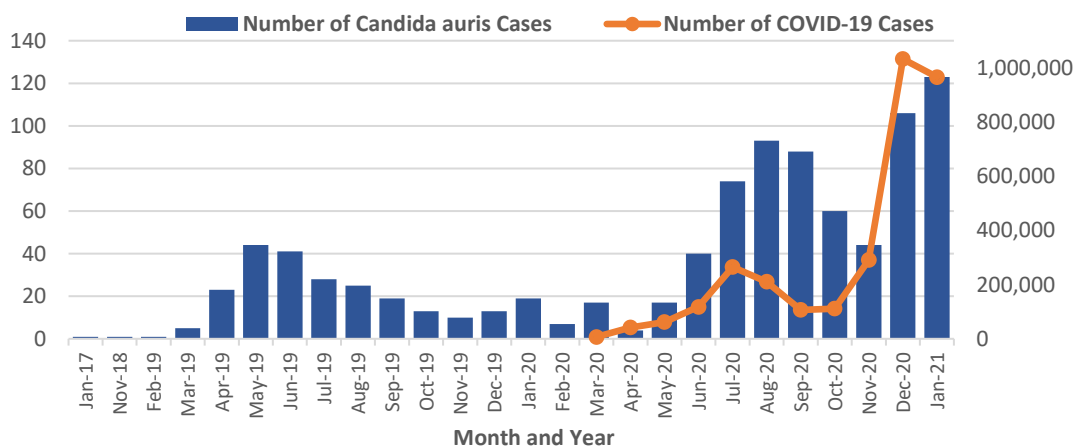


## CDPH *Candida auris* Toolkit for Healthcare Facilities

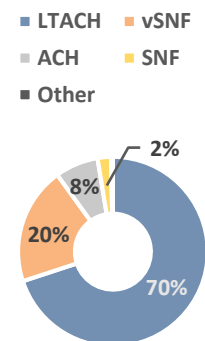
### Background • Containment of *Candida auris* is a public health priority

- *Candida auris* is an emerging, multidrug-resistant yeast, which can be resistant to all 3 available classes of antifungals.
- *C. auris* is easily spread among patients in healthcare settings. Risk factors include exposure to ventilator units at skilled nursing facilities (vSNF) and long-term acute care hospitals (LTACH), presence of indwelling medical devices, and overnight healthcare exposure outside the United States (<https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html>).
- Standard laboratory methods can misidentify *C. auris* (commonly as *C. haemulonii*) (<https://www.cdc.gov/fungal/candida-auris/identification.html>).
- *C. auris* can persist in the healthcare environment for weeks, where it can spread through contact with contaminated surfaces or equipment, and facilitated by excessive patient movement and poor healthcare personnel (HCP) hand hygiene.
- The recent increase in *C. auris* cases closely tracks COVID-19 case counts since the start of the pandemic. Most *C. auris* cases have been identified in Orange and Los Angeles counties and LTACH (see Fig. 1, Fig. 2).

**Fig. 1. *C. auris*, COVID-19 Cases Reported in California through January 2021**



**Fig. 2. *C. auris* Cases by Facility Type**



### Active Surveillance • Early detection and intervention are critical to stopping *C. auris* transmission

- Assess *C. auris* status for all individuals upon admission, by reviewing medical records, and through verbal communication with the transferring facility discharge planners prior to admission.
- **Screen individuals at highest risk for *C. auris*, whose status is unknown, and place on empiric Contact precautions while awaiting results<sup>1</sup>, those:**
  - transferring from any LTACH in southern California
  - transferring from a facility with a known *C. auris* outbreak
  - with overnight healthcare exposure outside the United States

**And consider those:**

- transferring from an acute care hospital or SNF in Los Angeles or Orange county, with indwelling medical devices, especially with tracheostomy or on mechanical ventilation

<sup>1</sup> As an exception, if a patient has been screened negative at the transferring facility within 24 hours of discharge, the receiving facility may choose to await those results while placing the patient on empiric Contact precautions in lieu of screening themselves.

- **with other known risk factors (e.g., history of multiple healthcare facility stays, co-colonization/-infection with carbapenemase-producing organism)<sup>2</sup>, as relevant and as resources allow**
- Identify all *Candida* isolates from normally sterile sites to the species level; for *Candida* isolated from non-sterile sites, consider species-level identification of isolates from patients at highest risk for *C. auris*.
- Do not rescreen patients previously identified with *C. auris*; individuals can remain colonized for several months or years.

