly classifies patients, whether positive or negative
- Minimal hands-on time and simple procedure
- Control the spread of VRE and reduce the threat of vancomycin resistance transfer

#### Supplementary Products

- Thermo Scientific Sensititre Gram-positive and Gram-negative Identification Plates

### Quality Control & Validation



#### Thermo Scientific Culti-Loops Quality Control Organisms

- Ensure enhanced recovery and reproducibility
- Ready-to-use, disposable inoculation loop
- Simplify validation with Culti-Loop MRSA and VRE Evaluation Panels

#### Supplementary Products

- Sensititre Automated Gram-negative Validation Set
- Sensititre MIC Breakpoint Validation Set
- Sensititre MIC Susceptibility Validation Set

### Antimicrobial Susceptibility Testing



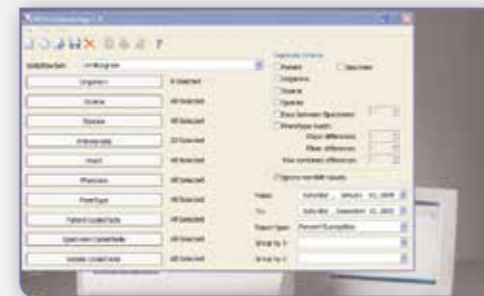
#### Thermo Scientific Sensititre System

- Sensititre Gram-positive all-in-one Plate, including ceftaroline, D-Test and ceftaxime screening, provides true MIC results for better detection of resistance
- Sensititre ESBL Confirmatory Plate includes a comprehensive selection of antimicrobics, for cost-effective Enterobacteriaceae testing and ESBL confirmation
- Fully automated Sensititre ARIS 2X System improves testing, reporting, and epidemiology of resistance mechanisms

#### Supplementary Products

- Oxoid Susceptibility Discs

### Reporting



#### Sensititre SWIN Software


- Easily consolidate test programs and enhance data entry with manual, semi-automated and fully automated read options

#### Sensititre SWIN Epidemiology Module

- Generate comprehensive reports specific to your patient populations in minutes, for accurate susceptibility trending and resistance surveillance
- Analyze patient data to identify resistance patterns, monitor and adjust antimicrobial treatment, and evaluate current infection control practices

## What would an outbreak cost your hospital?

- MRSA costs U.S. hospitals \$3.2–\$4.2 billion annually, and patients with MRSA spend up to 10 days longer in the hospital than those with methicillin-sensitive *Staphylococcus aureus* (MSSA) infections.<sup>1</sup> Once colonized with MRSA, 30–50% of patients become infected.<sup>2,3</sup>
- MRSA bacteremia results in \$71,715 in additional total hospital costs, and length of stay is 10 days longer compared to MSSA bacteremia.<sup>4</sup>
- Colonization with VRE can progress to infection, and these severe adverse outcomes are an economic burden to both the hospital and the patient.<sup>5</sup> This results in longer hospital stays (up to 6 days), increased costs (\$12,766 per case) and a two-fold increase in mortality.<sup>5</sup> A rapid, reliable VRE screening test is critical to controlling these dangerous organisms and saving lives.



# Significantly reduce cost per test for MDRO screening

From detection to susceptibility, Thermo Scientific products offer a comprehensive and cost-effective solution for MDRO screening.

- Replace multiple swabs with just one ESwab to streamline specimen collection
- Rapidly and economically detect VRE and MRSA colonization with Thermo Scientific chromogenic media, while minimizing unnecessary hospital costs and the potential for outbreak
- Eliminate additional offline test procedures required to detect resistant organisms with the Sensititre System, saving valuable time and cost

For more information on how to quantify the economic impact of active surveillance, ask your local sales representative for a free demonstration of our **Thermo Scientific VRE** and **MRSA Screening Cost Analyzer Tools**.

Combining over 150 years of technical and scientific expertise in serving the microbiology community, Remel™, Oxoid™, VersaTREK™ and Sensititre™ products join the industry-leading Thermo Scientific product portfolio, renowned for quality, accuracy, reliability and innovation. With powerful manual and automated technologies, and a comprehensive line of media and diagnostic products, we strive to be your trusted partner for every step of the microbiology workflow. Our products help diagnose infections quickly and accurately to speed valuable information to clinicians, facilitating faster treatment decisions, and overall better patient care.

To view the catalog or learn more about our full range of MDRO testing solutions, visit [thermoscientific.com/microbiology](http://thermoscientific.com/microbiology).

<sup>1</sup> U.S. Outcomes Research Group of Pfizer Inc. Presented at the International Society for Pharmacoeconomics Outcome Research Meeting; 2005.

<sup>2</sup> Hall, G., and D. Flayhart. Infection Control Today; February 2006.

<sup>3</sup> Klevens, R.M., et. al. Clinical Infectious Disease; 2006; 42:389-91.

<sup>4</sup> Ben-David D., et. al. Infection Control Hospital Epidemiology; 2009; 30:453-460.

<sup>5</sup> Carmeli, Y., et. al. Archives of Internal Medicine; Volume 162; October 28, 2002.

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