

We will begin in a moment



In honor of
Arbor Day, April
28th, put in the
chat the name
of your favorite
tree.

Instructions for Contact Hour

1. Update your Zoom name to reflect your full name
2. Zoom name MUST match your evaluation name
3. Enjoy the entire program
4. Complete the post-evaluation by April 28, 2023, 5:00 PM (available on the last slide)
5. Certificate will be emailed to you by May 15, 2023



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San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

Reminders



Recording is on!



PHS.HAI.HHSA@sdcounty.ca.gov



Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



“Right click” to rename



Type into the chat your:

- Name
- Title
- Facility

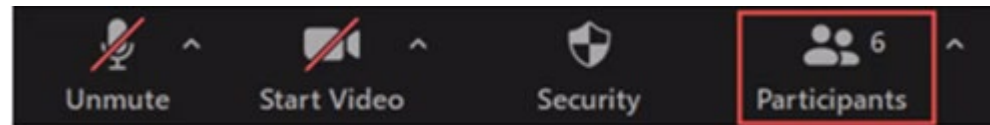
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Reminders

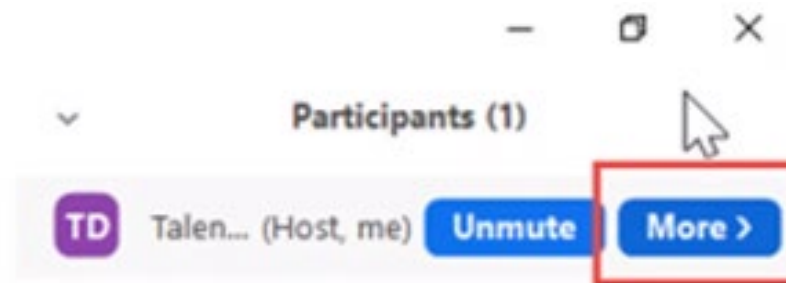


Please update your name on the participant list

1. Find your name on the participant list



2. Hover over your name and click "More"



3. Click "RENAME"
4. Type your full name

Land Acknowledgement



Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.

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Agenda



Welcome

General Updates

Featured Topic: Orange County's *Candida auris* Experience

Announcements

Next Collaborative

General Updates



- **New Health Alerts**
- **Respiratory Virus Update**
- **COVID & AFL Updates**



To: CAHAN San Diego Participants

Date: April 7, 2023

From: Public Health Services

Health Advisory: Elevated Norovirus Activity in California

Key Messages

- Increased norovirus activity has been noted throughout California and the United States since mid-January 2023, via laboratory testing and wastewater surveillance.
- Healthcare providers should report outbreaks of acute gastroenteritis with a common exposure (i.e., daycare, congregate living facility), to the County Epidemiology Unit by faxing a [Confidential Morbidity Report](#), or calling 619-692-8499 (Monday-Friday 8 AM-5 PM).

Situation

The California Department of Public Health (CDPH) issued a [health advisory](#) on March 28, 2023, regarding elevated norovirus activity in California. Since February 1, 2023, at least 25 outbreaks of norovirus in California have been confirmed by laboratory testing, likely reflecting hundreds of cases of illness in the state. In San Diego County there have been seven confirmed norovirus outbreaks in 2023. For more information, see the accompanying CDPH health advisory.

Respiratory Virus Update



San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

April 20, 2023

COVID-19

Cases
151,223

Deaths
422

Outbreaks*
439

7/3/2022 – 4/15/2023

Influenza

Cases
21,285

Deaths
43

Outbreaks*
25

7/3/2022 – 4/15/2023

*In residential congregate settings

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Respiratory Virus Update



COVID-19 and Influenza Cases by Episode Week, Fiscal Year-to-Date

Figure 2.1. San Diego County **COVID-19** Confirmed and Probable Cases by CDC Episode Week*, 2022-23 Fiscal Year-to-Date (N=171,106)

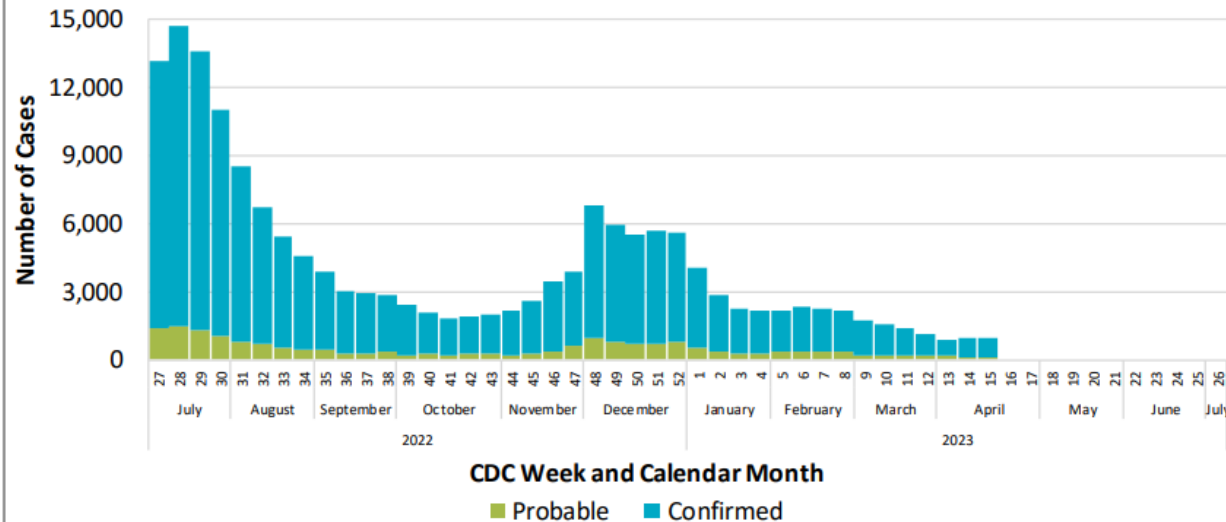
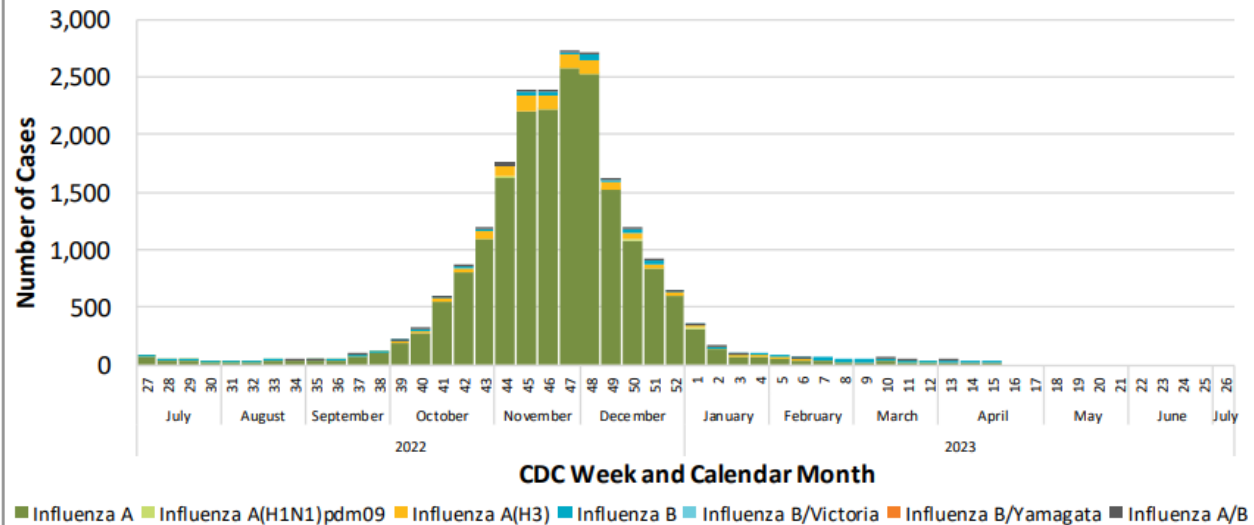


