epiTRENDS
Epidemiology and Public Health Practice in WA

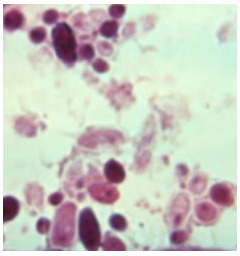
A Monthly Bulletin on Epidemiology and Public Health Practice in Washington
February 2024 Volume 29, Number 2

Candida auris in Washington

Identified in 2009, *Candida auris* is a yeast that has emerged as an important threat among vulnerable patients who are in high acuity long term healthcare facilities. It was first detected in the United States in 2016 and the condition became nationally notifiable in 2018.

The Agent

C. auris can cause superficial skin infections but also bloodstream or organ infections. It mainly infects persons with existing severe medical conditions, particularly with medical devices such as catheters or ventilator tubes. Over the past decade *C. auris* became a public health a concern for a number of reasons:



Candida spp. cdc.gov

- Transmissible from asymptomatic colonization which can persist for extended periods
- Potential for bloodstream and other invasive infections with high case fatality
- High antifungal resistance including to all three classes of antifungal therapy
- Potential misidentification without specialized laboratory techniques
- Continued geographic spread
- Cases and outbreaks in healthcare facilities
- Ability to persist on surfaces and resist some disinfectants

The organism spreads readily from infected or colonized individuals through direct skin contact, bodily fluids, and contaminated shed skin cells. In addition, healthcare workers can spread *C. auris* from patient to patient via contaminated hands and clothing. Transmission can also occur from contaminated equipment including bedrails, portable medical devices, and computer keyboards.

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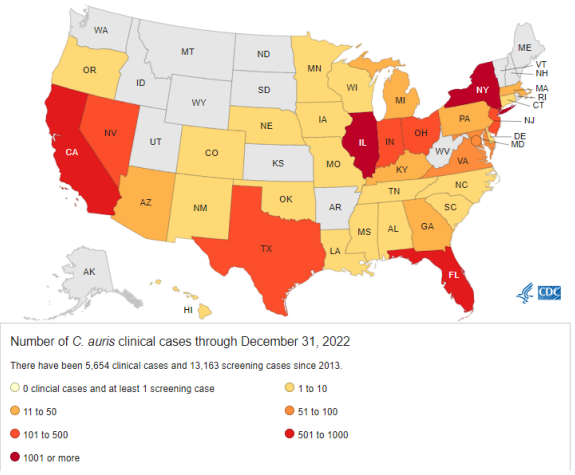
National Surveillance for C. auris *Infections*

A few retrospective cases were identified in this country, with a steady increase in detections of *C. auris* since the organism emerged globally. By the end of 2022 more than half of states had identified cases of *C. auris* from clinical infections or positive screening results. Through 2022 there were 56,554 clinical cases and 13,163 screening positive cases including over 1000 clinical cases each from New York State and Illinois.

Candida auris Reported through December 2022



https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html

There are four main clades of *C. auris* which were first identified from different geographic areas: clade 1 (South Asian), clade 2 (East Asian), clade 3 (South African), and clade 4 (South American). All four clades have occurred in the United States. Many of the early US cases identified had received health care in other countries before returning to the United States, with subsequent spread in US healthcare facilities. Note that resistance to antifungal medications may vary by clade.

C. auris outbreaks have most frequently occurred in healthcare facilities that provide long term high acuity care, including long-term acute care hospitals (LTACH) and ventilator capable skilled nursing facilities (vSNF). These facilities treat patients with complex medical conditions who require long term care and have extremely high care needs. For example, patients commonly have indwelling medical devices like urinary catheters, central venous catheters, gastric feed tubes, and endotracheal tubes, and some may rely on caregivers for most activities of daily living.

