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GAVIN NEWSOM
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Health Advisory: Active Surveillance for *Candida auris* in Healthcare Facilities

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CDPH and local public health partners are alerting healthcare providers of the continuing rise in *Candida auris* (*C. auris*) cases reported in California, with more than two thirds being identified in long-term acute care hospitals (LTACH) (See Figures 1 and 2) in southern California (Los Angeles, Orange and Riverside Counties). Patients and residents who have had prolonged admission in healthcare settings, particularly high-acuity long-term care facilities including LTACH and ventilator-equipped skilled nursing facilities (vSNF), are at highest risk of *C. auris* and other multidrug-resistant organism (MDRO) colonization and infection.

Containment of *C. auris* among patients and residents continues to be an urgent public health priority, particularly in the context of the COVID-19 pandemic and related challenges.

The CDPH Healthcare-Associated Infections (HAI) Program recommends healthcare providers be vigilant in considering ***C. auris* status**, in addition to COVID-19 status when caring for patients and residents. Implementation and reinforcement of basic infection control practices and containment strategies can reduce transmission of both *C. auris* and COVID-19 (see Table 1).

To enhance detection and prevent further spread of *C. auris* in California, the HAI Program recommends the following strategies to healthcare facilities:

Active Surveillance

- Assess *C. auris* status for all patients and residents upon admission, by reviewing medical records and following up with the transferring facility as necessary.
- **Conduct screening through colonization testing for individuals at highest risk for *C. auris*, whose status is unknown.**
 - **Screen patients transferring from any LTACH or another facility with known *C. auris* transmission, and place on empiric Contact precautions while awaiting results.***
 - **Consider screening patients with other known risk factors.†**
- Identify all *Candida* isolates from normally sterile sites to the species level; for *Candida* isolated from non-sterile sites, consider species-level identification of isolates from patients at highest risk for *C. auris*.

* As exceptions, if a patient has been screened negative at the transferring facility within 24 hours of transfer, the receiving facility may opt to not repeat screening on admission. If a patient has a pending screening test collected within 24 hours of admission, the receiving facility may opt to wait those results while placing the patient on empiric Contact precautions in lieu of rescreening on admission. If there is any doubt regarding the transferring patient's screening status, the receiving facility should screen them.

† See CDPH *C. auris* website under Colonization Testing: <https://www.cdph.ca.gov/Programs/CHCO/HAI/Pages/Candida-auris.aspx>



- Do not rescreen patients previously identified with *C. auris*; they can remain colonized for several months or years.

Infection Control

- Place any patient with *C. auris* on Contact precautions, and if possible, in a single room.
- When cohorting patients by COVID-19 status, consider *C. auris* and other MDRO status during room placement. 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 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>).
- Perform hand hygiene before putting on personal protective equipment (PPE), after removing PPE, and before and after patient contact.
- Routinely clean and disinfect surfaces and shared medical equipment in the patient care environment, unit, or facility using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris* (<https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html#disinfection>).
- Regularly monitor healthcare personnel (HCP) adherence to infection prevention practices (<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPPracticesThatPreventInfection.aspx>).
- Continue infection control measures for the duration of a *C. auris*-colonized or -infected patient's admission. There is no 'clearance' for *C. auris* colonization.

Communication

- Communicate a patient's *C. auris* and other MDRO status to any receiving healthcare facility prior to transfer. Receiving facilities should proactively ask about the patient's status if not included in the accompanying medical records.

Antimicrobial Stewardship

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

Reporting Requirements

- Report any cases of *C. auris*, carbapenemase-producing organisms, or other unusual or highly-resistant organisms to your local health department and the CDPH HAI Program at HAIprogram@cdph.ca.gov.

Public Health Testing

- *C. auris* identification and confirmatory testing are available at some local public health laboratories, the CDPH Microbial Diseases Laboratory (MDL), and the CDC Antibiotic Resistance Laboratory Network (AR Lab Network).
- Colonization testing (screening) for *C. auris* is available at no cost through the AR Lab Network.
- These services can be accessed through your local health department in consultation with the CDPH HAI Program by contacting HAIProgram@cdph.ca.gov.

Additional Resources

CDPH *C. auris* Quicksheet

https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20document%20Library/C%20auris%20Quicksheet%20interim_070720_ADA.pdf

CDC/CDPH Webinar on *C. auris* and other MDRO prevention

<https://youtu.be/5ulpo7wi6xk> (Recording)

<https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20document%20Library/C%20auris%20AHR%20CDC%20CDPH%20share%20Webinar%20Combined%20ADA%20121020.pdf> (Slides)

CDPH Additional MDRO Resources

<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/AntimicrobialResistanceLandingPage.aspx>

Figures and Table

Figure 1. *C. auris*, COVID-19 Cases Reported in California through January 2021

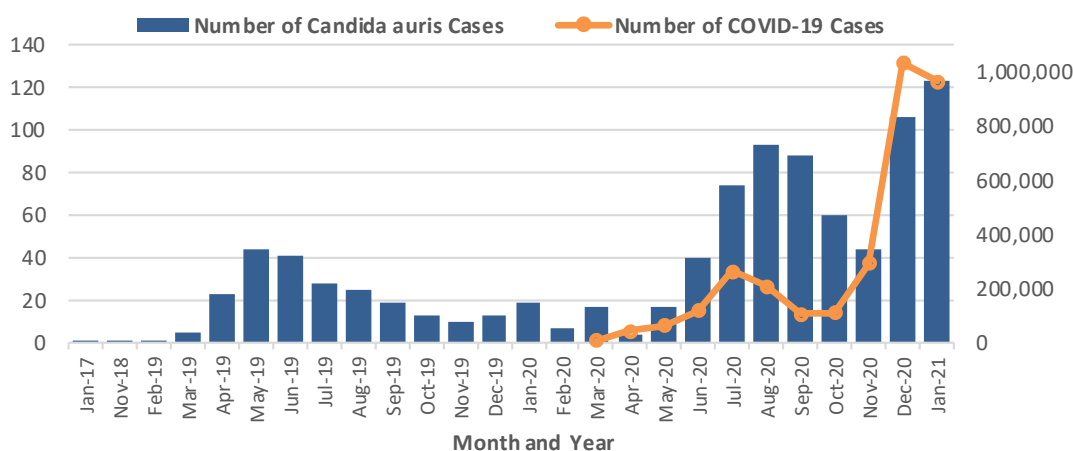


Figure 2. *C. auris* Cases by Facility Type

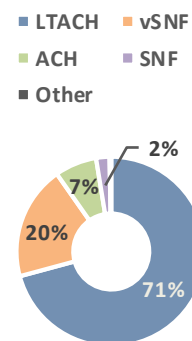


Table 1. *C. auris*, other MDRO (including *C. diff*) and COVID-19 Containment, Infection Control Measures

	<i>C. auris</i>	<i>Acinetobacter</i>	Other MDRO (e.g., CRE)	<i>C. diff</i>	COVID-19
Good hand hygiene – ABHS preferred	X	X	X	Soap & water	X
Contact precautions, single room if possible	X	X	X	X	+ respirator, eye protection
Thorough environmental cleaning and disinfection	Use C. auris/List K agent	X	X	Use List K agent	Use List N agent (<i>C. auris</i> /List K agent OK)
Routine adherence monitoring	X	X	X	X	X
Cohorting of patients and HCP	X	X	X	X	X
Lab surveillance	X	X	X	X	X
Screening of high-risk contacts	X	X	X		X

ABHS=alcohol-based hand sanitizer; *C. diff*=*Clostridioides difficile*; CRE=Carbapenem-resistant Enterobacterales