Figure 2.2. San Diego County **Influenza** Cases by Type and CDC Episode Week*, 2022-23 Fiscal Year-to-Date (N=21,285)





FDA NEWS RELEASE

Coronavirus (COVID-19) Update: FDA Authorizes Changes to Simplify Use of Bivalent mRNA COVID-19 Vaccines

For Immediate Release: April 18, 2023

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-changes-simplify-use-bivalent-mrna-covid-19-vaccines>



NEW: AFL 23-16 Clarification on Family Council Requirements

CDPH has declared several AFLs obsolete or rescinded. Please refer to the CDC COVID-19 Infection Control Guidance for Healthcare Facilities for the most up-to-date information if the AFL has been rescinded.

NOT rescinded/obsolete:

- AFL 21-08.9 - Guidance for Quarantine/Isolation for HCP
- AFL 23-08 - Requirements to Report Outbreaks & Unusual Infectious Disease Occurrences
- AFL 23-09 - COVID-19 Outbreak Investigation & Reporting Thresholds

Masking Guidance



Effective April 3, 2023, CDPH:

Removed masking requirements in high-risk settings, though allow healthcare facilities and local health jurisdictions to customize and locals plans and implementation to recommend or require universal masking based on risk of exposure for high-risk individuals and settings.

- County Public Health Services **strongly recommends** masking in acute healthcare settings (i.e., hospitals, psychiatric hospitals, and long-term care facilities) when engaged in direct patient care.

County/CDPH Briefings



- **CDPH/HSAG SNF IP Webinars: NEW SCHEDULE**
 - 4th Wednesday @ 3PM-4PM
 - Next webinar is on 4/26/2023
- **County LTC Sector COVID Monthly Telebriefing:**
 - 4th Thursday @ 2PM-3PM
 - Next briefing is on 4/27/2023
- **CDPH Healthcare Facility Call: NEW SCHEDULE**
 - 2nd Tuesday of each month @ 8AM-9AM
 - Next call is on 5/9/23



Contact Hour Instructions

- **Ensure your full name identifies you on Zoom**
- **Enjoy the full presentation**
- **Complete the post-evaluation**



Speaker

Mi (Mimi) Le, MPH
Senior Epidemiologist,
Communicable Disease Control
Orange County Health Care
Agency



Candida auris (C. auris) in Orange County

Mi (Mimi) Le, MPH
Senior Epidemiologist
Communicable Disease Control Division
Orange County Health Care Agency
April 2023

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Objectives

- Share Orange County's (OC) early experience with the first few *C. auris* cases.
- Provide updates on Orange County's current status with *C. auris*.
- Share some lessons learned and Orange County's current recommendations for the local SNFs.

C. auris is an emerging multi-drug resistant organism

- Presents a serious global health threat
 - Often multidrug-resistant with some strains resistant to all 3 available classes of antifungals.
 - Can cause outbreaks in healthcare facilities.
 - Some common healthcare disinfectants are less effective in eliminating it.
 - Can be carried on patient's skin without causing infection (colonized), allowing spread to others.

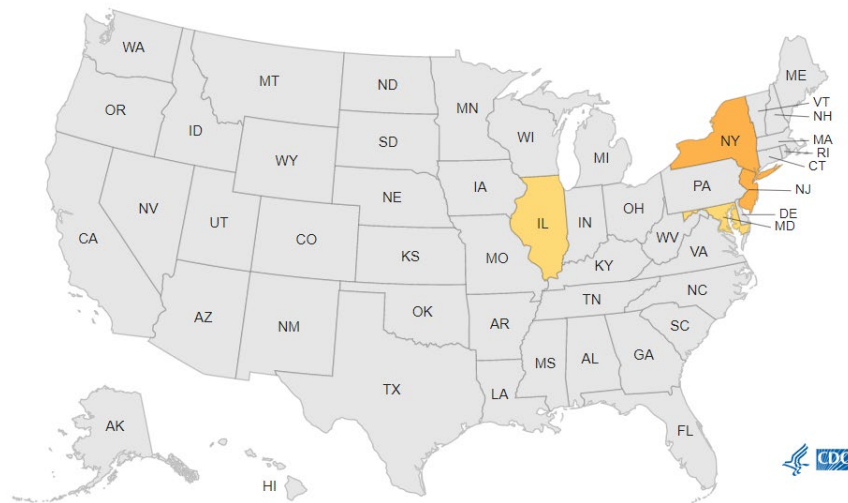


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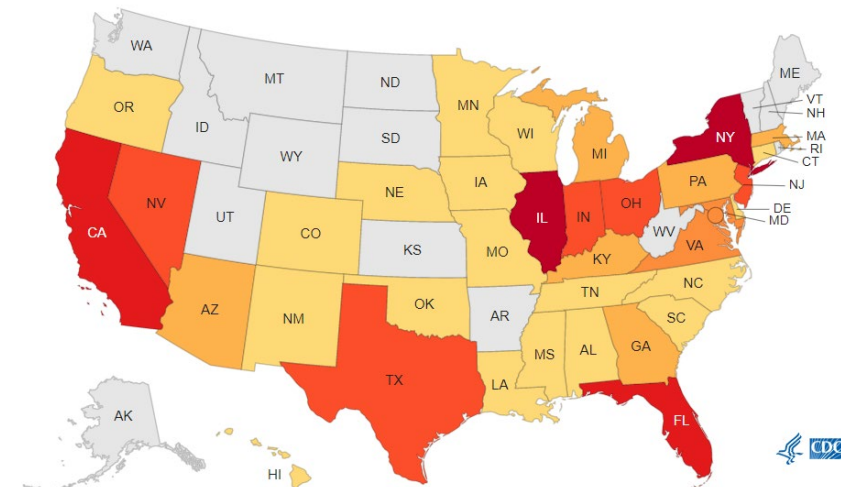
C. auris spread

