

Guidance for Short-stay Acute Care Hospitals on the Duration of Contact Precautions for Patients Colonized or Infected with Carbapenem-resistant or Carbapenemase-producing Organisms

- CDPH does not generally recommend discontinuation of Contact Precautions for patients with a history of carbapenemase-producing organism (CPO) colonization or infection in acute healthcare settings.
 - CPO colonization can be prolonged, especially in people who have continued exposure to certain risk factors, including invasive devices, antimicrobial use, and hospital or long-term care facility admission.
 - CPOs are prioritized for prevention measures because they are often associated with extensive drug resistance that is transmissible, and can cause outbreaks in healthcare settings.
- Short-stay acute care hospitals (ACHs)¹ can use the following guidance to determine whether Contact Precautions may be discontinued for patients colonized with a carbapenem-resistant organism (CRO), based on carbapenemase status.
- CDPH recommends all healthcare facilities:
 - perform carbapenemase testing on all CRO isolates per [CDPH algorithm](#) (PDF) (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CPTestingPrioritizationAlgorithm.pdf)²; and
 - communicate CRO/CPO and other multidrug-resistant organism (MDRO) status of patients and residents to receiving facilities upon transfer, regardless of Transmission-based Precautions recommendations. Hospitals may recommend implementation of Enhanced Standard Precautions when transferring patients to skilled nursing facilities.

ACH criteria for discontinuing Contact Precautions for patients with CRO/CPO

1. For patients with CRO with unknown CPO history or carbapenemase status
 - (a) If carbapenem-resistant Enterobacterales (CRE)² or *Pseudomonas aeruginosa* (CRPA):
 - Screen patient for CPO (e.g., using rectal swab).
 - Screen when the patient has been off antibiotics at least 7-10 days, on at least two separate occasions a minimum of 7 days apart.
 - If negative, follow guidance in **2**.

¹ This guidance does not apply to: 1) long-term acute care hospitals, where multidrug-resistant organism (MDRO) transmission risk is generally high, and most patients have multiple risk factors for CPO colonization/infection; or 2) skilled nursing facilities, where CDPH recommends implementation of [Enhanced Standard Precautions](#) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx) facility-wide based on resident risk factors for acquisition or transmission of MDROs.

² This generally includes isolates with the [ertapenem-mono-resistant CRE phenotype](#) (doi.org/10.1093/ofid/ofab643) which are often, though not always non-carbapenemase-producing (due to extended-spectrum beta-lactamase (ESBL) or AmpC plus porin loss), and therefore would not necessarily be prioritized for carbapenemase testing. CDPH recommends facilities confirm the isolate is non-carbapenemase-producing prior to considering discontinuing Contact Precautions.

(b) If carbapenem-resistant *Acinetobacter baumannii* (CRAB):

- Assume CRAB is a CPO unless demonstrated otherwise.³
- Manage patient as colonized with CPO (see 3.).

2. For patients with a CRO without history of CPO colonization/infection, and confirmed negative carbapenemase status per CDPH algorithm in the absence of an outbreak

- Conduct a hospital-specific risk assessment including factors that might contribute to transmission such as local CRO prevalence and adherence to core infection prevention and control practices, and establish a process for ongoing monitoring to guide (re)implementation of Contact Precautions.

3. For patients with a confirmed CPO, on a case-by-case basis in consultation with public health and in rare instances⁴

- Limit to patients who have improved clinically and moved to progressively lower levels of care or have resided in the community without hospitalization or long-term care for an extended period (>6 months) since a CPO was identified (e.g., a recovered trauma patient).
- At a minimum, ensure 6 months have elapsed since the individual's last positive culture, and screening results are negative from all relevant body sites (i.e., commonly colonized body sites and the original site of infection), collected when the patient has been off antibiotics at least 7-10 days, on at least two separate occasions a minimum of 7 days apart.
- If negative, follow guidance under 2.

References

- [CDPH Algorithm for Prioritizing Carbapenemase Testing](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CPTestingPrioritizationAlgorithm.pdf) (PDF) (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CPTestingPrioritizationAlgorithm.pdf)
- [CDC Strategies for Prevention and Response to Novel & Targeted MDROs FAQs](https://www.cdc.gov/hai/mdro-guides/index.html#faqs) (www.cdc.gov/hai/mdro-guides/index.html#faqs)
- [SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent MRSA transmission and infection in acute-care hospitals: 2022 Update](https://doi.org/10.1017/ice.2023.102) (doi.org/10.1017/ice.2023.102)

³ In 2019, the [Antimicrobial Resistance Laboratory Network](https://arpsp.cdc.gov/story/cra-urgent-public-health-threat) (arpsp.cdc.gov/story/cra-urgent-public-health-threat) detected carbapenemase genes in 83% of CRAB isolates tested. Commercially available laboratory methods might not test for the most common carbapenemases found in CRAB, including oxacillinase (OXA)-23-, OXA-24/40- and OXA-58-like variants.

⁴ [CDC Strategies for Prevention and Response to Novel & Targeted MDROs FAQs](https://www.cdc.gov/hai/mdro-guides/index.html#faqs) (www.cdc.gov/hai/mdro-guides/index.html#faqs)