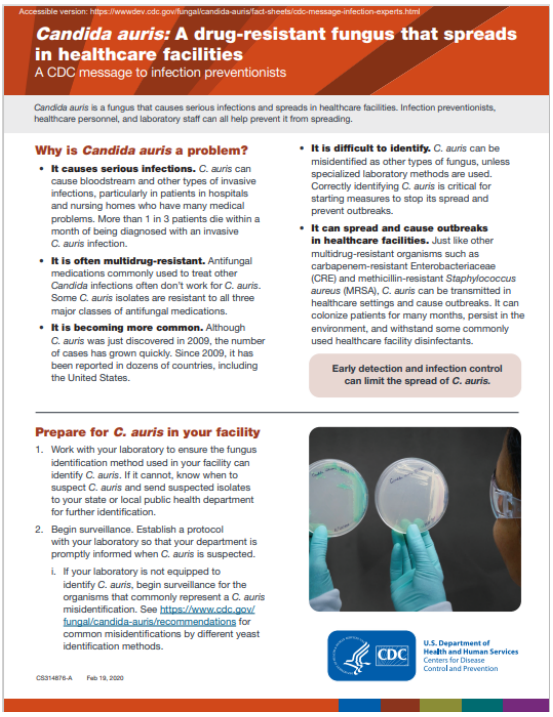
Preventing C. auris *Transmission*

The arrival of *C. auris* cases in Washington was later compared to other parts of the United States where there have been prolonged healthcare outbreaks. Washington State Department of Health (DOH) has provided a variety of educational materials (see Resources) to local health jurisdictions (LHJs) and healthcare facilities to help them prepare to prevent spread of *C. auris*, including:

- Overview of *C. auris* and frequently asked questions (FAQ)
- Information for laboratories on how to accurately identify *C. auris*
- *C. auris* infection prevention guidance for healthcare facilities
- Free *C. auris* and other MDRO testing to healthcare facilities through our Partners for Patient Safety Program (facilities should request screening through their LHJ)
    - Ventilator capable skilled nursing facilities and long term acute care hospitals can perform twice yearly screening of patients
    - Long term acute care hospitals can screen all patients each time they are admitted
    - All other hospitals can screen certain patients when they are admitted
- Free *C. auris* screening in healthcare facilities in response to identification of a new case

Public Health Response to C. auris *Detection*

Whenever *C. auris* is detected, whether as an infection or as colonization, the case should be reported to local public health and a public health investigation conducted. The investigation involves evaluating the infection prevention practices, investigating the source, identifying and screening contacts, and supporting antimicrobial stewardship within the facility. If a colonized person is identified during screening, additional rounds of screening will be recommended until there are at least 2 rounds with no new detections.


Accessible version: https://wwwdev.cdc.gov/fungal/candida-auris/fact-sheets/cdc-message-infection-experts.html

Candida auris: A drug-resistant fungus that spreads in healthcare facilities

A CDC message to infection preventionists

Candida auris is a fungus that causes serious infections and spreads in healthcare facilities. Infection preventionists, healthcare personnel, and laboratory staff can all help prevent it from spreading.

Why is *Candida auris* a problem?

- **It causes serious infections.** *C. auris* can cause bloodstream and other types of invasive infections, particularly in patients in hospitals and nursing homes who have many medical problems. More than 1 in 3 patients die within a month of being diagnosed with an invasive *C. auris* infection.
- **It is often multidrug-resistant.** Antifungal medications commonly used to treat other *Candida* infections often don't work for *C. auris*. Some *C. auris* isolates are resistant to all three major classes of antifungal medications.
- **It is becoming more common.** Although *C. auris* was just discovered in 2009, the number of cases has grown quickly. Since 2009, it has been reported in dozens of countries, including the United States.
- **It is difficult to identify.** *C. auris* can be misidentified as other types of fungus, unless specialized laboratory methods are used. Correctly identifying *C. auris* is critical for starting measures to stop its spread and prevent outbreaks.
- **It can spread and cause outbreaks in healthcare facilities.** Just like other multidrug-resistant organisms such as carbapenem-resistant Enterobacteriaceae (CRE) and methicillin-resistant *Staphylococcus aureus* (MRSA), *C. auris* can be transmitted in healthcare settings and cause outbreaks. It can colonize patients for many months, persist in the environment, and withstand some commonly used healthcare facility disinfectants.

Early detection and infection control can limit the spread of *C. auris*.

