**Summary of Novel MDRO Colonization Screening Guidance for Tier 2 Orgamisms**

Adapted from the CDC's Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)

In general, the recommendations below apply to all inpatient healthcare exposures of the index patient in the 30 days prior to the identification of the target organism. Depending on the type of exposure and organism, contact investigations may sometimes include healthcare facilities where the patient received care but did not stay overnight (e.g., outpatient clinics) and community contacts.

**Patient screening to assess for transmission:**

- Screen roommates and patients who shared a bathroom with the index patient.
    - Screen these contacts even if they have been discharged from the facility to another inpatient setting.
- Screen the patient *currently* admitted to room(s) and bed spaces where the index patient stayed at least one night in healthcare facilities identified during the healthcare investigation.
- In most situations, perform broader screening to comprehensively assess for transmission
    - *Option 1*–Broader screening using point prevalence surveys is preferred.
        - If it will take several days to identify higher risk contacts or if most higher risk contacts have been discharged from a facility, perform a unit-wide point prevalence survey promptly.
    - *Option 2*— A risk-factor based approach make be used to target contacts who are at higher risk due to overlap on the same ward as the index patient and presence of a risk factor for MDRO acquisition (e.g., bedbound, high levels of care, receipt of antimicrobials, or mechanical ventilation), and who are still admitted.

Considerations and Exceptions:

- Screening should occur even if the index patient was being managed with Contact Precautions or Enhanced Barrier Precautions
- Consider flagging charts of contacts who have been discharged, to facilitate admission screening if they are readmitted in the next six months. If these individuals have been discharged to high-acuity post-acute care, health departments should consider screening these individuals.
- *Exceptions* – In some situations, broader screening may not be recommended by public health. For example, If the index patient's length of stay was very short (e.g., <24 hours), screening may not be indicated.
    - During a response to a single case in an acute care hospital unit with a short average length of stay where patients are ambulatory and not mechanically ventilated, broader screening could be limited to situations where the index case is currently admitted or recently discharged (<7 days prior).

**Patient screening when transmission is suspected or ongoing:**

- Wider point prevalence surveys are indicated if there is evidence or suspicion for ongoing transmission (e.g., isolates from multiple patients) or if initial targeted screening of high-risk patients identifies new cases.
    - If new cases are identified, periodic (e.g., every two weeks) point prevalence surveys are recommended until transmission is controlled.
        - Control is generally defined as two consecutive point prevalence surveys with no new MDRO cases identified, or, in facilities with high colonization pressure (i.e., >30%), substantially decreased transmission.
    - Assess whether facilities would benefit from proactive, prevention-focused point prevalence surveys and infection control assessments after response activities conclude.
    - If high levels of transmission persist across multiple point prevalence surveys in long term care settings, consider increasing the interval between surveys (e.g., performing every 4-6 weeks) or temporarily pausing them while reassessing infection control and implementing interventions.
        - If screening is paused or performed with reduced frequency, implement measures such as admission screening from facilities with ongoing transmission or preemptive Contact Precautions and/or admission screening at receiving facilities to prevent new outbreaks.

**Outpatient settings:**

- Screen outpatients who were seen in the same clinic as the index patient if contact between the patient and the clinic healthcare personnel or environment was extensive (e.g., wound care, invasive procedure) and gaps in adherence to infection control practices are identified or if patients were exposed to common devices (e.g., whirlpools, etc.) and infection control practices such as cleaning of the devices may not have been adequate**.**

**Rescreening a patient known to have a novel MDRO:**

- Patients and residents colonized with a novel or targeted MDRO are intended to remain on TBP indefinitely while in a healthcare facility setting.
- Because MDRO colonization is typically prolonged and follow-up testing to determine clearance may yield false negatives, CDC does not recommend routine retesting of patients/residents with a history of colonization or infection with a MDRO or discontinuation of TBP after a subsequent negative test.

**References:**


- Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)
- Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)
- Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes

Nebraska DHHS coordinates with the ARLN Minnesota lab for colonization screening, which is offered free of cost to the facility and patients.

NDHHS HAI/AR team will coordinate supply orders for the healthcare facilities. Facility do not need to put in a supply order related to an investigation or outbreak.

Please see information on the process below.

**ARLN Minnesota Instructions**

**https://www.health.state.mn.us/diseases/idlab/forms.html**

**ARLN Supply Order Form Information**

MDH Forms for the Infectious Disease Laboratory: https://www.health.state.mn.us/diseases/idlab/forms.html

- ➔ Select "Antibiotic Resistance Laboratory Network (ARLN) forms"
- ➔ Select "Request for Supplies Antimicrobial Resistance (AR) Laboratory Network (Order Supplies, Boxes, Kits from MDH)

Direct supply ordering link: https://survey.vovici.com/se/56206EE32188F30C

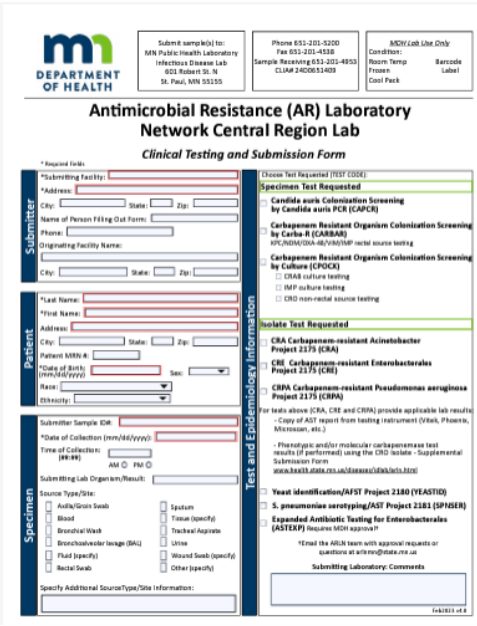
**Sampling and Handling Guidance**

- Guidance for Candida Auris Colonization Specimen Collection, Packaging, and Shipping (PDF)
- Guidance for Carbapenem-resistant Organism (CRO) Colonization Specimen (Rectal Source) Collection, Packaging, and Shipping (PDF)
- Guidance for Carbapenemase-producing Organism (CPO) Colonization Specimen (Non-rectal Source) Collection, Packaging, and Shipping (PDF)

**Submission Forms**

- Fillable PDF form can be found at Minnesota Department of Health Public Health Laboratory
- It is required to submit ***individual submission forms for each patient.***
- Facility can fill almost everything out on the fillable form and then just copy/paste in the patient name and DOB, especially if collection date, source, originating facility and submitting facility are all the same for each patient.

*Example of Form:*



DEPARTMENT OF HEALTH

Antimicrobial Resistance (AR) Laboratory Network Central Region Lab

*Clinical Testing and Submission Form*

Submitter

Patient

Specimen

Test and Epidemiology Information

Specimen Test Requested

Isolate Test Requested

Submitting Laboratory: Comments

**Printing Fed Ex Label**

ARLN will provide facilities with FedEx instructions for producing a label in the guidance. FedEx information starts on page 3 for C. Auris and page 5 for CPO colonization screening.

FOR PRINTING Guidance for Candida

FOR PRINTING Guidance for CRO rec

(Updated 10/6/2023)

**Results**

Results will be faxed to a secure fax number that has been provided by facility collecting colonization screens.

Last Updated 3/6/2024