Endorsed by the Health Executive Committee (HEC) 17 July 2019

Government of **Western Australia**
Department of **Health**

Statewide Policy

Screening Requirements for Multi-resistant Organisms

Interim advice to Health Service Providers (HSPs)

Antimicrobial resistance amongst microorganisms that commonly cause infections in healthcare settings is a growing problem worldwide. Multi-resistant organisms (MROs), which include bacteria, fungi and viruses, pose a continued threat to the health system. Infections with MROs are more difficult to treat, and are associated with poorer outcomes for patients and increased costs to the health care system.

The need to address the changing epidemiology of MROs that are a threat to Western Australian (WA) healthcare facilities was recently discussed by the WA Multi-resistant Organism (WAMRO) Expert Advisory Group. The following changes to existing WA MRO policies, endorsed by the WA Health Executive Committee, are to be introduced effective immediately, pending amendments to the state-wide mandatory policies for MROs. HSPs are to consult local guidelines for the ordering, specimen collection and processing of screening samples.

Carbapenemase-resistant *Enterobacteriaceae* (CRE)

Admission screening is to be expanded to include all patients with a history of hospitalisation **outside of WA** in the past 12 months.

Candida auris

All HSPs are to commence routine admission screening for *C.auris* for those patients with a history of **overseas** hospitalisation in the past 12 months. Further advice on the screening specimens required, isolation of patients and contact screening will be issued by the Healthcare Associated Infection Unit, Department of Health.

Methicillin-resistant *Staphylococcus aureus* (MRSA)

No changes to current policy.

Vancomycin-resistant enterococci (VRE)

No change in current policy of admission screening for those patients with a history of hospitalisation outside of WA in the past 12 months. However, the requirement to routinely screen haemodialysis patients for VRE, every three months, is to be discontinued.

Further Information

Carbapenemase-resistant *Enterobacteriaceae* (CRE)

Current policy stipulates admission screening to be performed on those patients who provide a history of overseas hospitalisation in the previous 12 months. Screening has expanded due to the increasing prevalence of CRE within Australia and several outbreaks of CRE on the eastern seaboard. Patients are to be placed in a single room with contact precautions until screening results are available. Patients found to have CRE are identified on the micro-alert system with the letter G.

Candida auris

Candida auris is yeast that was first isolated in 2009 and has spread quickly around the world. It is resistant to many antifungal agents and is associated with severe illness in hospitalised patients. It is not yet endemic in Australia, with only isolated cases reported, and all had a history of overseas hospitalisation. All patients are to be placed in a single room with contact precautions. Patients found to have *C.auris* are identified on the micro-alert system with the letter J.

As it can take between 10-14 days to obtain negative screening results (2-3 days for provisional positive results) patients may be isolated for extended period which will result in significant stress on bed management for those facilities with limited single rooms. Therefore, those patients who are direct transfers from overseas hospitals or contacts of a known positive case are to remain isolated until final screening results are received. Those patients being screened due to a history of overseas hospitalisation, but not direct transfer, may be removed from isolation once negative screening results for CRE, MRSA and VRE are obtained if the facility has bed management issues.

Vancomycin-resistant enterococci (VRE)

The decision to discontinue the three monthly routine screening of haemodialysis patients is based on the recent publication of the Kidney Health Australia-Caring for Australians with Renal Impairment Infection Control Guidelines. As there has not previously been a national consensus on the prevention of infectious diseases in haemodialysis units, there is variation in infectious diseases screening, isolation and cohort practices between haemodialysis units in Australia. The variation in practice may lead to inefficiencies, duplicate testing, missed opportunities and/or substantial costs. The KHA-CARI Guidelines are based on evidence informed practice.

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