

TRANSMISSION BASED PRECAUTIONS FOR PATIENTS WITH NOVEL & TARGETED MDROS

Immediately place patients colonized or infected with novel or targeted multidrug resistant organisms (MDROs), including *Candida auris*, carbapenemase-producing organisms, and vancomycin resistant *Staphylococcus aureus*, on the appropriate Transmission-Based Precautions (detailed below) and, if possible, in a private room with dedicated equipment and minimal staff traffic through patient environment. If a limited number of private rooms are available, they should be prioritized for people with MDROs at higher risk for pathogen transmission (i.e., those with uncontained secretions or excretions, acute diarrhea).

By Healthcare Setting

- **Acute care hospitals and long-term acute care hospitals** should place patients colonized or infected with novel or targeted MDROs on strict Contact Precautions.
 - **Acute and comprehensive rehabilitation centers** should initially place patients colonized or infected with novel or targeted MDROs on Contact Precautions and contact the NJDOH HAI/AR program for infection control information. After which, patients may be transitioned to modified Contact Precautions for inpatient rehabilitation settings.
 - **Skilled nursing facilities (including skilled nursing facilities with ventilator units)** should initially place patients with colonized or infected with novel or targeted MDROs on Contact Precautions and contact the NJDOH HAI/AR program. After which, patients may be able to be transitioned to Enhanced Barrier Precautions.
 - **Dialysis clinics and outpatient settings** should utilize disposable gowns and gloves when caring for colonized or infected with novel or targeted MDROs in cases of anticipated high-contact patient interaction or contact with infected areas. Gowns and gloves should be removed and disposed of appropriately, and hand hygiene should be performed when leaving the patient's station or room.
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Duration of Transmission-Based Precautions for *C. auris*

Patients and residents in healthcare facilities often remain colonized with *C. auris* for many months, perhaps indefinitely, even after acute infection (if present) has been treated and resolves. Long-term follow-up of colonized patients in healthcare facilities, especially those patients who continue to require complex medical care, such as ventilator support, suggests that colonization persists for a long time and the results of repeat colonization swabs may alternate between *C. auris* being detected and not detected. A considerable number of patients have had a positive *C. auris* specimen after multiple negative swabs. Since colonization may persist despite negative testing, ongoing use of Transmission-Based Precautions may be warranted. Out of an abundance of caution, NJDOH recommends continuing setting appropriate Transmission-Based Precautions for the entire duration of the patient's stay in any/all healthcare facilities following the positive identification of *C. auris* colonization or infection.