- First reported in Japan in 2009 (In a patient ear)
- First identified in the United States in 2016
 - Orange County, CA in 2019

[CDC Map Tracking](#): *C. auris* clinical cases (2013-2016)



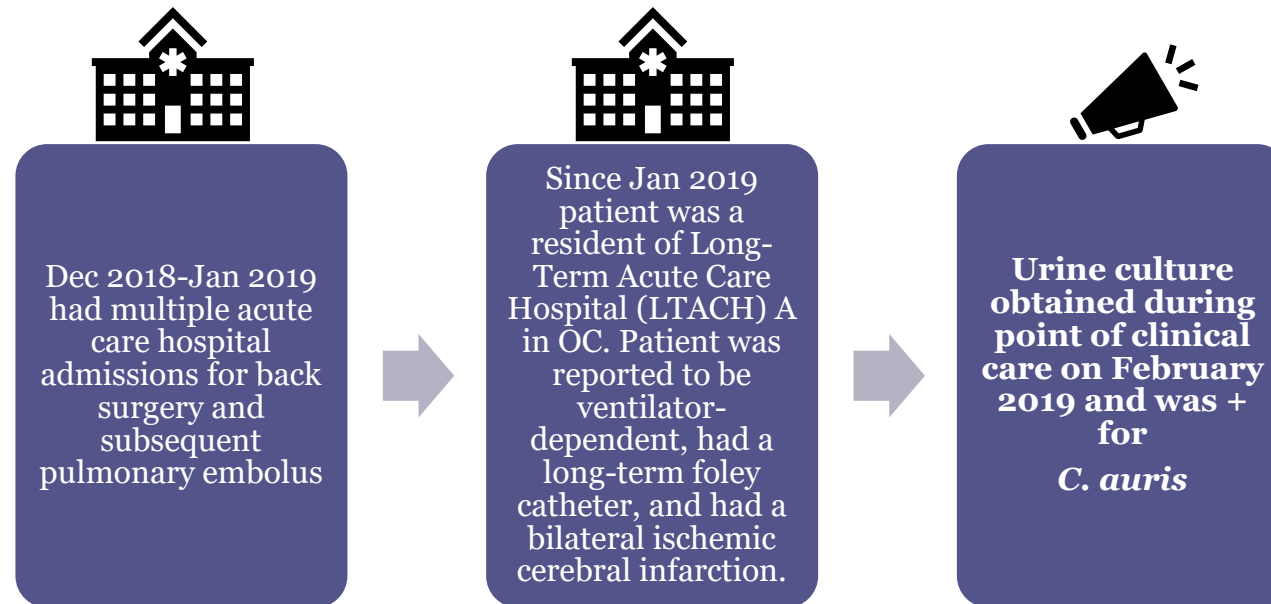
C. auris clinical cases (through December 2022)



February 2019- First case identified in Orange County



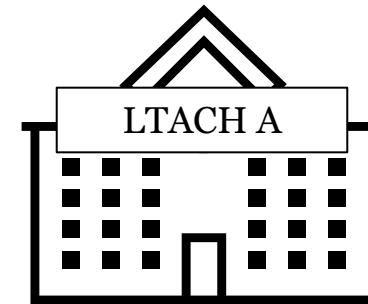
- 29YM resident of Orange County.
- History of Down syndrome. Otherwise healthy until patient required hospitalization in 2018:



- No international travel.
- No other reported *C. auris* exposures.

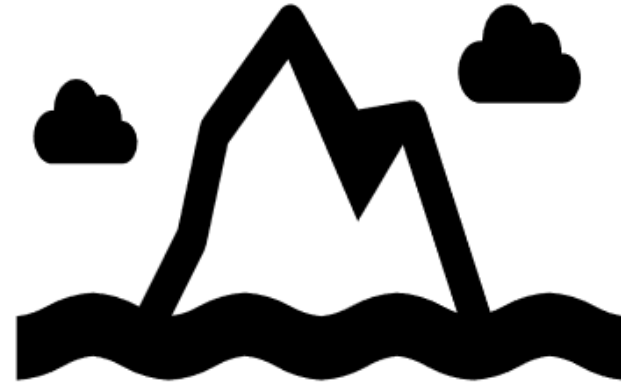
LTACH A- The Discovery

- With the suggestion of Los Angeles County Department of Public Health in September 2018, the main clinical lab that served LTACH A and other sister facilities speciated urine *Candida* isolates.
- Clinical labs typically did not routinely speciate *Candida* spp.- which is necessary to identify *C. auris*.
- OCHCA recommended that affected facilities speciate *Candida* specimens:
 - LTACH A
 - Acute care hospitals that frequently shared patients with LTACH A
- OCHCA Emphasized speciation of isolates from urine specimens and invasive infections (blood, CSF, etc.)



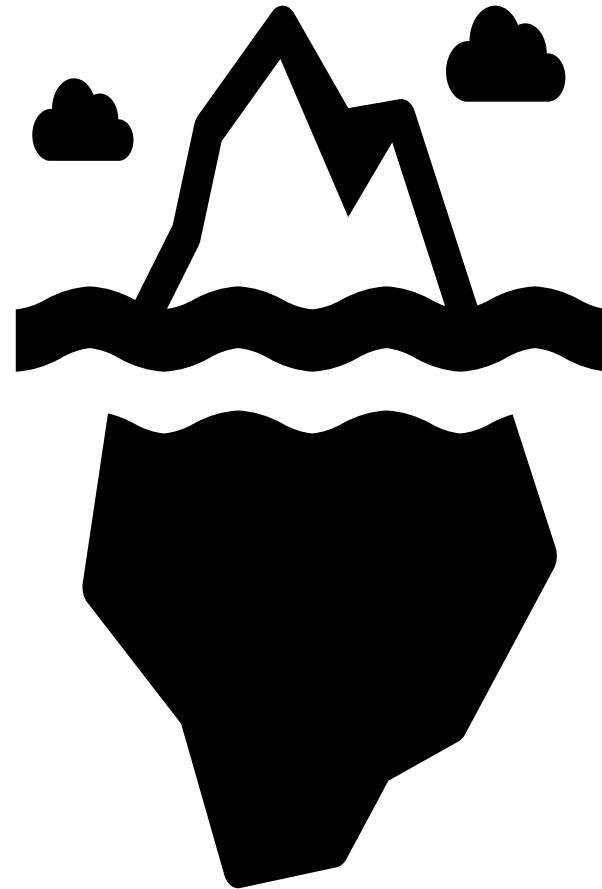
LTACH A- Are there more cases out there...?

