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

<table>
<thead>
<tr>
<th>Organism</th>
<th>Contact Precautions Discontinuation Criteria</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **Candida auris (C. auris)** | - 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 C. auris 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 C. auris.\(^3\) | 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 Enterobacteriaceae (MDR-E) and Carbapenemase Producing Organisms (CPOs)** | - At least 6 months have elapsed since last positive culture, and:  
  - 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 Enterobacteriaceae have no or limited treatment options, which makes the impact of even a single transmission event significant.\(^1\) |
| **Vancomycin-Resistant Enterococci (VRE)** | - 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 Staphylococcus aureus (MRSA)** | - 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.\(^1\) |
| **Clostridioides difficile (C. diff)** | - 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 C. diff 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

---


If you have additional questions, please contact the Florida Department of Health  
Health Care-Associated Infection Prevention Program at: (e) HAI_Program@FLHealth.gov  
(p) 850-245-4401

Prepared February 2020