

Colonization Screening and Isolation Guidance for Multidrug-Resistant Organisms (MDROs) in Acute Care Settings

Organism	Contact Precautions Discontinuation Criteria	Comments
<i>Candida auris</i> (<i>C. auris</i>)	<ul style="list-style-type: none"> The Centers for Disease Control and Prevention (CDC) currently recommends continuing contact precautions (CP) for the entire duration of the patient's stay in the facility.³ CDC does not recommend routine reassessments for <i>C. auris</i> colonization.³ Reassessment of colonization may be considered in consultation with the Florida Department of Health. Reassessment should not be performed for 3 months after last positive result for <i>C. auris</i>.³ 	Evidence suggests that patients remain colonized for many months, perhaps indefinitely even after acute infection (if present) has been treated and resolved. ³
Multidrug - Resistant <i>Enterobacteriaceae</i> (MDR-E) and Carbapenemase Producing Organisms (CPOs)	<ul style="list-style-type: none"> At least 6 months have elapsed since last positive culture, and: <ul style="list-style-type: none"> Two (2) consecutive negative swab samples, at least one week apart.^{1*} No evidence of ongoing transmission or draining wounds that cannot be contained by dressings.² 	Maintain CP for duration of index hospital stay. ¹ Certain extensively drug-resistant <i>Enterobacteriaceae</i> have no or limited treatment options, which makes the impact of even a single transmission event significant. ¹
Vancomycin-Resistant Enterococci (VRE)	<ul style="list-style-type: none"> Three (3) consecutive negative cultures, at least one week apart.^{1*} No evidence of ongoing transmission or draining wounds that cannot be contained by dressings.² 	Hospitals should consider extending CP for patients who are highly immunosuppressed, receiving broad spectrum systemic antimicrobial therapy without VRE activity, receiving care in high-risk units (e.g., burn units, etc.), or receiving care at institutions with high rates of VRE infection. ¹
Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA)	<ul style="list-style-type: none"> Three (3) consecutive negative screening cultures, at least one week apart.^{1*} No evidence of ongoing transmission or draining wounds that cannot be contained by dressings.² 	Evidence indicates that most patients will remain negative for MRSA colonization if they have 3 consecutive negative weekly surveillance cultures. ¹
<i>Clostridioides difficile</i> (<i>C. diff</i>)	<ul style="list-style-type: none"> At least 48 hours after care and resolution of diarrhea.^{1*} 	Hospitals should consider extending CP through the duration of hospitalization if they have elevated rates of <i>C. diff</i> in their facility. ¹

*No indication of clinical infection that is currently producing symptoms and/or broad-spectrum antibiotic use that may select for this organism

¹Banach, D.B., et al. (2018). Duration of contact precautions for acute-care settings. www.shea-online.org/index.php/journal-news/website-highlights/560-shea-expert-guidance-duration-of-contact-precautions-for-acute-care-settings

²Centers for Disease Control and Prevention. (2007). Type and Duration of Precautions Recommended for Selected Infections and Conditions. www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html

³Centers for Disease Control and Prevention. (2020). Infection and Prevention Control for *Candida auris*. www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html

If you have additional questions, please contact the Florida Department of Health
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