- A *C. auris* Point Prevalence Survey (PPS) screening was conducted facility-wide at LTACH A via Axilla/Groin/Nares swabbing.
 - Strategy used to identify number of people with a disease or condition at a specific point in time



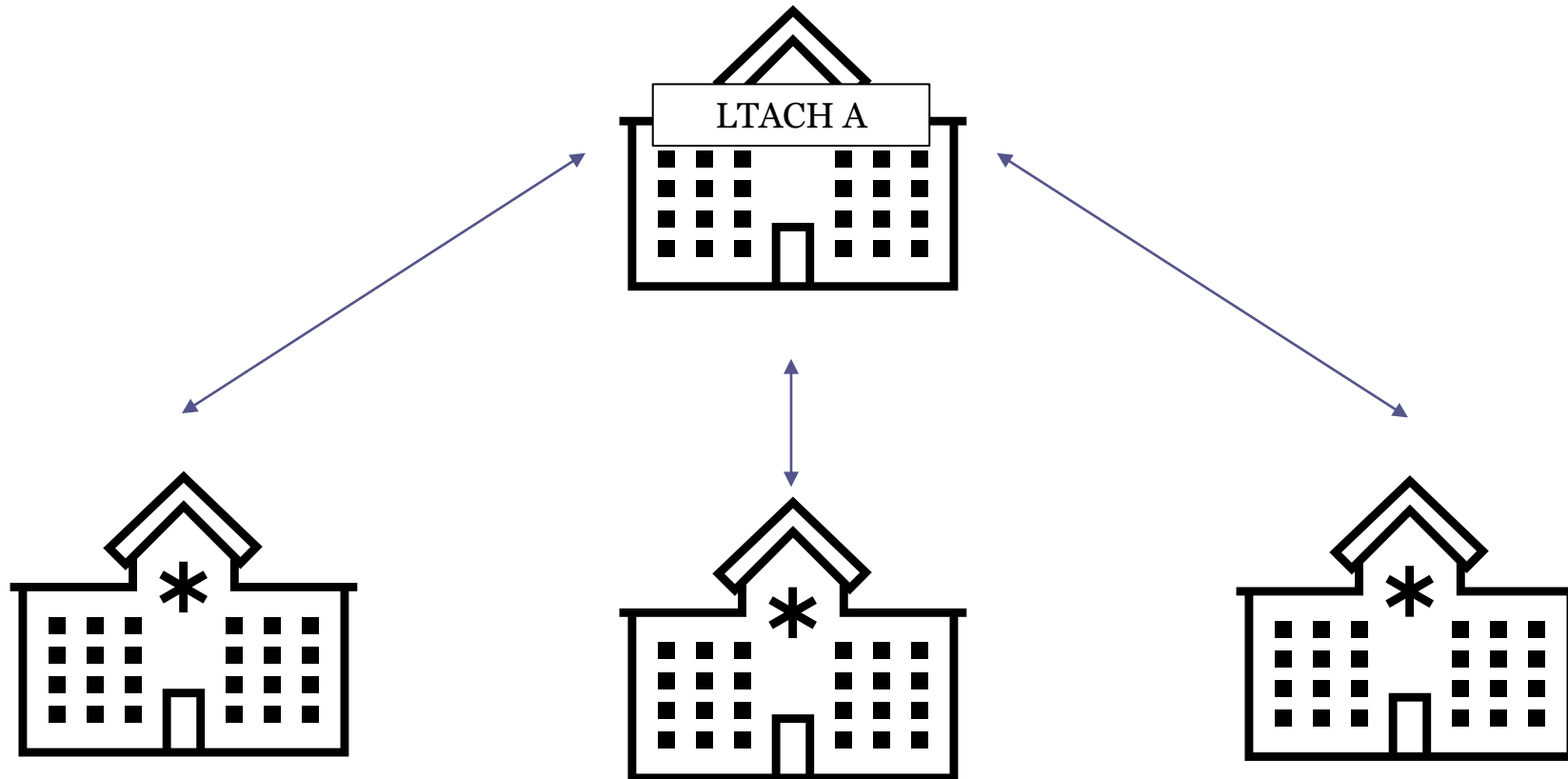
LTACH A- Are there more cases out there...?

- A *C. auris* Point Prevalence Survey (PPS) screening was conducted facility-wide at LTACH A via Axilla/Groin/Nares swabbing.
 - Strategy used to identify number of people with a disease or condition at a specific point in time
- **Multiple colonized cases were found through this PPS screening.**
- Next steps taken due to discovery of additional cases
 - Additional PPSs for ventilator skilled nursing facilities (vSNFs) who frequently shared patients with LTACH A
 - Communication plan developed for all patients transferred from LTACH A to other healthcare facilities



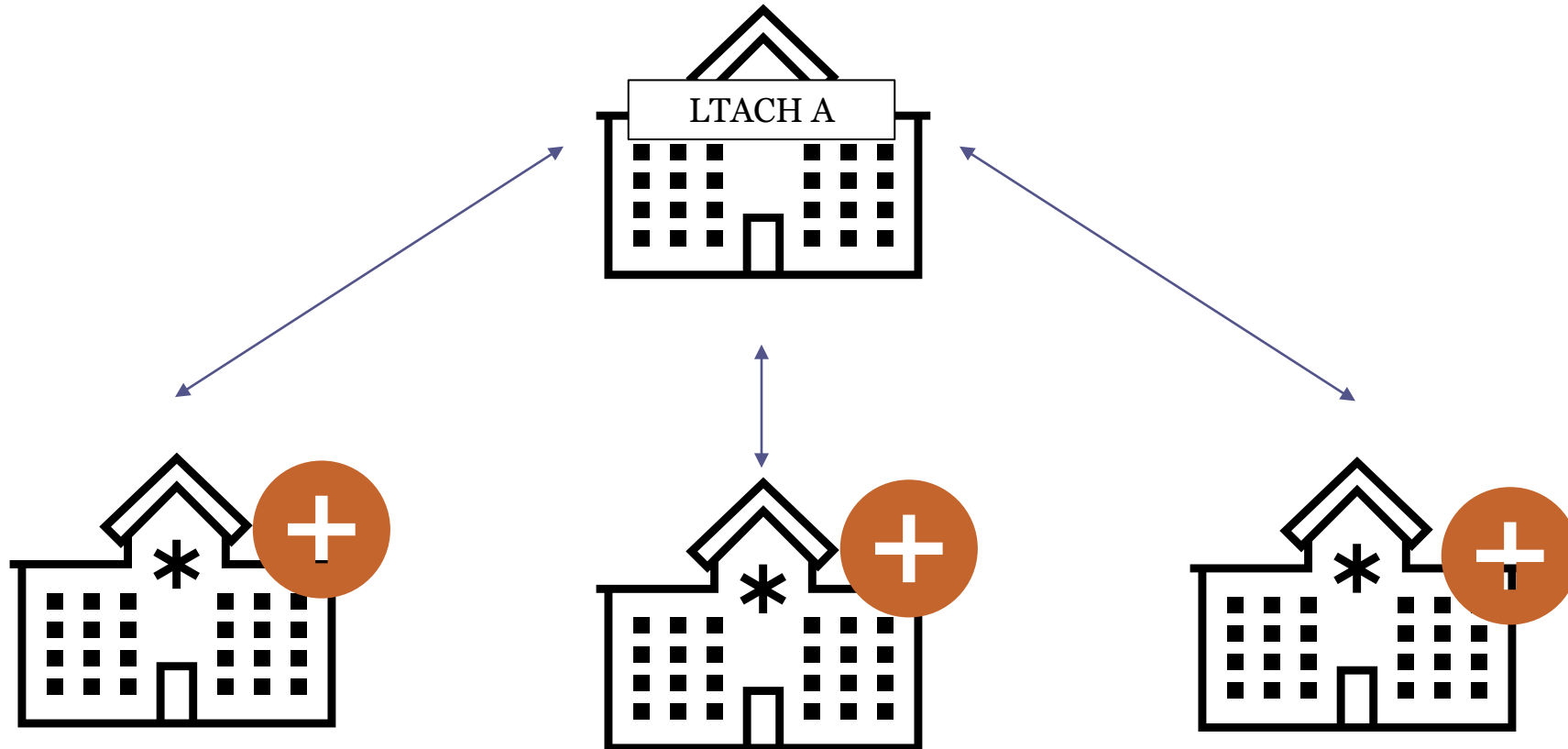
Perhaps there are more outside of LTACH A

