

Colonization Screening in Health Care Settings

Frequently Asked Questions for Staff

Targeted multidrug-resistant organisms (MDROs), such as carbapenemase-producing organisms and *Candida auris*, are found and transmitted almost exclusively within health care settings. Targeted MDROs can live and thrive in the environment for long periods of time. The organisms can unintentionally get transferred to patients and residents through inadequate hand hygiene and exposure to contaminated shared medical equipment (such as vital signs equipment), shared spaces (such as procedure rooms), and other high-touch surfaces.

Key strategies to prevent the spread of MDROs include:

- Rapidly identifying patients and residents infected or colonized with targeted MDROs.
- Following appropriate precautions and isolation guidelines.
- Clearly communicating when patients or residents are transferred between health care facilities.



What does it mean to be infected or colonized with an MDRO?

A person who is infected with an MDRO has the organism in or on their body and it is causing symptoms or illness. A person who is colonized with an MDRO carries the organism in or on their body, often for very long periods of time, without symptoms. People who are colonized with an MDRO can spread the organism to surfaces in their environment and to other people. An individual who is colonized with an MDRO can also become infected later with the organism.



What is colonization screening?

Colonization screening refers to the process of testing or screening someone for the presence of a specific MDRO. The method for collecting the specimen for colonization screening depends on the type of MDRO. Bilateral armpit and groin swabs are often used as a collection site. Colonization screening is voluntary.



When is colonization screening recommended?

A facility may conduct colonization screening after identifying a patient or resident who is infected or colonized with a targeted MDRO to determine if others in the facility are also colonized.

Colonization screening may be recommended if a patient or resident who is infected or colonized with an MDRO was not placed in proper precautions from the time of their admission.

Colonization screening may not be necessary if a patient or resident was already known to be infected or colonized with an MDRO and contact precautions were in place from the time of their admission.



Should I be worried about being infected or colonized with an MDRO?

Your risk of being infected or colonized with an MDRO after caring for a patient or resident who is infected or colonized is very low if you adhered to standard precautions during care encounters. Using standard precautions during all care encounters lowers your risk of being infected or colonized with an MDRO. MDRO transmission is usually the result of prolonged, direct contact with an infected or colonized patient and/or their environment and the presence of additional risk factors.



Should I be tested for the MDRO too?

The CDC (Centers for Disease Control and Prevention) does not typically recommend staff testing for targeted MDROs due to their low risk for becoming infected or colonized. Using standard and (where indicated) transmission-based precautions during all patient and resident care encounters lowers your risk of being infected or colonized with an MDRO.

In rare instances, colonization screening may be recommended if there is epidemiological evidence that suggests a staff person could be infected or colonized with a targeted MDRO or if the staff person has certain risk factors (such as being immunocompromised).

Staff screening decisions should be made on a case-by-case basis in consultation with the employer, staff person and their medical provider, and the organization's occupational health department. Special consideration should be given to how an infected or colonized staff person will be managed (such as work restrictions or rescreening).



Why are neighboring patients and residents being tested, but not staff?

Neighboring patients and residents likely have risk factors (such as chronic wounds, indwelling medical devices, weakened immune systems, and chronic comorbidities) that place them at a greater risk of becoming infected or colonized with an MDRO. Staff typically do not have these same risk factors for becoming infected or colonized with an MDRO and use of standard precautions reduces transmission risks.

In addition, patients and residents residing on a unit with an infected or colonized patient or resident run a greater risk of exposure to targeted MDROs, especially when contact precautions are not used by staff throughout the infected or colonized patient or resident's stay.

There are steps you can take to reduce your exposure to MDROs at work.

- Use standard, transmission-based, and enhanced barrier precautions appropriately when working with patients or residents.
- Perform hand hygiene throughout and at the end of your shift.
- Use disinfectants to clean shared medical equipment and the patient's or resident's environment that effectively kill the organism.
- Communicate the patient or resident's MDRO status and history to both internal and external care providers.

