

HAI-Lights Newsletter

An infection prevention and control
resource for academic partners

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HAI-Lights Refresher Question: The Fall-Winter 2025 newsletter discussed respiratory disease infection prevention. Answer this question to test your memory; find the **solution on page three**.

True or False: A suspected COVID-19 patient can be cohorted with a confirmed COVID-19 patient.



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Multidrug-resistant Organisms



Multidrug-resistant organisms (MDROs) are microorganisms, commonly bacteria, that are resistant to one or more types of antimicrobial drugs (CDC, 2006). Antimicrobial drugs, such as antibiotics, are used to treat patients who have infections. Germs can **develop several types of resistance mechanisms** against antimicrobial drugs, including protective membranes, cell wall pumps that remove antibiotics entering the cell, and destructive enzymes. **MDROs of particular concern are resistant to many or all available antimicrobials** (CDC, 2006). This means the options for treating patients with multidrug-resistant infections are extremely limited (CDC, 2006).

The infection control implications of MDROs are pressing, as without treatment options, **preventing and controlling transmission** is the best way to fight MDROs (CDC, 2006). Decreasing MDRO incidence is a critical shared responsibility; this newsletter provides background information and recommendations for managing MDROs in healthcare settings.

Notable Multidrug-resistant Organisms

Carbapenem-resistant Enterobacterales (CRE) are bacteria resistant to a type of antibiotic called carbapenems. CREs are one of the most common causes of bacterial infections in healthcare and community settings (DSHS, n.d.). These bacteria normally live in the intestines but can sometimes spread and cause serious infections (e.g., pneumonia, bloodstream infections, urinary tract infections, wound infections, and meningitis) (CDC, 2025).



Candida auris ([C. auris](#)) is a yeast that is difficult to treat with antifungal medications and often cannot be treated (CDC, 2024a). Colonization occurs when *C. auris* is present on the skin or inside the body but causes no symptoms (CDC, 2024a). *C. auris* can lead to a variety of infections and cause severe illness (e.g., superficial/skin or bloodstream infections) (CDC, 2024a). *C. auris* can be spread by both colonized and infected patients (CDC, 2024a). Most types of *C. auris* are resistant to at least one type of antifungal medicine, making *C. auris* infections difficult or impossible to cure (CDC, 2024a).

Vancomycin-intermediate *Staphylococcus aureus* ([VISA](#)) and **vancomycin-resistant *Staphylococcus aureus*** ([VRSA](#)) are bacteria with resistance to the antibiotic vancomycin. *Staphylococcus aureus* is commonly found on the skin and in the nose of healthy people but can occasionally cause boils and wound infections (CDC, 2024b).

Infection Prevention Recommendations

Ensure adherence to **Standard and Contact Precautions**.

Use masks when:

- Performing splash-generating procedures (e.g., wound irrigation, oral suctioning, intubation).
- Caring for patients with tracheostomies (an opening in the neck to help with breathing) and the potential for projectile secretions.
- There is evidence of transmission from heavily colonized sources (e.g., burn wounds).

Masks are not otherwise recommended for prevention of MDRO transmission from patients to healthcare personnel during routine care (e.g., upon room entry) (CDC, 2006).



Routinely implement [Contact Precautions](#) for all patients infected or colonized with MDROs (e.g., patients transferred from other units or facilities who are known to be colonized) (CDC, 2006). **Perform [proper hand hygiene](#) and don (put on) gowns and gloves** before or upon entry to the patient's room, as surfaces and equipment, especially those close to the patient, may be contaminated.

Prioritize cleaning the rooms of patients on Contact Precautions (CDC, 2006). Focus on frequently touched surfaces (e.g., bedrails, bedside commodes, bathroom fixtures in the patient's room, doorknobs) and



equipment near the patient. **Not all disinfectants are effective against certain MDROs.** View [EPA-registered disinfectant lists](#) for current EPA-approved products with claims against common pathogens.

When single-patient rooms are available, prioritize them for patients with known or suspected MDROs (CDC, 2006). When single-patient rooms are not available, cohort patients with the same MDRO. When possible, dedicate noncritical medical items (e.g., blood pressure cuffs, stethoscopes, oxygen saturation monitors) to use on individual patients infected or colonized with MDROs (CDC, 2006).

Facilities must prioritize MDRO prevention and control and patient safety at an organizational level by offering administrative support and cooperation within the healthcare organization and between other facilities (CDC, 2006).

- **Provide annual feedback and training** on MDRO risks and prevention of transmission during orientation and periodic educational updates for healthcare personnel.
- Ensure that clinical microbiologists **promptly notify infection control staff when a novel resistance pattern is detected**.
- Implement a process to review local susceptibility patterns ([antibiograms](#)) and antimicrobial agents to improve appropriate antimicrobial use.

Visit <https://www.cdc.gov/infection-control/hcp/mdro-management/summary-recommendations> for more information on the management of MDROs in healthcare settings.

CDC Project Firstline

When we practice consistent infection control—every person, every action, every day—lives are saved. The [Healthcare Safety Unit](#) joins [Project Firstline](#), a CDC-led **infection control training collaborative for healthcare workers**. Explore these resources and share them with peers: 1) [Recognizing Risks in Health Care](#); 2) [Learn Where Germs Live in Health Care](#); 3) [Antimicrobial Resistance and Infection Control Factsheet](#); 4) [Germs Live on the Skin Infographic](#); 5) [Germs Live in the Gut Infographic](#).



Antimicrobial Stewardship

Antimicrobial stewardship promotes responsible antimicrobial use via shared infection control measures and patient safety goals. Proper infection control precautions **prevent the spread of antimicrobial-resistant organisms**, such as bacteria or fungi, that no longer respond to the medications meant to kill them. As a result, infections are reduced.



Implement systems to guide providers to **use appropriate antimicrobial agents** for the clinical situation, such as:

- Computerized physician order entries
- Comments on microbiology susceptibility reports
- Notification from a clinical pharmacist or unit director

Healthcare Safety Unit

The Department of State Health Services' [Healthcare Safety Unit](#) promotes safe and quality healthcare through awareness, education, transparency, monitoring, and response, improving the well-being of all Texans. The unit has two multidisciplinary groups: 1) HAI/AR Epidemiologic Investigations; and 2) Data and Training.

Additional Resources

- [Subscribe to the HAI-Lights Newsletter and provide feedback](#) to help us improve this newsletter.
- [CDC Infection Control Basics](#)
- [Association for Professionals in Infection Control and Epidemiology \(APIC\)](#)
- [Texas Society of Infection Control and Prevention \(TSICP\)](#)

HAI-Lights Refresher Answer: False!

Patients should not be cohorted unless they have confirmed COVID-19 through testing.



References

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DSHS is in Sunset Advisory Commission review.

Learn about the process and provide feedback at dshs.texas.gov.