- Additional PPSs took place at 3 targeted vSNFs who frequently shared patients with LTACH A.



Perhaps there are more outside of LTACH A

- Additional PPSs took place at 3 targeted vSNFs who frequently shared patients with LTACH A.
- **More cases were found there.**



OCHCA Response: Expanded PPSs

- With positives at the 3 targeted vSNFs identified, PPSs were performed in all 14 vSNFs and all 3 LTACHs that provide adult care in Orange County
 - PPS was rarely done in ACHs and SNFs and when done, findings were not too useful
- CDC EpiAid Team assisted by
 - Conducting PPSs
 - Providing infection control assessments in facilities with colonized cases

Provider Advisory sent to local facilities

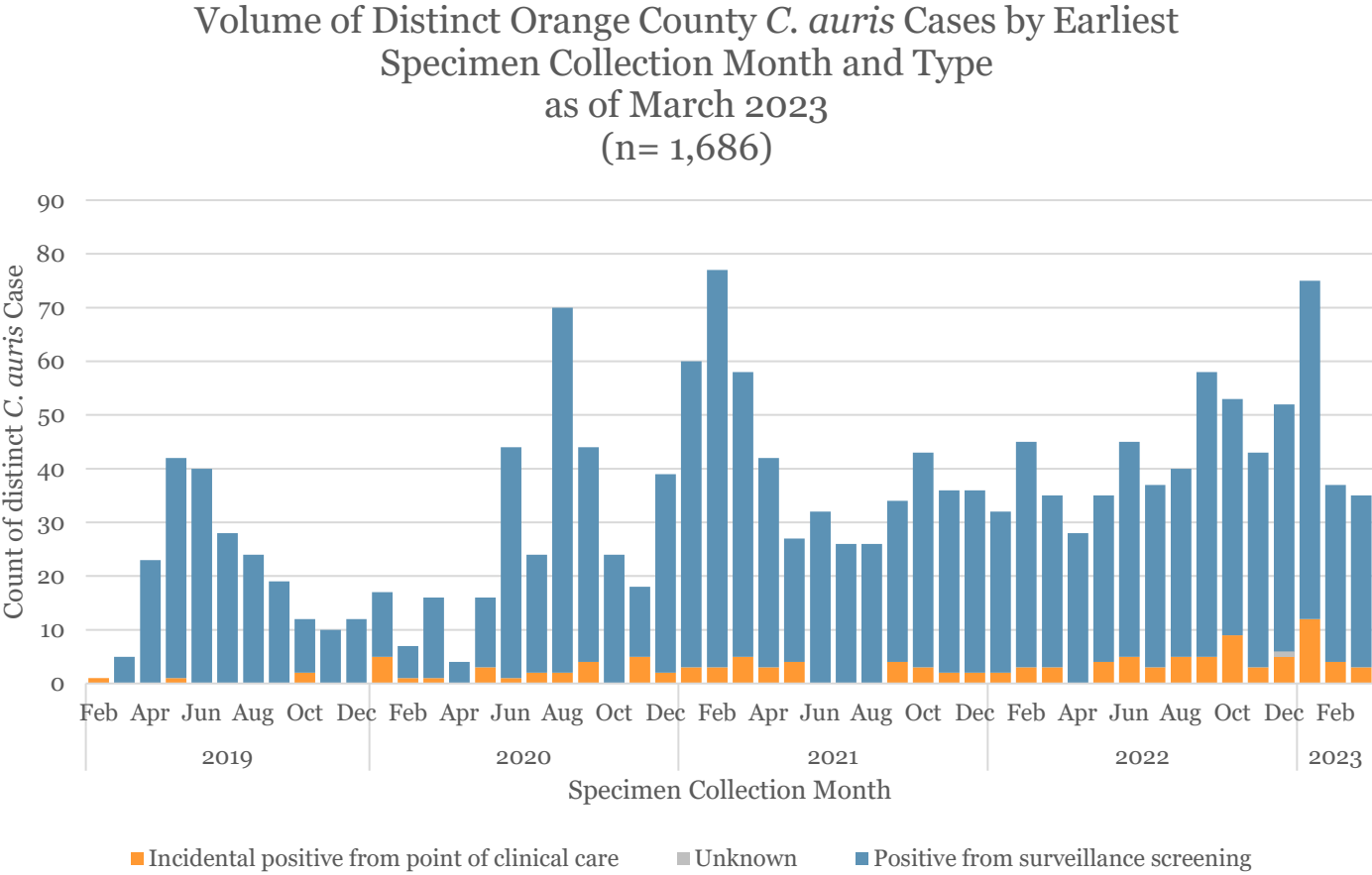


- On March 2019, OCHCA sent an advisory to all local facilities that multiple patients colonized with *C. auris* were identified at LTACH A.
- It was emphasized that these cases were the first identified in Southern California.

