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and Human Services**Erica Pan, MD, MPH**  
State Public Health Officer & Director

Agency

**California****Department of Public Health****Health Update****TO: Healthcare Professionals****Ongoing Transmission of *Candida auris* in Healthcare Facilities in Northern and Central  
California****6/9/2025****Gavin Newsom**  
Governor**Key Messages**

- As an update to the March 2023 Health Advisory describing the emergence of *Candida auris* (*C. auris*) in Northern California [1], the California Department of Public Health (CDPH) and local public health partners are alerting health care providers of an increase in *C. auris* cases identified across Northern and Central California (Figure 1).
- In addition, there has been ongoing transmission in acute care hospital (ACH) [2] and long-term acute care hospital (LTACH) settings in the Bay Area and Central Valley since November 2024, with more spread likely in the region than has been identified to date.
- Patients and residents who have had prolonged admission in healthcare settings, particularly high-acuity care settings including LTACHs, ventilator-equipped skilled nursing facilities (vSNFs) and high-acuity ACH units (e.g., intensive care units (ICUs)), are at highest risk of *C. auris* and other multidrug-resistant organism (MDRO) colonization and infection.

**Recommendations**

To proactively identify and prevent further spread of *C. auris* in California, the CDPH Healthcare-Associated Infections (HAI) Program emphasizes the need for the following enhanced surveillance strategies in Northern and Central California healthcare facilities.

- **ACHs** should implement admission screening strategies based on patient- and unit-level risks for *C. auris* colonization and transmission, which include screening patients upon admission:
  - from a facility with known transmission;
  - from LTACHs or vSNF ventilator units;

- with healthcare exposure outside of the U.S., or in regions with known *C. auris* endemicity, e.g., Southern California, Nevada, New York;
- wherever feasible, to units with high-acuity patients and prolonged (e.g., > 1 week) lengths of stay (e.g., some ICUs, burn units).
- **LTACHs** facility-wide: conduct admission screening and regular (e.g., every 1-3 months) proactive point prevalence surveys (PPSs).
- **vSNF** ventilator units: conduct a proactive point prevalence survey (PPS) if not done within the past one month. Continue to conduct regular (e.g., every 3-6 months) PPSs and consider admission screening as resources allow.
- **SNFs:**
  - A very small proportion (<1%) of *C. auris* cases have been identified in regular SNFs (Figure 2), and extensive transmission and outbreaks have been uncommon in this setting.
  - SNFs should be prepared to admit and safely care for residents with known or suspected *C. auris* colonization, including implementation of Enhanced Barrier Precautions (EBP) per AFL 24-15 [3].
  - All SNFs in compliance with the Centers for Medicare & Medicaid's EBP requirement are able to admit and provide care for residents with MDROs, including *C. auris*. Thus, there is no basis for a SNF to refuse admission of a resident based on their need for EBP or MDRO status.
  - Residents on EBP do not require placement in a single-person room, even when known to be infected or colonized with an MDRO. CDPH provides additional guidance for cohorting multiple residents in the same room or designated area of the facility, based on MDRO status, in the Cohorting Guidance for Patients or Residents Infected or Colonized with Multidrug-resistant Organisms [4].
- For additional infection prevention and control strategies, including environmental cleaning and disinfection for facilities statewide, refer to the CDPH *C. auris* Quicksheet and Regional Prevention and Response Strategy [5].

