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Introduction

- CDC recommends routine use of contact precautions (CP) for patients with multidrug-resistant organisms (MDROs)
- There is variability in implementation and adherence to this recommendation, likely exacerbated by the COVID-19 pandemic.

Methods

- 9/2022: emailed an 8-question survey to Emerging Infections Network (EIN) physicians with infection prevention/hospital epidemiology roles
- Survey asked about the respondent's primary hospital's recommendations on transmission-based precautions, adjunctive measures to reduce MDRO transmission, and changes that occurred during COVID-19
- Compared results to a similar EIN survey (n=336) administered in 2014 (Russell D et al. ICHE 2016)

Results

Table 1: Characteristics of the 283 survey respondents

Characteristic	No. (%)
Field of practice	
Adult infectious diseases	226 (80)
Pediatric infectious diseases	57 (20)
Region	
Northeast U.S.	66 (23)
Midwest U.S.	75 (27)
South U.S.	72 (25)
West U.S.	67 (24)
Canada and Puerto Rico	3 (1)
Years of experience since ID fellowship	
<5	43 (15)
5-14	66 (23)
15-24	59 (21)
≥25	115 (41)
Primary hospital type	
Community	67 (24)
Non-university teaching	83 (29)
University	102 (36)
VA hospital or DOD	15 (5)
City/county	15 (5)
Outpatient only	1 (0.4)

