Recommendations for MDRO Containment by Tier

Descriptions	Resistance Mechanisms and Organisms		
	Tier 1 **Never or very rarely identified in the United States; pan-resistant organisms with the potential for wider spread in a region**	**Tier 2** Not regularly found in a region	**Tier 3** **Regularly found in a region but not endemic**
Health Care Investigation			
Review the patient's health care exposures prior to and after the positive culture	Always	Always	Always
Contact Investigation[1]			
Screening of health care facility roommates	Always	Always	Always
Broader screening of health care contacts[2]	Always[3]	Somemes[4]	Sometimes
Prospective lab surveillance[5]	Always	Always	Always
Retrospective lab surveillance[6]	Always	Always	Sometimes
Household contact screening	Sometimes	Rarely	Rarely
Environmental sampling	Sometimes	Rarely	Rarely
Health care personnel screening	Sometimes	Rarely	Rarely
Evaluate potential spread to facilities that regularly share patients with the index facility[7]	Sometimes	Sometimes	Rarely
Infection Control Measures			
Prompt notification of health care providers and patients	Always	Always	Always
Implementation of appropriate transmission-based precautions	Always	Always	Always
Clear communication of patient MDRO status with transferring facilities	Always	Always	Always
site infection control assessment with observations of practice (i.e. Infection Control Assessment and Response (ICAR))	Always	Always	Sometimes

[1] For Tier 1 and 2 organisms/mechanisms, health care exposures and contacts over the preceding 30 days should be investigated unless information is available about the time the organism was most likely acquired. This includes any health care facility where the patient had an overnight stay during that time period. In some investigations, outpatient facilities and emergency departments might also be included. For Tier 3 organisms, investigation of health care exposures and health care contacts is generally limited to the current and sometimes prior admission.

[2] This may include targeted screening of contacts at highest risk for acquisition or unit point prevalence surveys.

[3] If the MDRO is a novel organism for which data on the frequency and modes of transmission are not known, or if the index patient was not on contact precautions during their entire stay in a health care facility, then additional screening (beyond roommates) is recommended. Broader screening, including patients on the same ward as the index patient or patients who shared health care personnel, might be particularly important for detecting novel MDROs when data on the frequency and modes of transmission are lacking.

[4] If the index patient was not on contact precautions during their entire stay in a health care facility, then broader screening (beyond roommates) is recommended. Screening can initially be limited to the contacts at highest risk for acquisition, such as those still admitted who overlapped on the same ward as the index patient and who have a risk factor for MDRO acquisition (e.g., bedbound, high levels of care, receipt of antibiotics, or mechanical ventilation). Alternatively, facilities may choose to screen entire units using point prevalence surveys.

[5] Prospective surveillance of clinical cultures should be conducted for three months after the last identified case.

[6] Conduct a laboratory lookback covering at least six months prior to identification of index case.

[7] A public health investigation should also be initiated at health care facilities known to regularly share patients with health care facilities where transmission has occurred, such as post-acute care facilities. At a minimum, this should include notification of the facility and a request to retrospectively and prospectively evaluate clinical cultures for the phenotype of interest. This could also include admission screening of patients at the facility (e.g., transfers from the index facility) or point prevalence surveys of high-risk patients or units.

Reference: CDC, Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms

If you have additional questions, please contact the Florida Department of Health, Health Care-Associated Infection Prevention Program at:
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