



May 22, 2019

TO: Long Beach Skilled Nursing Facilities & Acute Care Hospitals

FROM: Long Beach Department of Health and Human Services, Communicable Disease Control Program

SUBJECT: *Candida auris* Surveillance, Infection Prevention, and Laboratory Detection

Multiple healthcare facilities in Orange County have reported *Candida auris* in recent months. *C. auris* is an emerging multi-drug resistant fungal pathogen that is associated with high mortality. To date, there have been no cases identified in Long Beach, however, due to the number of patients transferred from healthcare facilities in Orange County to Long Beach facilities, the Long Beach Department of Health and Human Services (Health Department) recommends Long Beach Skilled Nursing Facilities and Acute Care Hospitals take the following steps to prevent the further spread of *C. auris* in healthcare facilities:

- Healthcare facilities accepting patients from an Orange County Long-Term Acute Care Facility (LTAC) or patients from an Orange County Skilled Nursing Facility who are on a ventilator or have a tracheostomy in place should perform admission screening for *C. auris* and institute empiric Contact precautions.
- Contact the Long Beach Communicable Disease Control Program (CDCP) at 562.570.4302 to arrange for receipt of screening swabs and coordinate their transfer to a public health laboratory for testing.
- Notify the Long Beach Health Department immediately of any suspect or confirmed cases. More information on reporting requirements for health facilities can be found here: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-18.pdf>

BACKGROUND

C. auris is an emerging yeast that is multidrug resistant and can spread in healthcare settings. Outbreaks have occurred in several states, primarily in the eastern half of the country. The first case in California was identified in Northern California in 2017. Early detection of *C. auris* and rigorous adherence to infection control measures are essential for containing its spread in healthcare facilities.

INFECTION PREVENTION

Appropriate infection control precautions for patients suspected or confirmed to be colonized or infected with *C. auris* include:

- Place patient in a single-patient room and use Standard and Contact Precautions.
- Emphasize adherence to hand hygiene.
- Use dedicated medical equipment.
- Minimize the number of healthcare staff caring for the patient.
- Clean and disinfect the patient care environment and reusable equipment (daily and terminal cleaning) with recommended products (see CLEANING section below) throughout the unit or facility where patients with *C. auris* are located.

Patients have remained colonized for several months, even after an active infection has resolved. The maximum amount of time that a patient can be colonized is unknown. There are currently no data on the efficacy of decolonization for patients with *C. auris*, such as the use of chlorhexidine or topical antifungals.



LABORATORY TESTING

- Testing for *C. auris* colonization is available through the Centers for Disease Control and Prevention (CDC) Antibiotic Resistance Laboratory Network (ARLN). At this time, commercial testing for *C. auris* screening is not available. *C. auris* colonization testing by culture generally takes 7-21 days to result.
- Admission screening for *C. auris* should include a composite swab of the axilla and groin.
- Request your laboratory to speciate *Candida* spp. for all clinical isolates collected (including non-sterile sites), if possible.

CLEANING

CDC recommends the use of an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *Clostridioides difficile* spores (List K, found at <https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>.) Quaternary ammonium compounds that are routinely used for disinfection may not be effective against *C. auris*, and data on use of hands-free disinfection methods, like germicidal UV irradiation, are limited.

TREATMENT

Consultation with an infectious disease specialist is highly recommended for patients infected with *C. auris*. Echinocandins should be used for initial treatment in most cases. See CDC's guidance for more detailed treatment information.

PATIENT TRANSFER

As a reminder, per the 2010 CDPH AFL 10-27, healthcare facilities may not refuse new nor returning MDRO-positive residents based on infection/colonization status alone. If facility staff can provide appropriate care, there is no basis to deny admission. If you need assistance in implementing the appropriate infection controls, please contact the Long Beach Health Department.

RESOURCES

- Laboratorians and Health Professionals - <https://www.cdc.gov/fungal/candida-auris/health-professionals.html>
- Infection Preventionists - <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>
- Fact Sheets: <https://www.cdc.gov/fungal/candida-auris/fact-sheets/index.html>

CONTACT INFORMATION

Long Beach healthcare facilities and laboratories should contact the Long Beach Communicable Disease Control Program at 562.570.4302 if they suspect they have a patient with *C. auris* or have questions regarding the information presented here.

Thank you for your continued efforts and support in keeping Long Beach residents safe.