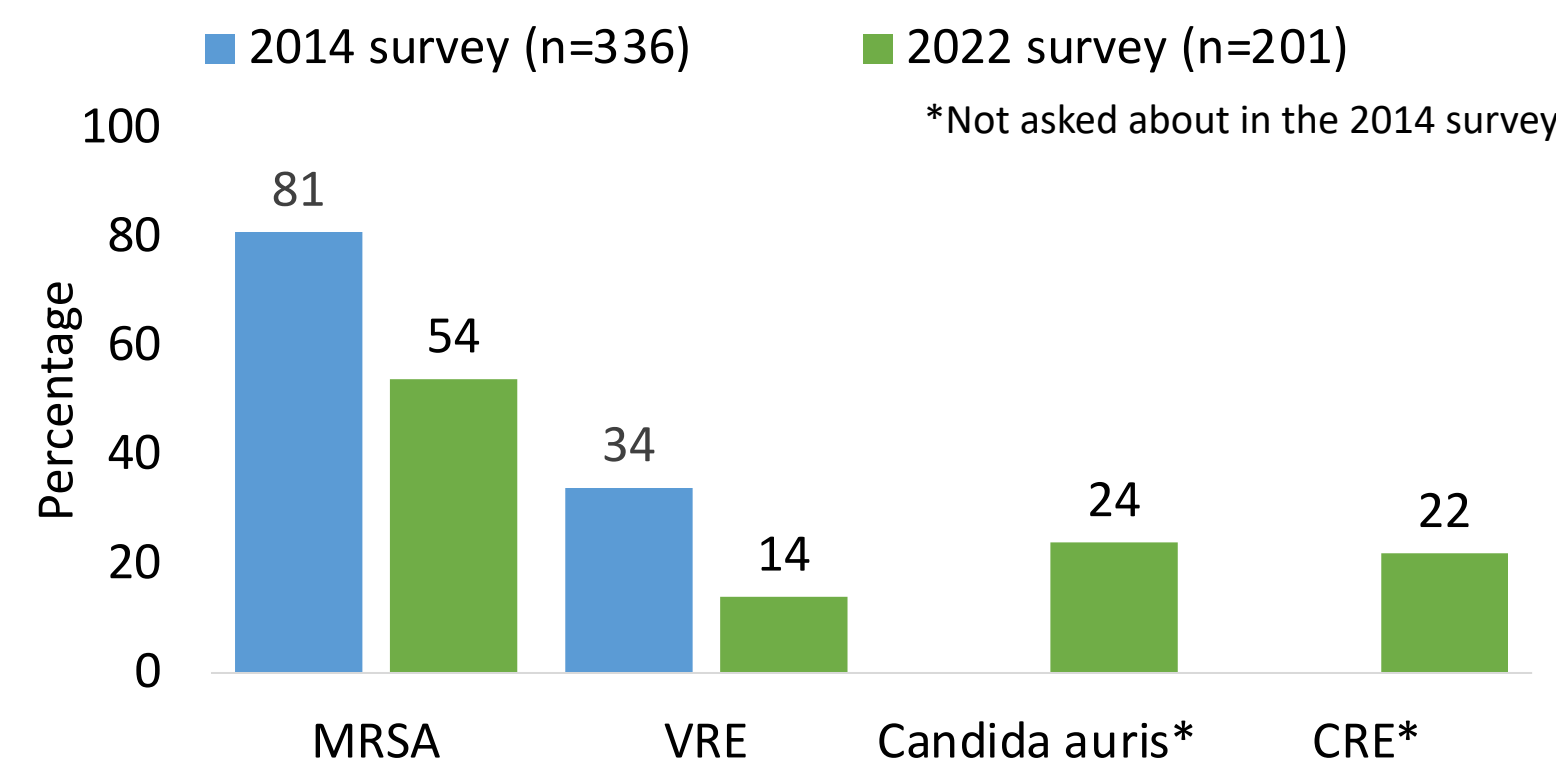


Figure 2: Percentage of respondents whose facility performs **active surveillance** for selected MDRO

Results

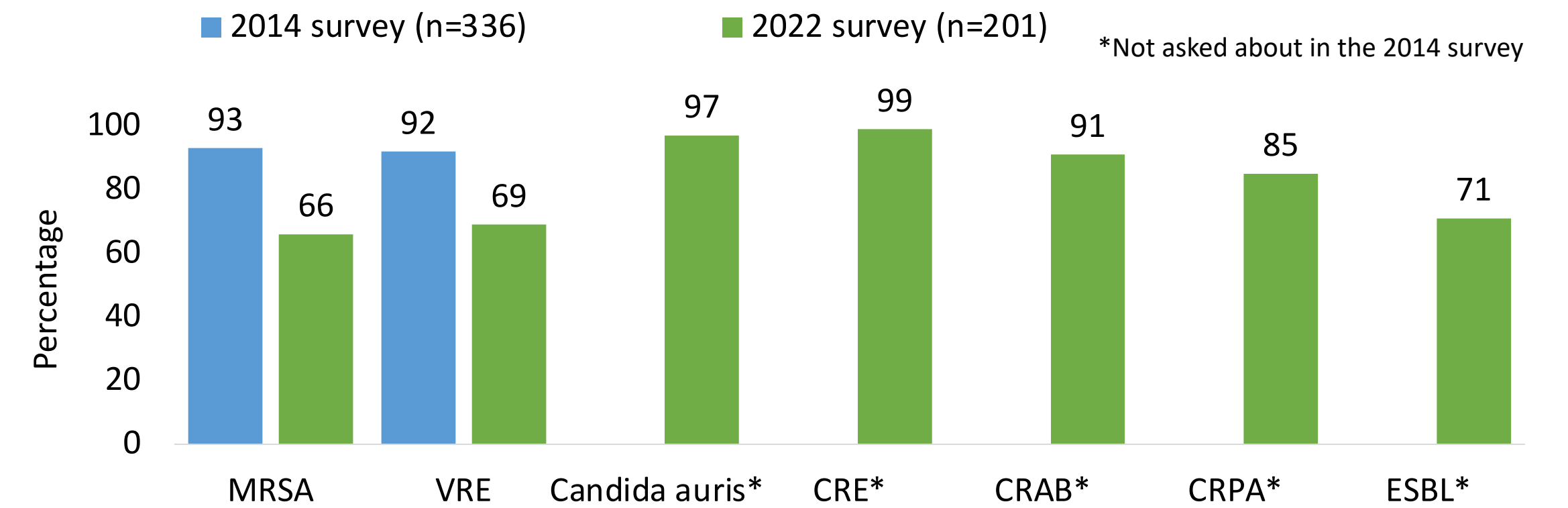


Figure 1: Percentage of respondents whose facility uses **contact precautions** for selected MDRO

Table 2: Duration of contact precautions once patient identified to have an MDRO

Organism	No. (%) of respondents			
	Indefinitely once positive	Until cleared or decolonized	For one year after last positive culture	For specific inpatient encounter only
CRE	97 (51)	50 (26)	30 (16)	21 (11)
<i>Candida auris</i>	117 (62)	32 (17)	16 (8)	16 (8)
MRSA	11 (6)	73 (38)	25 (13)	34 (18)
VRE	21 (11)	53 (29)	3 (16)	28 (15)

COVID-19 Impact: 89 (44%) reported institutional changes to CP policies after the start of the COVID-19 pandemic that remain in place

Conclusions

- Use of CP for MDROs is heterogenous and policies vary based on organism
- Routine use of CP for MRSA and VRE has declined substantially since 2014
- Specific, contemporary public health guidance is needed to define who requires CP and for what duration