Prepare for *C. auris* in your facility

1. Work with your laboratory to ensure the fungus identification method used in your facility can identify *C. auris*. If it cannot, know when to suspect *C. auris* and send suspected isolates to your state or local public health department for further identification.
2. Begin surveillance. Establish a protocol with your laboratory so that your department is promptly informed when *C. auris* is suspected.
   i. If your laboratory is not equipped to identify *C. auris*, begin surveillance for the organisms that commonly represent a *C. auris* misidentification. See https://www.cdc.gov/fungal/candida-auris/recommendations for common misidentifications by different yeast identification methods.

CDC U.S. Department of Health and Human Services Centers for Disease Control and Prevention

CS314876-A Feb 19, 2020

https://www.cdc.gov/fungal/candida-auris/pdf/C-Auris-Infection-Factsheet-H.pdf

In Washington, the first identified locally acquired *C. auris* case was in 2023 in a long-term acute care hospital. Since then, public health agencies have identified additional people with infections or colonization. In addition, several patients with *C. auris* acquired in other parts of the US were reported to Public Health after receiving healthcare in Washington. While an affected person may have become colonized or infected during health care in another part of the US, there have also been detections related to transmission within facilities in Washington. In total, as of 2/9/24, 12 cases have been reported in the state, 7 locally acquired and 5 imported.

A statewide response was initiated in order to promptly identify transmission. The response includes broad screening of epi linked patients, assessing infection prevention programs in facilities with cases, and increasing proactive screening.

Clinical Response to C. auris *Detection*

Treatment is not recommended for non-invasive *C. auris* identification. Providers caring for individuals who have been colonized or who have positive cultures from urine or respiratory tract should take steps to prevent an invasive infection. Catheters, lines, and tubes are potential portals of entry into the body. Aseptic catheter insertion, maintenance, and prompt removal when no longer needed can prevent invasive infections.

In hospitals, *C. auris* infected or colonized patients should be on Contact Precautions in a private room or cohorted with another *C. auris* case. Nursing homes caring for residents with *C. auris* should use either Contact precautions or Enhanced barrier precautions (see Resources below) if appropriate and approved by public health. The DOH guidance for multidrug resistant organisms helps facilities implement infection prevention and track information that aids in public health response (see Resources below).

It remains unclear why *C. auris* emerged in multiple parts of the globe at once and then spread so rapidly. Public health interventions focus on identifying cases, screening contacts, and preventing further transmission. Rapid response to a case can prevent additional infections.

C. auris *Resources*

Department of Health:

General overview:
https://doh.wa.gov/you-and-your-family/illness-and-disease-z/candida-auris

FAQ:
https://doh.wa.gov/you-and-your-family/illness-and-disease-z/candida-auris/candida-auris-faq

Provider resources:
https://doh.wa.gov/public-health-healthcare-providers/notifiable-conditions/candida-auris

Guidance for multidrug resistant organisms in a healthcare facility:
https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/420-333-FacilityMDROResponseWorksheet.pdf

Partners for Patient Safety Program:
https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/healthcare-associated-infections/antibiotic-resistance/partners-patient-safety-program

Reporting and investigation guideline:
https://doh.wa.gov/sites/default/files/legacy/Documents/5100/420-345-CandidaAurisReportingGuidelines.pdf

C. auris – Working Together to Prevent Spread (video):
https://www.youtube.com/watch?v=AxM9p4Exm9M

Centers for Disease Control and Prevention (CDC):

C. auris overview: https://www.cdc.gov/fungal/candida-auris/

Information for laboratorians and health professionals:
https://www.cdc.gov/fungal/candida-auris/health-professionals.html

Laboratory identification: https://www.cdc.gov/fungal/candida-auris/identification.html

Infection prevention:
https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html

Enhanced barriers: https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

Public Health - Seattle & King County:

C. auris health advisory:
https://kingcounty.gov/en/legacy/depts/health/communicable-diseases/health-care-providers/advisories/2024/jan-30

Update on *C. auris*:
https://publichealthinsider.com/2024/01/30/update-on-c-auris-the-partners-for-patient-safety-program-screening-and-cases/

Admission Job Aid for Nursing Homes (with DOH):
https://doh.wa.gov/sites/default/files/2023-10/420-536-Multi-DrugResistantOrganismGuideJobAid.pdf