

We must reduce transmission and infection



## Accurate, actionable HAI\* diagnostics

\*Healthcare-associated infections

### Proper infection control requires active and timely surveillance

**4 million**

patients acquire an HAI per year in Europe<sup>1</sup>

...which equates to...

**100,000**

patients with an HAI per day in European acute care hospitals<sup>2</sup>

...with an estimated cost of...

**€7 billion**

to European healthcare providers solely in relation to HAI<sup>3</sup>

When testing for and managing HAIs, you don't have time to spare to prevent transmission and optimise isolation measures. When traditional techniques can take days for results, inefficient HAI diagnostics can result in:

- Difficulty in patient and bed management
- Less control over infectious outbreaks
- Lab workflow and isolation cost challenges

### What would infection management processes look like if you could provide...



Results in less than **2.5 hours** for up to **24 specimens?**



**Daily** HAI screening?



Less than **1.5 minutes of hands-on time** in sample preparation?



The foundation for **greater antimicrobial stewardship?**

The **BD MAX™** portfolio of HAI assays allows for early and accurate detection that, when combined with appropriate infection control and patient treatment, can **prevent transmission and improve patient management.**

- **Flexible testing for HAIs** with the capability to run multiple assay types at the same time\*\*
- React quickly to outbreaks with up to **120 samples in a 8-hours shift**
- Limit the risk of errors with decreased manual sample manipulation
- Increase lab efficiency by giving more time for value-adding tasks

# Detection of Gram-negative or Gram-positive pathogens

## BD MAX™ MRSA XT

Active surveillance of methicillin-resistant *Staphylococcus aureus* (MRSA) with Extended Detection Technology including *mecA* and *mecC* resistance

Cat: 443461

## BD MAX™ StaphSR

Surveillance and differentiation of *Staphylococcus aureus* and MRSA with the same Extended Detection Technology as the BD MAX™ MRSA XT assay

Cat: 443419

## BD MAX™ Cdiff

Detection of toxigenic *Clostridioides difficile* through the identification of toxin B gene (*tcdB*)

Cat: 442555

## VIASURE Vancomycin Real Time PCR Detection Kit for BD MAX™

Active surveillance of vancomycin resistant enterococci through the detection of *vanA* and *vanB* genes

Cat: 444202

## BD MAX™ Check-Points CPO assay

Screening for carbapenemase-producing organism (CPO) through the identification of the five most common carbapenemase genes:

- KPC
- NDM
- OXA-48 (OXA-48 and OXA-48 like)
- VIM/IMP

Cat: 278102

The open-system feature on the BD MAX™ System is widening the possibilities of HAI testing with screening for extended spectrum beta-lactamase with Check-Points [Check-Direct] ESBL Screen.

## Rapid, targeted testing on the BD MAX™ System

The innovation of the BD MAX™ System offers you a **fully integrated, automated real-time PCR platform** with the possibility of running multiple assays simultaneously.\* Its automated workflow **reduces manual tasks** to achieve rapid, reliable results and facilitates off-hour testing, helping to **offset molecular testing costs**.\*\*5,6



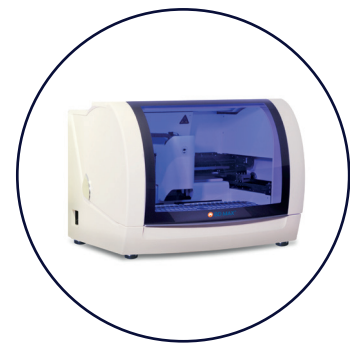
### Snap

Assemble unitised reagent strips with ready-to-use reagents.



### Load

Load Sample Buffer Tubes, Racks and PCR cartridges.



### Go

Come back in an average of 2.5 hours for results.\*\*

Discover our full assay portfolio and the BD MAX™ System



[advancing-diagnostics.eu](https://www.advancing-diagnostics.eu)



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1. European Centre for Disease Prevention and Control. ECDC Programme on antimicrobial resistance and healthcare-associated infections. Available at: <https://wiki.ecdc.europa.eu/fem/Pages/ECDC%20Programme%20on%20antimicrobial%20resistance%20and%20healthcare-associated%20infections.aspx> Accessed January 2022. 2. Suetens C, Latour K, Kärki T, Ricchizzi E, Kinross P, Moro ML, Jans B, Hopkins S, Hansen S, Lyytikäinen O, Reilly J, Deptula A, Zingg W, Plachouras D, Monnet DL, The Healthcare-Associated Infections Prevalence Study Group. Prevalence of healthcare-associated infections, estimated incidence and composite antimicrobial resistance index in acute care hospitals and long-term care facilities: results from two European point prevalence surveys, 2016 to 2017. *Euro Surveill.* 2018Nov;23(46):1800516.3. 3. World Health Organization. Health care-associated infections fact sheet. Available at: [https://www.who.int/gpsc/country\\_work/gpsc\\_ccisc\\_fact\\_sheet\\_en.pdf](https://www.who.int/gpsc/country_work/gpsc_ccisc_fact_sheet_en.pdf) Accessed January 2022 4. Bootsma M.C.J., et al. Controlling methicillin-resistant *Staphylococcus aureus*: Quantifying the effects of interventions and rapid diagnostic testing. *Proc Natl Acad Sci U S A.* 2006 Apr 4; 103(14):5620–5625 5. Mortensen JE, et al. Comparison of time-motom analysis of conventional stool culture and the BD MAX™ Enteric Bacterial Panel (EBP). *BMC Clin Pathol.* 2015;15:9. 6. Hirvonen JJ, et al. Comparison of BD Max Cdiff and GenomEra C. *difficile* molecular assays for detection of toxigenic *Clostridium difficile* from stools in conventional sample containers and in FaecalSwabs. *Eur J Clin Microbiol Infect Dis.* 2015;34(5):1005–1009.

\* BD assays are run & rack compatible – Only MDR-TB and GBS are not run and rack compatible / Vaginal Panel and open systems' assays are only run compatible.

\*\* When compared to culture or immunochromatographic antigen (IA).

\*\*\* Time to result is assay dependent.