



To: CAHAN San Diego Participants
Date: June 13, 2019
From: Epidemiology Program, Public Health Services

Health Advisory: *Candida auris* Detected in California Healthcare Facilities

This health advisory informs providers about *Candida auris*, an emerging multi-drug resistant *Candida* species, recently identified in several Southern California facilities. Recommendations for local healthcare professionals and resource links are provided.

Key Points

- *Candida auris* (*C. auris*) has been identified at several healthcare facilities in Southern California. No cases have been reported in San Diego County.
- *C. auris* can colonize patients and may cause serious invasive infections, particularly in patients in hospitals and nursing homes who have multiple medical problems.
- *C. auris* can be difficult to identify, treat, and remove from the patient care environment. Screening high-risk patients, early detection, and rigorous adherence to infection control measures are essential to prevent spread in healthcare facilities.
- Suspect or confirmed *C. auris* cases identified in San Diego County should be reported within one working day by phone to the County Epidemiology Program.
- Continuing medical education (CME) webinars on *C. auris* are being held by the Centers for Disease Control and Prevention (CDC) on June 20, 2019 (sign up [here](#)) and the California Department of Public Health (CDPH) on June 24, 2019 (sign up [here](#)).

Situation

C. auris is an emerging multidrug-resistant *Candida* species that has caused invasive healthcare-associated infections and is associated with high mortality rates. One case was identified in Northern California in 2018. Recently, *C. auris* has been identified in several [Orange County](#) long-term acute care (LTAC) hospitals and skilled nursing facilities that provide ventilator care (vSNFs) and in a facility in [Long Beach](#). Clusters of cases and colonized patients have occurred in several states; these are tracked by CDC [here](#).

No *C. auris* cases or colonized patients have been reported in San Diego County. However, healthcare facilities can take actions now to identify patients with this infection and prepare for actions that may be required, should a case be detected. Given serious concerns about resistance and the high potential for transmission of *C. auris* in healthcare facilities, there are special screening recommendations for patients who are at high risk of *C. auris* and infection control precautions for patients who are colonized or infected.

Background

C. auris has been identified from many body sites including bloodstream, urine, respiratory tract, biliary fluid, wounds, and external ear canal. Almost 30% of patients with an invasive *C. auris* infection die. It can colonize patients for many months (even after treatment), persist in the environment, and withstand many routinely used disinfectants in healthcare facilities.

C. auris is becoming more common. First recognized in 2009, it has since been reported from over [20 countries](#), including the United States. In the United States, *C. auris* infection has primarily been identified in people with serious underlying medical conditions who have received multiple antibiotics and who reside in or who have had prolonged admissions to healthcare settings (particularly high-acuity skilled nursing facilities).

Recommendations for Providers

- **Report any suspect and confirmed *C. auris* case to the County Epidemiology Program within one working day by calling 619-692-8499.** Any single case of an unusual organism, cluster or outbreak is [reportable](#) in California per Title 17 CCR §2500.
- [Determine the species](#) of *Candida* spp. isolates obtained from both sterile and non-sterile sites in patients at high risk for *C. auris*. As speciation of *Candida* from non-sterile sites is not usually performed, clinicians should request this from their laboratory for high-risk patients. CDC recommends that all yeast isolates obtained from a normally sterile site (e.g. blood stream, cerebrospinal fluid) be identified to the species level so that appropriate initial treatment can be administered based on [typical species-specific susceptibility patterns](#). Additionally, yeast isolates obtained from non-sterile sites (e.g., urine, respiratory tract) can be identified to the species level as part of enhanced surveillance for *C. auris*.
- Confirm that your laboratory can detect *C. auris* or suspect *C. auris*. *C. auris* can be [misidentified](#) as a number of different organisms (e.g. *C. haemulonii*, *Rhodotorula glutinis* and others) when using traditional biochemical or phenotypic methods for yeast identification. Accurate identification of *C. auris* requires use of genetic sequencing or mass spectrometry. Laboratories should review the [CDC identification algorithm](#).
- All healthcare facilities should consider [screening](#) the following patients at high risk for *C. auris*:
 - Patients who are on a mechanical ventilator or have a tracheostomy being transferred from LTAC hospitals or vSNFs;
 - Patients infected or colonized with [carbapenemase-producing carbapenem-resistant Enterobacteriaceae](#) (CP-CRE) (co-colonization of *C. auris* with these organisms has been observed regularly);
 - Close healthcare contacts of those with newly identified *C. auris* infection or colonization; and
 - Patients who have had an overnight stay in a healthcare facility outside the United States within the last year.
 - To coordinate screening, contact the County Epidemiology Program to obtain kits to collect [composite swabs](#) of the axillae and groin. Specimens may be submitted to the CDC Antibiotic Resistance Laboratory Network via the San Diego Public Health Laboratory.