Communication of *C. auris* status was vital

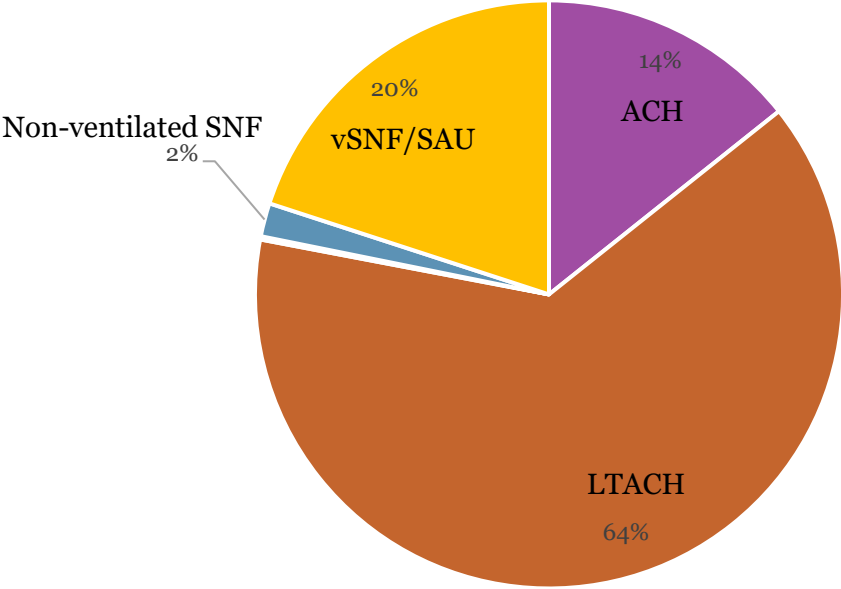
- Emphasis was placed on informing receiving facilities of patient's *C. auris* status
- Facilities were instructed to inform OCHCA with any *C. auris* colonized or at-risk patient prior to transfer
- OCHCA contacted receiving facilities when patient was transferred
 - Informed facility of patient status
 - Gave recommendations regarding infection control standards
 - Offered assistance with *C. auris* screening as needed

Where we're at: We had a decline in cases in 2019 however around when COVID-19 began cases continued to increase and has been widespread since then- many without links with healthcare abroad or outside of OC



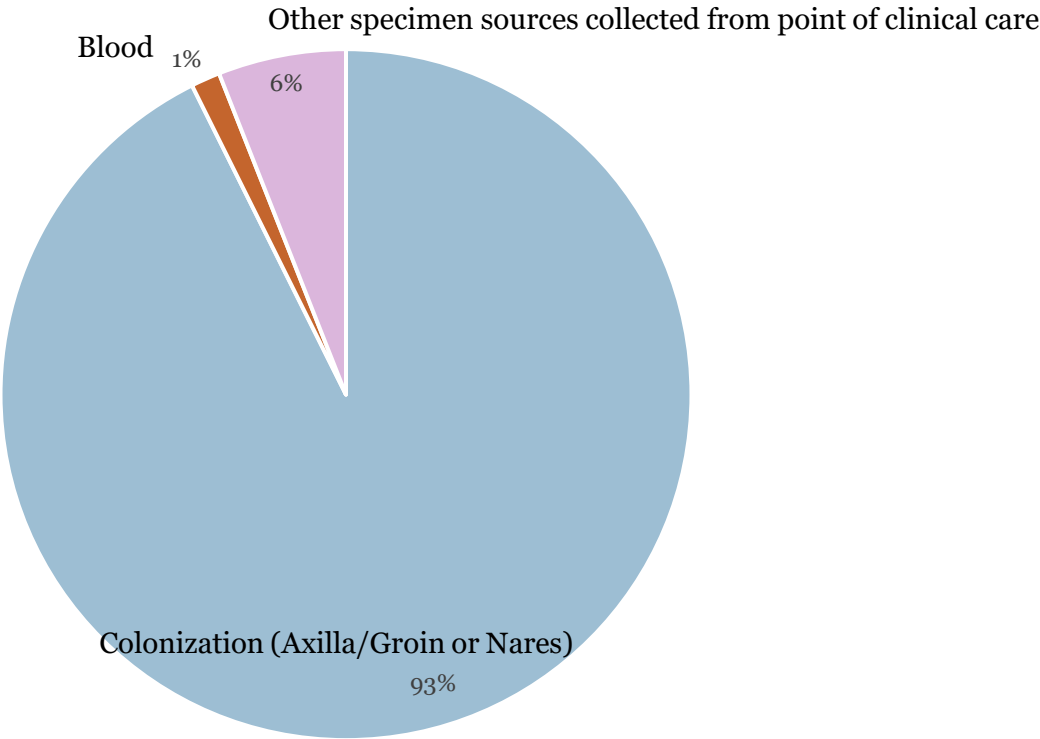
Where we're at: Most cases are identified in the LTACH setting

Orange County *C. auris* Cases by
Collection Facility Type as of March 2023 (n=1,686)