**Response Testing** • *Consult with public health to conduct a contact investigation and screening in response to a new confirmed or suspected case*

- Screen any high-risk patients or residents who have had exposure to a positive patient or resident: [https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Tier2\\_Pathogen\\_Screening\\_Decision\\_Tree\\_Oct2020.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Tier2_Pathogen_Screening_Decision_Tree_Oct2020.pdf), including those:
  - who shared a bathroom and roommates
  - who require high levels of care (e.g., ventilator-dependent) and overlapped on the same ward or unit as the index
  - with shared primary HCP, or exposed to the same device
  - residing on unit(s) where transmission is suspected (point prevalence survey (PPS))
- Flag the medical record of patients identified as contacts, but who were discharged prior to screening; if discharged to another facility, recommend screening contacts there, and alert the LHD.
- If one or more additional patients are identified with *C. auris*, conduct serial PPS at two-week intervals until two consecutive PPS are completely negative.
  - For patients testing negative during PPS and discharged to another facility, screen and place on preemptive Contact precautions at receiving facility.
- Even after two consecutive PPS have resulted completely negative, consider planned PPS at longer intervals if one or more *C. auris*-positive patients are consistently in residence.

**Infection Control** • *Sound, basic infection control practices can reduce transmission of C. auris and COVID-19*

- Place any patient with *C. auris* on Contact precautions, and if possible, in a single room.
- In facilities with multi-bed rooms, cohort patients with *C. auris* in the same room; treat each bed space as a separate room and consider other communicable disease status (e.g., COVID-19, other MDRO). If multiple patients with *C. auris* in facility:
  - Place in rooms in same geographic area
  - Dedicate primary HCP to *C. auris* patients (without responsibility to care for non-*C. auris* patients); if not possible, HCP should care for non-*C. auris* patients BEFORE *C. auris* patients.
- Minimize patient movement
- Dedicate daily care and mobile medical equipment to *C. auris* patients, and consider using single-use, disposable, non-critical devices. Clean/disinfect shared equipment between each use.
- Do **NOT** reuse or extend use of gloves or gowns (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>).
- Perform hand hygiene before putting on PPE, after removing PPE, and before and after patient contact.
- Conduct and audit daily and terminal cleaning and disinfection of patient care environment including high-touch surfaces, and non-dedicated equipment after use, with an EPA-registered hospital-grade disinfectant effective against *C. auris* (<https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html#disinfection>).

<sup>2</sup> See CDPH *C. auris* website under Colonization Testing: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx>

- Extend use of appropriate disinfectant to entire unit or facility where patients with *C. auris* are located. Ensure staff adhere to contact time specific to *C. auris*.
- Regularly monitor and provide feedback on HCP adherence to infection prevention practices (<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx>).
- Continue infection control measures for the duration of a *C. auris*-colonized or -infected patient's admission. There is no 'clearance' for *C. auris* colonization.

**Communication** • *Direct and prompt communication is critical due to extensive patient sharing networks*

- Facilities **must** communicate a patient's *C. auris* and other MDRO status, and any recommended infection control measures to any receiving healthcare facility at time of transfer (<https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Interfacility%20Transfer%20Form%20061417.pdf>).
- When receiving transferred patients, proactively ask the transferring facility about the patient's status if not included in the accompanying medical records.
- Facilities with ongoing *C. auris* outbreaks **must** inform facilities to which they transfer patients. Receiving facilities **should** screen such patients for *C. auris* and place them on empiric Contact precautions pending the test result.
  - LTACH or vSNF known to regularly share patients with the index facility may also consider admission screening of transfer patients, or PPS of high-risk patients or units.
- If patient has had previous healthcare exposure, and date of collection is within three days of admission, notify previous facility of *C. auris* status. The previous facility may also consider conducting a contact investigation or PPS.
- Facilities **must** also alert LHD when transferring patients with *C. auris*.
- Flag the medical record of patients with *C. auris* to ensure infection control precautions are implemented upon readmission.

**Reporting Requirements** • *A single, confirmed C. auris case requires investigation and public health notification*

- Report all *C. auris* cases to your local health department and the CDPH HAI Program at [HAIprogram@cdph.ca.gov](mailto:HAIprogram@cdph.ca.gov) per Title 17, and CDPH Licensing & Certification per All Facilities Letter 19-18.