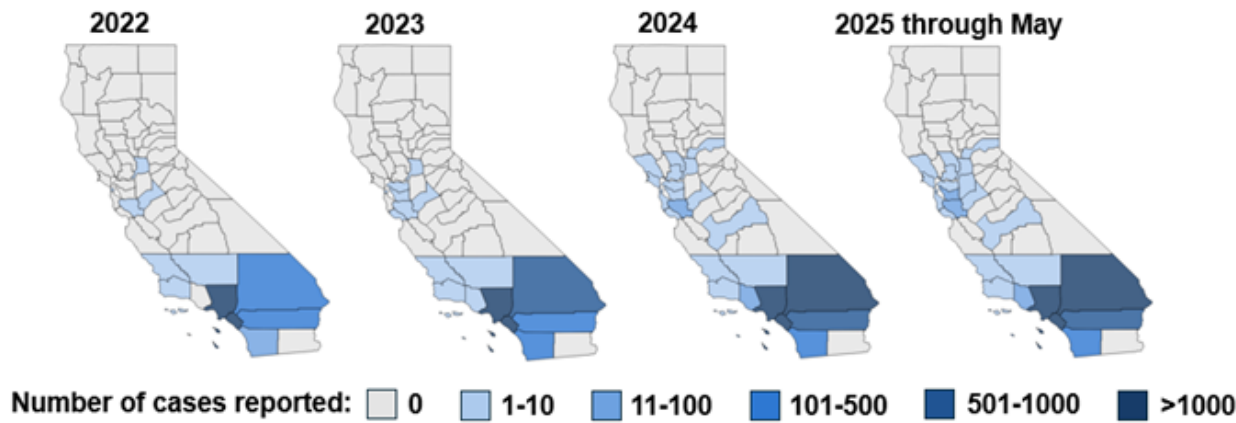
## Public Health Testing

- *C. auris* isolate and colonization testing resources are available at some local public health laboratories, the CDPH Microbial Diseases Laboratory (MDL)[6], and the CDC Antimicrobial Resistance Laboratory Network.
- Contact your local health department to access public health testing services.

## Resources

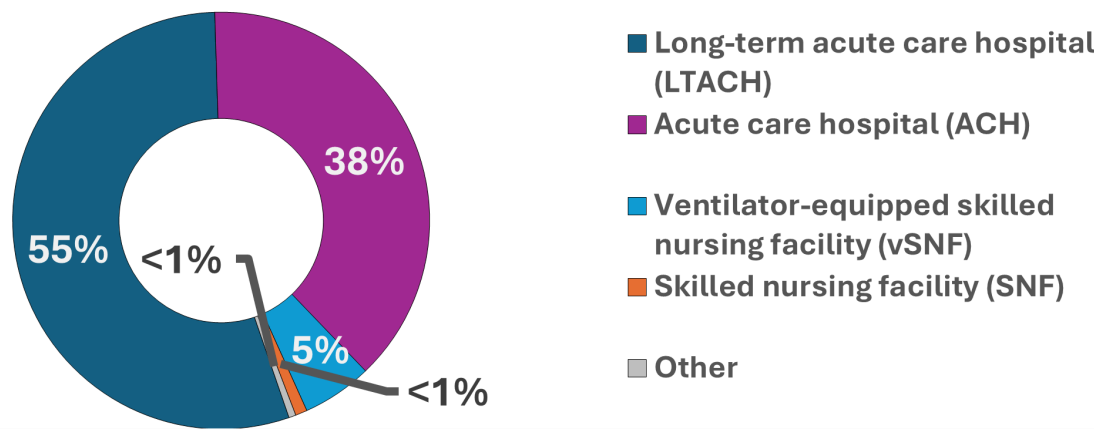
- CDPH *C. auris* Webpage
- CDPH *C. auris* Quicksheet and Regional Prevention and Response Strategy (PDF)
- CDPH CAHAN Antimicrobial Resistance-related Health Advisories

**Figure 1. Cumulative Number of *C. auris* Cases Reported to CDPH by County, 2022–May 2025\***



\*Data are preliminary and subject to change. For updated *C. auris* case data, visit the CDPH Antimicrobial Resistance Data & Reporting webpage.

Figure 2. Percent *C. auris* Cases Reported in California by Facility Type, 2022–May 2025



# References

[1] California Health Advisory: Emergence of *Candida auris* in Health Facilities in Northern California (PDF)

[2] Alameda County Public Health Department Health Advisory (PDF)

[3] AFL 24-15

[4] CDPH Cohorting Guidance for Patients or Residents Infected or Colonized with Multidrug-resistant Organisms (PDF)

[5] CDPH *C. auris* Quicksheet and Regional Prevention and Response Strategy (PDF)

[6] CDPH MDL Submission Instructions and Forms

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