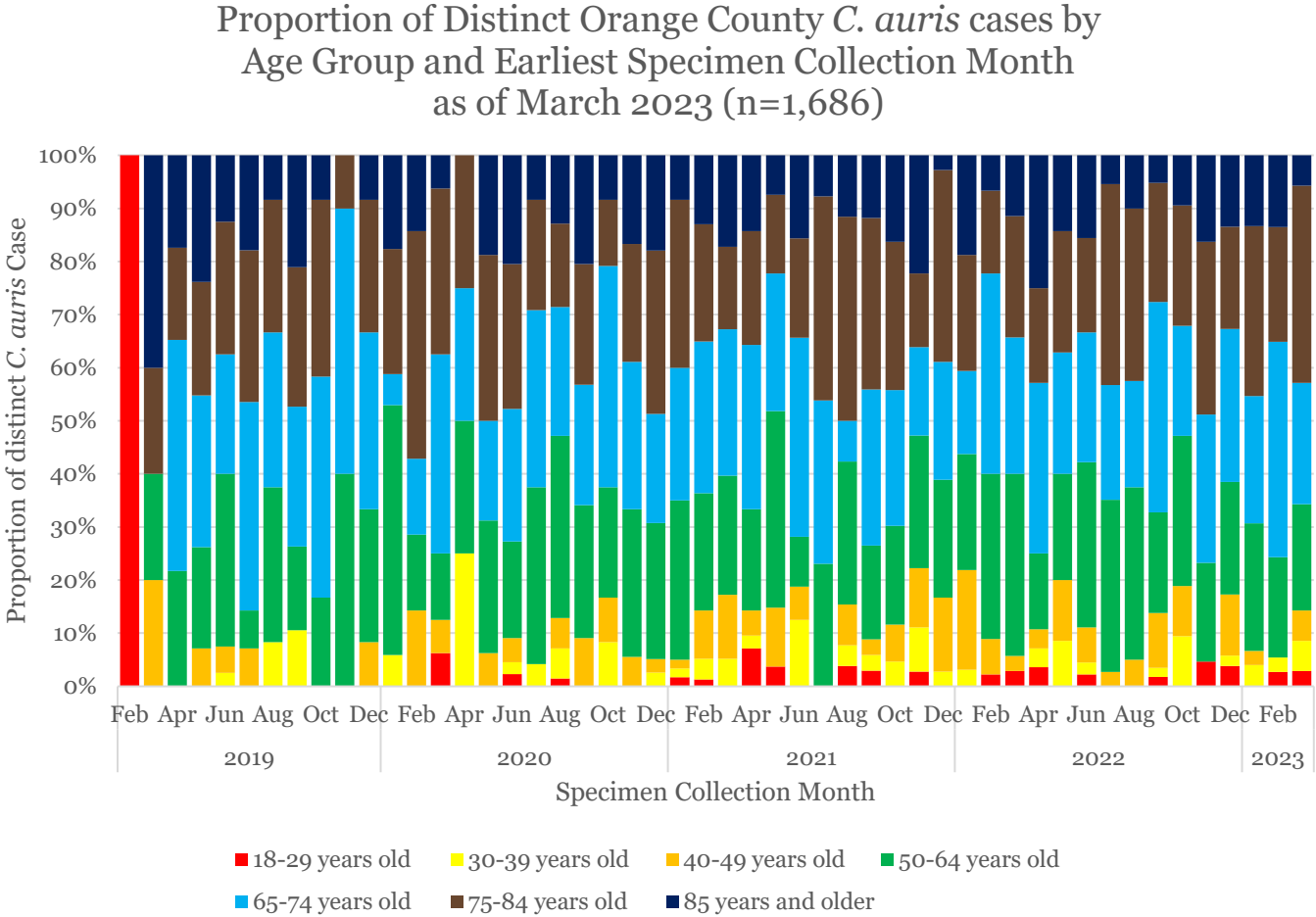


Where we're at: Most cases are first identified through colonization screening

Orange County *C. auris* cases by Specimen Source from the Earliest Collection Date as of March 2023 (n=1,686)

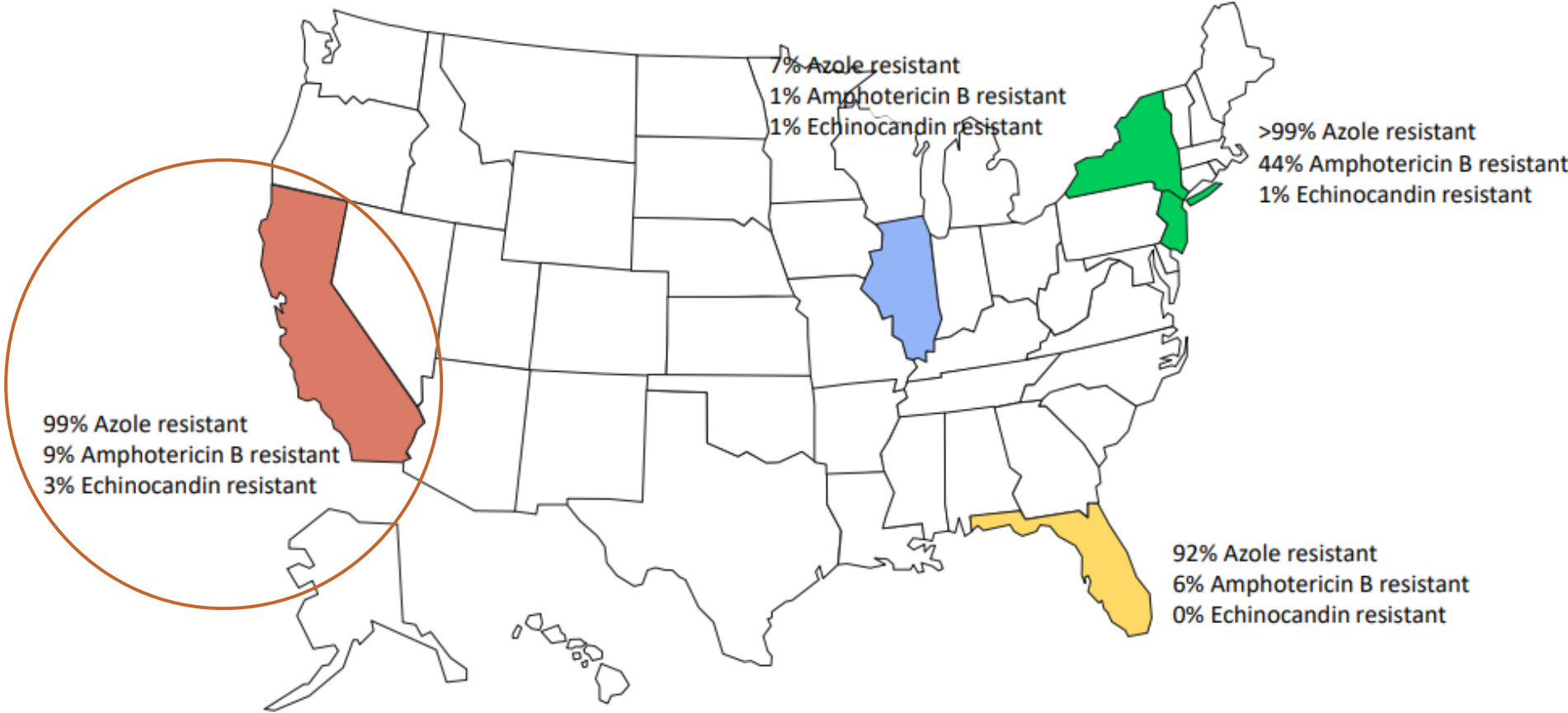


Where we're at: We have not identified a pediatric case yet



Below is an image taken from a [2020 CDC presentation](#) about *C. auris* resistance among clinical cases in the US. In OC, we still see just only few resistance to Amp-B or Echinocandins

Antifungal Resistance by Region



Our county is learning about a potentially new introduction of a genetically different type of *C. auris*

- Our county had only seen Clade III (South African) among our cases until recently
- OC Public Health Lab has new capacity to conduct Whole Genome Sequencing (WGS) for *C. auris*
- We've so far seen 5 cases with WGS results showing as Clade I (South Asian)
 - Specimen collection dates range from 2021-2023
 - Full story still in the works
 - Isolates we've selected for WGS that we thought may be related to these 5 Clade I cases have so far been Clade III
 - No observation of patient-to-patient transmission of Clade I seen yet

LTACHs and vSNFs/SAUs are the high-risk settings but over time we're seeing positives come from other healthcare settings too

- Transmission have been observed in short-stay acute care hospitals as well as non-ventilator SNFs
- From 2022 universal *C. auris* admission screenings:

LTACHs	SAUs (includes both vSNFs or DP-SNFs attached to ACHs)
Approx. average of 9% (+) upon admission (mostly from short-stay acute care hospitals)	Approx. average of 5% (+) upon admission (mostly from short-stay acute care hospitals and some from LTACHs)

Our vSNFs *C. auris* PPS positivity rate is lower than our LTACHs

LTACHs	vSNFs
Approx. average of 11% positivity/ new cases found from PPS screening	Approx. average of <u>4%</u> positivity/ new cases found from PPS screening

- From our experience, we observed that our vSNFs were able to contain the spread of *C. auris* in their SAUs through persistent preventative or response screenings, contact tracing, and close communication with public health and infection control consulting whereas it was difficult to obtain improved results in the LTACHs

Current Recommendations Regarding MDROs for Orange County (as of April 2023)

