



HEALTH ADVISORY

Emergence of *Candida auris* in Healthcare Facilities in Northern California and Increase in Incidence of Carbapenemase-Producing Organisms

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SITUATION:

California Department of Public Health (CDPH) recently alerted healthcare providers to the [emergence of epidemiologically-linked *Candida auris* \(*C. auris*\)](#) associated with acute care hospitals (ACH), skilled nursing facility (SNF), and outpatient settings in Sacramento and Stanislaus counties since September 2022. Additionally, at the end of January 2023, Alameda County Public Health Department (ACPHD) was alerted to *C. auris* detection in admission screening of a patient transferred from an ACH in Contra Costa County. These are the first reported *C. auris* colonizations in Northern California and none of the patients had known exposures suggesting there is more transmission in the region than has been identified to date. In addition, rates of Carbapenemase-producing organisms (CPO) have continued to rise across Alameda County with many ventilator-equipped SNFs (vSNF) currently experiencing outbreaks of CPO.

Patients and residents who have had prolonged admission in healthcare settings, particularly high-acuity care settings including LTACHs, vSNFs, high-acuity ACH units (e.g., intensive care units (ICU) and step-down units (SDU)), are at highest risk of *C. auris* and other multidrug-resistant organism (MDRO) infection and colonization. **Patients should not be denied admission or transfer due to MDRO colonization.** ACPHD is committed to providing education to any healthcare providers on how to properly manage patients with MDRO infection/colonization. ACPHD urges healthcare facilities and laboratories to implement proactive infection prevention and control (IPC) strategies to prevent further spread of *C. auris*, CPO and other MDROs.

Actions Requested of Healthcare Facilities and Laboratories:

Active Surveillance

- Assess *C. auris* and CPO status for all patients and residents upon admission, by reviewing medical records and following up with the transferring facility as necessary.
- LTACHs and subacute/vSNF units should screen all patients for *C. auris* and CPO on admission.
- At all healthcare facilities, conduct admission screening through colonization testing for persons at highest risk for *C. auris*, whose status is unknown transferring from:
 1. any LTACH or vSNF ventilator unit regardless of geographic location;
 2. any facility with known *C. auris* transmission; and
 3. any ACH (in addition to any LTACH or vSNF ventilator unit) in Nevada state.
 4. Consider screening patients with other known risk factors including patients receiving healthcare outside of the US in the last 12 months or patients colonized with CPO.
- Place all patients screened on admission for *C. auris* and CPO on empiric Contact Precautions while awaiting colonization testing results.
- Do not rescreen patients previously identified with *C. auris* and CPO; they can remain colonized indefinitely.
- Facilities with high-risk patients such as LTACHs and vSNFs are encouraged to engage in quarterly point prevalence surveys of both *C. auris* and CPO coordinated through CDPH.

- For questions or concerns regarding testing capacity for admission screenings or quarterly surveillance, contact Acute Communicable Diseases of ACPHD at Acutecd@acgov.org.

Routine Surveillance

- Clinical and reference laboratories should identify all *Candida* isolates from normally sterile sites to the species level if possible; for *Candida* isolated from non-sterile sites (e.g., urine), consider species-level identification of isolates from patients at highest risk for *C. auris*.
- Laboratories should test Carbapenem-resistant organisms (CRO) for carbapenemase production; if unable to perform carbapenemase testing or if isolate submission is required to comply with the [Alameda County Health Officer Order](#), send isolates to Alameda County Public Health Laboratory.
- Submit all *C. auris* and CPO isolates to Alameda County Public Health Laboratory.
- Report *C. auris* and CPO identification to ACPHD within one working day following instructions below.

Reporting

- *C. auris* and CPO identified in an Alameda County resident or patient receiving care in an Alameda County healthcare facility are reportable within one working day of identification to Acute Communicable Diseases of ACPHD:
 - M-F 8:30-5PM call 510-267-3250 Option 2
 - Afterhours and weekends call Alameda County Fire Dispatch at 925-422-7595 and ask to speak with the on-call Public Health Duty Officer
- If *C. auris* or CPO is identified upon admission screening, promptly notify the referring facility.
- Communicate a patient's *C. auris*, CPO, and other MDRO status to any receiving healthcare facility prior to transfer; use an [interfacility transfer form](#) and send a copy to acutecd@acgov.org.
- Receiving facilities should proactively enquire about the patient's status if not included in the accompanying medical records.

Environmental Cleaning and Disinfection

- In LTACHs facility-wide, subacute/vSNF ventilator units, and ACH high-acuity units (e.g., ICU and SDU), routinely clean and disinfect surfaces and shared medical equipment using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris* from [List P](#).
- If a List P disinfectant is unavailable, a disinfectant from [List K](#) or an appropriately-prepared bleach solution may be used.

Infection Prevention and Control

- In all SNFs, implement [Enhanced Standard Precautions now](#) facility wide as a pre-emptive measure.
- Initiate Contact Precautions for patients with *C. auris* and CPO, and if possible, isolate in a single room.
- Consider *C. auris*, CPO and other MDRO status during room placement if and when cohorting patients in a COVID-19 or other respiratory virus isolation area. For example, a patient with both COVID-19 and *C. auris* can only be placed in the same room as another patient with COVID-19 and *C. auris*.
- Do **NOT** reuse or extend use of gloves or gowns.
- Perform hand hygiene before putting on personal protective equipment (PPE), after removing PPE, and before and after patient contact.
- Regularly [monitor healthcare personnel \(HCP\) adherence to IPC practices](#)
- Continue IPC measures for the duration of a colonized or infected patient's admission. There is no 'clearance' for *C. auris* or CPO colonization.

Antimicrobial Stewardship

- Implement antimicrobial stewardship strategies for broad-spectrum antibacterial and antifungal agents to limit the emergence of *C. auris*, especially multidrug- or pan-resistant *C. auris*, and other MDROs.