Mountain Region AR Lab Network

Recommendations for the Prioritization of Colonization Testing Requests for the Detection of Carbapenemase-producing Organisms and *Candida auris*

This document is designed to encompass carbapenemase - producing organisms (CPO) and *Candida auris* colonization screening prioritization within the Mountain Region of the AR Lab Network. All questions/concerns regarding CPO's and *Candida auris* colonization screening can be directed to arlnutah@utah.gov. As needed, the Mountain Region AR lab will coordinate with the Mountain Region CDC subject matter expert and the local jurisdiction.

CDC consultation Required
If requesting testing on > 50 swabs for a single screening event for response[1] and for >100 swabs for prevention[2],
If a 4th screening event (e.g., PPS or targeted screening) for a single mechanism or organism is being requested for the same facility within three months. ● This does not apply if the 3rd PPS found zero/low transmission and the 4th PPS is to confirm transmission is controlled

1. Activities in response to a detection to quickly identify the scope of possible outbreak, implement control measures, and prevent spread.
2. Activities implemented as a part of, not as a response to, ongoing efforts to prevent spread.

CPO Colonization Screening

- In general, response-based screenings take precedence over prevention-based screening. The one exception to this is admission screening for individuals who received healthcare outside of the U.S.
- The first response screening for a facility should follow recommendations in the Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant organisms.

CRAB colonization Screening

- Screening for CRAB producing OXA-23, 24/40, 58 and 235 should be limited to response activities only. Exceptions for prevention screening should be arranged through consultation with CDC/PRB. Influential facilities will be prioritized, particularly if their laboratory partner does not have this testing capability.

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        - Screening of multiple anatomic sites on a single patient should be reserved for specific, limited screening efforts where the epidemiology suggests that the addition of another specimen type may increase sensitivity.
            - Sputum if the patient is on a ventilator or a wound swab in addition to axilla/groin swab if clinical cases were identified from patients on a ventilator unit.

- For screening requests where the index case/outbreak is colonized with a CRAB expressing a carbapenemase gene detectable by Cepheid® CARBA-R (e.g., KPC, NDM, VIM, IMP, or OXA-48), rectal swabs should be collected for testing on the CARBA-R or a similar assay that detect the same carbapenemase mechanisms.
    - Not needed: Testing for any OXA-carbapenemases not covered on Cepheid® CARBA-R (i.e., OXA-23) should not be performed
    - Not needed: Testing on additional specimen types

C. auris colonization Screening

- Patients with a previous positive *C. auris* specimen, screening or clinical, should not be screened.
- In general, response-based screenings take precedence over prevention-based screening. The exception to this is admission screening for individuals who received healthcare outside of the U.S. or from a high-burden area within the U.S.

Response-based Admission or Discharge Screening

- Should be performed for a limited time, 1-3 months based on your communications with your laboratory partners about testing capacity