Facility Type	Patient population risk of clinical infection	Transmission-based Precautions Guidance for a positive MDRO case (<i>C. auris</i> , CPO, CRO, MRSA, ESBL, VRE, etc.)	Guidance for Proactive <i>C. auris</i> admission screenings for patients from LTACHs and SAUs regardless of geographic location or with healthcare history outside of California	Guidance for CPO/CRO or <i>C. auris</i> Exposure Screenings
Long Term Acute Care Hospital (LTACH)	High	Contact Precautions	Empiric Contact Precautions; consider scheduling screening through a private lab	Empiric Contact Precautions; consider scheduling screening through a private lab or schedule screening through OCHCA CDCD
★ Sub-Acute Unit (SAU)	High	Enhanced Standard Precautions Use Contact Precautions if patient has acute diarrhea or sites of secretions or excretions that are unable to be covered or contained. Use Contact Precautions if ongoing transmission is observed during an outbreak.	Empiric Enhanced Standard Precautions; schedule screening through OCHCA CDCD or a private lab	Empiric Enhanced Standard Precautions; consider scheduling screening through a private lab or schedule screening through OCHCA CDCD
Acute Care Hospital (ACH)	Varied	Contact Precautions	Empiric Contact Precautions; consider scheduling screening through a private lab	Empiric Contact Precautions; consider scheduling screening through a private lab or schedule screening through OCHCA CDCD
★ Regular SNF	Low	Enhanced Standard Precautions Use Contact Precautions if patient has acute diarrhea or sites of secretions or excretions that are unable to be covered or contained.	Optional: consider scheduling screening through a private lab	Optional: consider scheduling screening through a private lab or schedule screening through OCHCA CDCD
Acute Rehab Unit	Low	Enhanced Standard Precautions Use Contact Precautions if patient has acute diarrhea or sites of secretions or excretions that are unable to be covered or contained	Optional: consider scheduling screening through a private lab	Optional: consider scheduling screening through a private lab or schedule screening through OCHCA CDCD
(Residential Care Facilities for the Elderly) RCFE or Assisted Living	Very Low	No special precautions. Use gowns and gloves for any medical procedure.	No screening recommended	Optional: consider scheduling screening through a private lab or schedule screening through OCHCA CDCD

Communication of a patient's *C. auris* status is still crucial

health CARE AGENCY **INFECTION CONTROL TRANSFER FORM**
This form should be sent with the patient/resident upon transfer. It is NOT meant to be used as criteria for admission, only to foster the continuum of care once admission has been accepted.

Affix any patient labels here.

Demographics	Patient/Resident (Last Name, First Name):		
	Date of Birth: / /	MRN:	Transfer Date: / /
	Sending Facility Name:		
	Receiving Facility Name:		
	Receiving Facility Contact Name:	Receiving Facility Contact Phone:	

	Currently on transmission-based precautions?	<input type="checkbox"/>
	<input type="checkbox"/> Yes - Reason:	No transmission-based precautions
	If Yes, check: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Other:	

Organisms	Does the person have a history of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?:	History of infection/colonization	Recent exposure or pending results
	MRSA/VRE	<input type="checkbox"/>	<input type="checkbox"/>
	Candida auris	<input type="checkbox"/>	<input type="checkbox"/>
	CRAB/CRPA (<i>Acinetobacter</i> or <i>Pseudomonas</i> resistant to carbapenem antibiotics)	<input type="checkbox"/>	<input type="checkbox"/>
	CRE (<i>E. coli</i> , <i>Klebsiella</i> or <i>Enterobacter</i> resistant to carbapenem antibiotics)	<input type="checkbox"/>	<input type="checkbox"/>
	ESBL (<i>E. coli</i> or <i>Klebsiella</i> producing extended-spectrum beta lactamase)	<input type="checkbox"/>	<input type="checkbox"/>
	C. difficile	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. lice, scabies, disseminated shingles, norovirus, flu, TB, etc):	<input type="checkbox"/>	<input type="checkbox"/>
Additional information if known:		<input type="checkbox"/> NO history of infection/colonization	<input type="checkbox"/> NO recent exposure or pending results

Symptoms	Check any that currently apply:		
	<input type="checkbox"/> Cough/uncontrolled respiratory secretions	<input type="checkbox"/> Acute diarrhea	<input type="checkbox"/> Other uncontained body fluid/drainage
	<input type="checkbox"/> Incontinent of urine	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Concerning rash (e.g.; vesicular)
	<input type="checkbox"/> Incontinent of stool	<input type="checkbox"/> Draining/open wounds	<input type="checkbox"/> None applicable

Please send documentation related to medical history, e.g culture and antimicrobial susceptibility test results with applicable dates.

Person completing form/Title: _____

Contact phone: _____

Date: _____

- **We ask our facilities to do both of the following:**
 - Provide an interfacility transfer form
 - Call receiving facility to ensure they are aware of the MDRO or other communicable disease
- **However it's still a challenge in our county, especially among our SNFs when they're sending a positive patient to other facilities.**
 - Our team tries to work with SNFs on finding solutions to make this easier
 - i.e. completing form upon admission in case needed for discharge (SNFs have shared it was easier to complete this during in-take rather than during discharge)
- **[CDPH version of the form linked here \(abbreviated version\).](#)**

Our takeaways and advice to regions that have not had as many cases yet (and hopefully will not!)

- *C. auris* may be widespread in our county but **it can be prevented** in places that do not have many cases yet!
 - COVID-19 pandemic posed resource challenges in keeping up with containment efforts for both public health and healthcare facilities.
 - We were the first to experience this in the west coast and did not have as many examples to learn from yet and *C. auris* testing especially on the clinical lab level was more limited at the time.
- Though it became widespread here, **measures to slow the spread still matters**
 - Especially for more severe and difficult to treat *C. auris* that is resistant to all 3 classes of anti-fungals
- **Early detection is key-** screen when recommended by your local health department.
- **We're all in this together. Interfacility communication is important**
- **Work closely with your local health department** and use them as a resource.
- Once a patient is colonized or has their initial positive result- they are **indefinitely colonized** and there are no clearance tests.
- **New bug, same old tricks!**

Acknowledgements- It takes a whole team

- OCHCA Communicable Disease Control Division
- OC Public Health Lab
- Expert Stewardship
- WA ARLN
- CDPH
- CDC
- Local Health Facilities

Thank you! You got this!



- Questions?
 - HAIteam@ochca.com
 - HAI_EPI@ochca.com

Resources

Featured Presentation Resources

- [List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris](#)
- [SHIELD: Eliminating multidrug-resistant organisms](#)
- HAITeam@ochca.com
- HAI_EPI@ochca.com

County of San Diego Resources

- [Subscribe to CAHAN](#)
- [Epidemiology Website](#)
- [HAI Website](#)
- [End of State and Local Emergencies](#)
- Email-
PHS.HAI.HHSA@sdcounty.ca.gov

State and Federal Updates

- [FDA Authorizes Changes to Simply Use of Bivalent mRNA COVID-19 Vaccines](#)
- [CDPH AFLs](#)
- [Interim Infection Prevention and Control Recommendations](#)

Conferences and Webinars

- [San Diego LTC Sector Webpage](#)
- [CDPH/HSAG IP Webinars](#)

—”
**THANK
YOU**
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Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov



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