



**To: CAHAN San Diego Participants**

**Date: September 28, 2021**

**From: Public Health Services**

**Health Advisory: *Candida auris* detected in San Diego County facilities**

#### Key Points

- Two patients colonized with *Candida auris* (*C. auris*) have recently been identified at two separate San Diego County healthcare facilities.
- *C. auris* can be difficult to identify and treat. Early detection by screening high risk patients is essential to preventing spread in healthcare facilities.
- Rigorous adherence to infection control and routine use of EPA registered disinfectant effective against *C. auris* is critical for mitigation.
- Isolates for potential confirmatory testing should be saved.
- Suspected or confirmed *C. auris* cases identified in San Diego County should be reported to County Epidemiology during business hours Monday to Friday 8AM-5PM within one working day of identification.

#### Situation

*Candida auris* is an emerging multidrug-resistant *Candida* species that has caused invasive healthcare-associated infections and is associated with high mortality rates ranging from 21% to 35% in California. *C. auris* can also cause asymptomatic colonization, which can lead to silent transmission in healthcare settings. All previous cases identified in San Diego County had epidemiologic links to healthcare facilities outside of San Diego County. Recently, two *C. auris* cases were identified in two separate San Diego County acute care facilities that did not have a known linkage to exposures outside of San Diego County, suggesting local transmission.

Prompt and accurate diagnosis and identification of *C. auris* is critical to initiate appropriate infection control measures and empiric therapy. With increasing reports of multidrug-resistance, susceptibility testing should be performed on any clinical isolate. Colonization testing may be conducted by polymerase chain reaction (PCR) or culture-based methods. Having the specific laboratory testing to distinguish, or at least suspect, *C. auris* is important because [C. auris can be misidentified](#) as a number of different organisms (e.g., *C. haemulonii*, *Rhodotorula glutinis*, and others). Laboratories should review the [CDC identification algorithm](#). The Centers for Disease Control and Prevention (CDC) has developed [C. auris screening protocols](#) that include procedures for patient specimen collection.

#### Actions Requested

1. **Conduct screening** through [colonization testing](#) for individuals at high risk for *C. auris* on admission and/or discharge to long-term care facilities. Place on empiric contact precautions while awaiting results. These individuals include:

- Individuals transferring from any high-risk facility (e.g., long-term acute care hospital, or subacute unit of a skilled nursing facility).

- Individuals with history of overnight hospitalization or invasive procedure abroad, or in a region where *C. auris* transmission is documented, within the last 12 months.
  - Those colonized with carbapenemase-producing (CP) organisms, prioritizing those with rare (non-*K. pneumoniae* carbapenemase) mechanisms.
  - Persons with tracheostomies and/or mechanically ventilated.
2. **Confirm that your laboratory can detect *C. auris* or suspect *C. auris*** and determine the species of *Candida* spp. isolates obtained from both sterile and non-sterile sites. If your lab cannot reliably identify *C. auris*, contact County Epidemiology during business hours to coordinate the submission of presumptive isolates for confirmation.
  3. **Save all presumptive and confirmed isolates** for potential confirmatory testing via the San Diego County Public Health Laboratory.
  4. **Isolate all suspect or confirmed *C. auris* cases** on contact precautions in a private room and minimize room transfers. Infection control should include emphasis on hand hygiene, disinfection, using dedicated medical equipment, and dedicated healthcare staff. Active monitoring to ensure adherence to infection control measures should be conducted routinely. [Adherence monitoring tools](#) can be obtained on the CDPH HAI website.
  5. **All healthcare facilities should proactively use [Environmental Protection Agency \(EPA\)-registered](#)** hospital grade disinfectants as their general purpose surface cleaning disinfectant. If unable to use facility-wide, prioritize high-acuity units and long-term stay units.
  6. **Do not reuse or extended-use** personal protective equipment (PPE), as this may facilitate [transmission of \*C. auris\* and other MDROs](#) (multi-drug resistant organisms).
  7. **Standardized inter-facility transfer [communication](#)** to include MDRO/isolation status is critical when transferring a patient who is suspected or confirmed to be colonized or infected with *C. auris*, including notification of any pending lab results. Communication ideally is conducted directly infection preventionist to infection preventionist, in addition to routine hand-off communication.
  8. **Consultation with an infectious disease specialist** is highly recommended when treating patients with *C. auris* infection or colonization.
  9. **Report any suspect and confirmed *C. auris* case** during business hours Monday through Friday to the [County Epidemiology Unit](#) by phone (619-692-8499) within one working day, including when a patient with known *C. auris* history or current infection/colonization is admitted into your facility. Reports can be sent anytime by email [Epi-CDReporting.HHSA@sdcounty.ca.gov](mailto:Epi-CDReporting.HHSA@sdcounty.ca.gov) or fax (858-715-6458).

## Resources

CDC: [Candida auris website](#)

CDC: [Treatment and Management of Infections and Colonization | Candida auris | Fungal Diseases](#)

CDPH: [All Facilities Letter 19-18](#) Requirements to Report Outbreaks and Unusual Infectious Disease Occurrences

CDPH: [Candida auris website](#)

CDPH: [Health Alert](#)

Thank you for your participation.

## CAHAN San Diego

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