Colonization Screening and Isolation Guidance for Multidrug-Resistant Organisms (MDROs) in Long-Term Care Settings		
Organism	Contact Precautions Discontinuation Criteria	Comments
Candida auris (C. auris)	 The Centers for Disease Control and Prevention (CDC) currently recommends continuing contact precautions (CP) or enhanced barrier precautions (EBP), depending on the situation, for the entire duration of the patient's stay in the facility. CDC does not recommend routine reassessments for <i>C. auris</i> colonization. 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 resolves. ²
Multidrug-Resistant Enterobacteriaceae (MDR-E) and Carbapenemase– Producing Organisms (CPOs)	 When there is no evidence of: Ongoing transmission, Acute diarrhea, or Draining wounds or other sites of secretions/ excretions that are unable to be covered or contained.^{5,6} 	For ill residents (e.g., dependent on health care personnel for health care and activities of daily living, ventilator-dependent, etc.) and for residents whose infected secretions or drainage cannot be contained, use CP or EBP, depending on the situation, in addition to standard precautions. ⁴
Vancomycin- Resistant Enterococci (VRE)	 When there is no evidence of: Ongoing transmission, or Draining wounds or other sites of secretions/ excretions that are unable to be covered or contained.^{5,6} 	For ill residents (e.g., dependent on health care personnel for health care and activities of daily living, ventilator-dependent, etc.) and for residents whose infected secretions or drainage cannot be contained, use CP or EBP, depending on the situation, in addition to standard precautions. ⁴
Methicillin-Resistant Staphylococcus aureus (MRSA)	 When there is no evidence of: Ongoing transmission, or Draining wounds or other sites of secretions/ excretions that are unable to be covered or contained.^{5,6} 	For ill residents (e.g., dependent on health care personnel for health care and activities of daily living, ventilator-dependent, etc.) and for residents whose infected secretions or drainage cannot be contained, use CP or EBP, depending on the situation, in addition to standard precautions. ⁴
Clostridioides difficile (C. diff)	• 48 hours after resolution of diarrhea. ^{1,3}	The presence of acute diarrhea due to <i>C. diff</i> infections can increase the risk of transmission due to health care personnel hand contamination. ^{1,3} Place residents with suspected <i>C. diff</i> and more than three (3) diarrheal stools in presumptive CP while awaiting test results. ^{1,3}

¹Clostridium difficile Infection and Pseudomembranous Colitis. APIC Text, text.apic.org/toc/healthcare-associated-pathogens-and-diseases/clostridium-difficile-infection-and-pseudomembranous-colitis ²Infection Prevention and Control for Candida auris | Candida auris | Fungal Diseases | CDC, Centers for Disease Control and Prevention, www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html ³Long-Term Care. APIC text, text.apic.org/toc/infection-prevention-for-practice-settings-and-service-specific-patient-care-areas/long-term-care

4 Multidrug-resistant Organisms (MDRO) Management [Summary of Recommendations] LTCF] www.cdc.gov/infectioncontrol/guidelines/mdro/index.html 5 Smith, Philip W, et al. "SHEA/APIC Guidelines: Infection Prevention and Control in the Long-Term Care Facility, July 2008. Infection Control and Hospital Epidemiology, U.S. National Library of Medicine, Sept.

2008, ncbi.nlm.nih.gov/pmc/articles/PMC3319407/ ⁶Type and Duration of Precautions Recommended for Selected Infections and Conditions |Multidrug-resistant organisms (MDROs) Infection or Colonization | CDC, Centers for Disease Control and Prevention, www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html



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