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Health Advisory

Transmission of *Candida auris* at an Alameda County Acute Care Hospital

May 20, 2025

SITUATION

Alameda County Public Health Department (ACPHD) is investigating transmission of *Candida auris* (*C. auris*) among patients at Highland Hospital (HH) in Oakland. The first case was identified in late April during routine admission screening at another facility after discharge from HH. The patient had no known risk factors for *C. auris* at admission to HH in early March 2025, and the original source of colonization is not known. To date, five cases of *C. auris* colonization have been identified from multiple adult inpatient units at HH. All known cases are on Contact Precautions. The HH Emergency Department and Labor & Delivery Unit are not currently affected. Contact tracing and additional point prevalence surveys (PPS) are being conducted. No transmission of *C. auris* has been documented in any other local facility at this time. ACPHD is notifying local health care facilities to inform actions to prevent further spread.

BACKGROUND

C. auris is an emerging multi-drug-resistant fungus that is easily transmissible in health care settings. It can cause colonization and serious clinical infection. Patients who have had prolonged admissions in high-acuity settings, including long-term acute care hospitals (LTACHs), ventilator-equipped skilled nursing facilities (vSNFs), and high-acuity acute care hospital (ACH) units (e.g., intensive care units (ICU) and step-down units (SDU)), are at highest risk of *C. auris* colonization and infection. [Since early 2023](#), ACPHD has encouraged health care facilities to implement admission screening of patients with *C. auris* risk factors, including patients from LTACHs, vSNFs, or any health care facilities in Nevada state, as well as patients who received health care outside the United States. Alameda County facilities with high-risk patients are engaged in quarterly PPS for *C. auris* colonization. Although *C. auris* has been detected in Alameda County previously, this is the first incidence of documented transmission.

Contact tracing and screening is being conducted for all *C. auris* cases. If a patient is epidemiologically linked to a case and has already been discharged from HH, ACPHD is coordinating notification of the accepting facility and, when relevant, the appropriate local public health department.

HH is working closely with ACPHD to identify *C. auris* cases and stop transmission with enhanced infection control procedures, interfacility communication, and environmental cleaning. Facilities will be notified via follow-up Health Advisory when two sequential PPS are negative on each affected unit and no additional transmission at HH has been identified. ACPHD strongly urges healthcare facilities to continue to provide placement to patients colonized with *C. auris* for continuity of care. **Patients should not be denied admission or transfer due to colonization, infection, or a pending screening result for *C. auris*.**

ACTIONS REQUESTED OF LOCAL HEALTH CARE FACILITIES

1. For General Acute Care Hospitals and Long-term Acute Care Hospitals, conduct an admission screen for *C. auris* of patients from any adult inpatient unit from Highland Hospital (excluding Labor & Delivery and patients seen only in the Emergency Department), and place patients on empiric Contact Precautions until the admission screen results negative.
2. For Skilled Nursing Facilities (SNF) and vSNFs admitting patients from Highland Hospital (excluding Labor & Delivery and patients seen only in the Emergency Department), place patients on empiric Enhanced Barrier Precautions until you receive negative screening results for *C. auris*. Discharge screening will be conducted by Highland Hospital and communicated to receiving facilities.
3. Retrospective testing of patients admitted from HH since early March may be considered. Facilities will be notified if additional testing is required for patients epidemiologically linked to newly identified *C. auris* colonized cases.
4. Review previous recommendations for *C.auris*: [Health Advisory Feb 23, 2023](#).

ACTIONS REQUESTED OF CLINICAL AND REFERENCE LABORATORIES

1. Identify all *Candida* isolates from sterile sites, if it is the only organism isolated.
2. For *Candida* isolated from non-sterile sites (e.g., urine), consider speciating isolates from patients at highest risk for *C. auris*.
3. Report *C. auris* identification to ACPHD within one working day; follow reporting instructions outlined in [Candida auris Health Advisory Feb 23, 2023](#).