- Place all suspect or confirmed *C. auris* cases on contact precautions, per CDC [recommendations](#). Infection control should include an emphasis on hand hygiene, dedicated medical equipment, and dedicated healthcare staff. Daily and terminal cleaning should be done with recommended products listed by the Environmental Protection Agency (EPA) as registered, hospital-grade disinfectants effective against *Clostridioides difficile* spores ([list K](#)). Quaternary ammonium compounds may not be effective against *C. auris*, and data on the use of hands-free disinfection methods, like germicidal UV irradiation, are limited.
- Facility-to-facility communication is critical when transferring a patient who is suspected or confirmed to be colonized or infected with *C. auris*. Any accepting facility should be made aware of the patient's status.
- Consultation with an infectious disease specialist is highly recommended when treating patients with *C. auris* infection or colonization. CDC [recommends](#) echinocandins for initial therapy for infections caused by most strains, dependent on the patient population; however, patients on antifungal treatment should be carefully monitored because this organism appears to develop resistance quickly. There is no treatment for colonization; patients generally remain colonized with *C. auris* for long periods. CDC recommends infection control measures to be followed during and after treatment.

FREE CME

- CDC Clinician Outreach and Communication Activity (COCA) webinar: [Multidrug-resistant Candida auris: Update on Current U.S. Epidemiology, Clinical Profile, Management, and Control Strategies](#) (scheduled June 20, 2019, but available for later viewing and CME credit)
- CDPH California Antimicrobial Resistance Lab-Epi Alliance webinar: Update on *Candida auris* in California (see flyer included with this Advisory—webinar scheduled June 24, 2019, click [here](#) to register, but available for later viewing [here](#))

Resources

- CDC [Candida auris website](#) (contains general information, tracking of national and international cases, fact sheets, current research, and resources for providers, laboratorians, and patients)
- CDPH [Candida auris website](#) (contains information on laboratory testing, surveillance, colonization testing, infection control measures, disinfection, and environmental surveillance)
- CDPH All Facilities Letter [Requirements to report outbreaks and unusual infectious disease occurrences](#) May 13, 2019
- Los Angeles County [Health Advisory on Candida auris](#) May 7, 2019
- Orange County [Health Advisory Update on Candida auris](#) June 10, 2019

Thank you for your participation.

CAHAN San Diego

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California Antimicrobial Resistance Lab-Epi Alliance

Update on *Candida auris* in California

NEW TIME- June 24th, 2019 | 12:30-2:00 pm PST

The CDPH Healthcare-Associated Infections (HAI) Program is pleased to partner with the Centers for Disease Control and Prevention and the Orange County Health Care Agency to present updates on *Candida auris* in California and recommendations for surveillance and response.

Guest Presenters:

Katie Forsberg, MPH

Epidemiologist

Mycotic Diseases Branch

Division of Foodborne, Waterborne, and Environmental Diseases

U.S. Centers for Disease Control and Prevention

Matt Zahn, MD

Medical Director

Epidemiology and Assessment

Orange County Health Care Agency

Objectives:

- Review recent updates on the epidemiology, laboratory detection, prevention and control of *C. auris*
- Describe the identification and public health response to *C. auris* in Orange County
- Discuss recommendations and guidance for surveillance and response, colonization testing services, and infection control measures for patients and residents with *C. auris*
- Present updated resources on the CDPH HAI Program website

Primary Audience:

- Clinical and public health microbiologists
- Local public health communicable disease staff
- Infectious Disease physicians
- Healthcare epidemiologists and infection preventionists

[Click here](#) to register

For more information, email HAIProgram@cdph.ca.gov