**Public Health Testing** • *Access services through local or state public health at [HAIProgram@cdph.ca.gov](mailto:HAIProgram@cdph.ca.gov)*

- *C. auris* identification and confirmation are available via some local public health laboratories, the CDPH Microbial Diseases Laboratory (MDL) (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TestOrderFungalIDYeastMALDI.aspx>), and the CDC Antibiotic Resistance Laboratory Network (AR Lab Network) ([https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CDPH\\_ARLN\\_TargetedSurveillanceDescription\\_Sept2020.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CDPH_ARLN_TargetedSurveillanceDescription_Sept2020.pdf)).
- Colonization testing is available at no cost through the AR Lab Network (<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/ARLNLabTestMenu>).

**Additional Resources**

**Key Information**

- CDPH *C. auris* Webpage: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx>

- CDPH *C. auris* Quicksheet:  
[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/C%20auris%20Quicksheet\\_Interim\\_070720\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/C%20auris%20Quicksheet_Interim_070720_ADA.pdf)
- CDPH *C. auris* Screening Decision Tree:  
[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Tier2\\_Pathogen\\_Screening\\_Decision\\_Tree\\_Oct2020.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Tier2_Pathogen_Screening_Decision_Tree_Oct2020.pdf)
- CDC/CDPH *C. auris* in Long-Term Care Facilities Webinar:  
[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/C\\_auris\\_AHR\\_CDC\\_CDPH\\_shareWebinarCombined\\_ADA\\_121020.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/C_auris_AHR_CDC_CDPH_shareWebinarCombined_ADA_121020.pdf) (slides)  
<https://youtu.be/5ulpo7wi6xk> (recording)
- CDPH Adherence Monitoring Tools:  
<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx>
- CDPH Interfacility Transfer Form:  
<https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Interfacility%20Transfer%20Form%20061417.pdf>

**Table 1. *C. auris*, other MDRO (including *C. diff*) and COVID-19 Containment, Infection Control Measures**

	<i>C. auris</i>	<i>Acinetobacter</i>	Other MDRO (e.g., CRE)	<i>C. diff</i>	COVID-19
Good hand hygiene – ABHS preferred	X	X	X	Soap & water	X
Contact precautions, single room if possible	X	X	X	X	+ respirator, eye protection
Thorough environmental cleaning and disinfection	Use <a href="#">C. auris/List K agent</a>	X	X	Use <a href="#">List K agent</a>	Use <a href="#">List N agent</a> ( <i>C. auris</i> /List K agent OK)
Routine adherence monitoring	X	X	X	X	X
Cohorting of patients and HCP	X	X	X	X	X
Lab surveillance	X	X	X	X	X
Screening of high-risk contacts	X	X	X		X

ABHS=alcohol-based hand sanitizer; *C. diff*=*Clostridioides difficile*; CRE=Carbapenem-resistant Enterobacterales

### General *C. auris* Information

- CDC *C. auris* Website  
<https://www.cdc.gov/fungal/candida-auris/index.html>
- CDC *C. auris* Information for Patients and Family Members: <https://www.cdc.gov/fungal/candida-auris/patients-ga.html>
- CDC *C. auris* Information for Infection Preventionists: <https://www.cdc.gov/fungal/candida-auris/factsheets/cdc-message-infection-experts.html>
- CDC *C. auris* Prevention in Nursing Homes: <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html#nursing>

### Environmental Cleaning and Disinfection

- CDC Environmental Cleaning: <https://www.cdc.gov/hai/toolkits/evaluating-environmental-cleaning.html>
- Greater New York Hospital Association *C. auris* Cleaning and Management Videos:

- English: <https://vimeo.com/350168460>
- Spanish: <https://vimeo.com/357898819>
- CDC “States Targeting Reduction in Infections via Engagement” (STRIVE) Program for Environmental Services: <https://apic.org/resources/topic-specific-infection-prevention/environmental-services/>

### **Hand Hygiene**

- WHO Five Moments for Hand Hygiene: [https://www.who.int/gpsc/tools/Five\\_moments/en/](https://www.who.int/gpsc/tools/Five_moments/en/)
- CDC Hand Hygiene in Healthcare Settings: <https://www.cdc.gov/handhygiene/index.html>

### **Transmission-based Precautions**

- CDPH Enhanced Standard precautions:  
<https://www.cdph.ca.gov/programs/chcq/lcp/cdph%20document%20library/enhanced-standard-precautions.pdf> (Guidance)  
[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EnhancedStandardPrecautionsTrifold\\_Aug2020.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EnhancedStandardPrecautionsTrifold_Aug2020.pdf) (Trifold)  
[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/ESP\\_6\\_MomentsSign\\_FI\\_NAL\\_Aug2020.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/ESP_6_MomentsSign_FI_NAL_Aug2020.pdf) (6 Moments)