

To: CAHAN San Diego Participants

Date: March 22, 2024
From: Public Health Services

Health Advisory Update #2: Candida auris in San Diego County

Key Messages

- Candida auris (C. auris) has been identified in San Diego County (SDC), since March 2020, with increasing reports since September 2021.
- California Department of Public Health (CDPH) has updated the <u>guidance for surveillance and screening</u> among high-risk populations.
- The County of San Diego reminds that rigorous adherence to infection control measures, including the routine use of Environmental Protection Agency (EPA) registered disinfectant effective against *C. auris* are critical for mitigation.
- Confirmed or suspected *C. auris* cases, identified in SDC, should be reported to Epidemiology Unit during business hours, Monday to Friday 8AM-5PM, within one working day of identification. Also, isolates should be saved for potential confirmatory testing and/or further characterization.

Situation

Since the <u>first two cases reported in San Diego facilities</u>, in 2021, *Candida auris* case counts have increased markedly in San Diego County: 57 cases in 2021 to 99 cases in 2023 (Figure 1). Similar increases have also been observed <u>throughout the rest of the United States</u>. Based on the epidemiology of *C. auris*, the guidance for surveillance and screening among high-risk populations has been updated. This includes admission screening of patients admitted to and from high-risk settings and screening of patients with known risk factors.

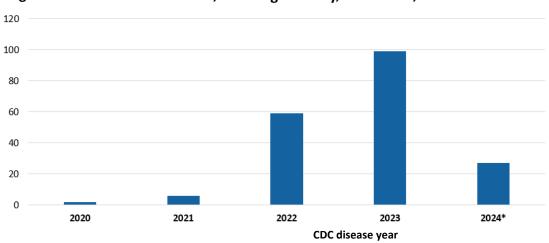


Figure 1. Candida auris Cases, San Diego County, 2020-2024,* N=193

^{*2024} data are year-to-date; current as of 3/20/2024. Data are provisional and subject to change as additional information becomes available. Case counts include confirmed cases.

Background

Candida auris is an emerging multidrug-resistant yeast that is associated with prolonged colonization and invasive healthcare-associated infections. *C. auris* colonizes the skin and other body sites which has been linked to silent transmission in healthcare settings. It can also cause serious infections, including bloodstream infections for which estimated crude mortality rates are 47% in one analysis. In California, 11% of colonized individuals subsequently became clinical cases.

Prompt identification of *C. auris* is critical to initiate appropriate <u>infection control measures</u> (IPC) for all identified cases, and <u>empiric therapy</u> for those with infections. Colonization testing may be conducted by polymerase chain reaction (PCR) or culture-based methods, though PCR is preferred given the rapid turnaround time. The Centers for Disease Control and Prevention (CDC) has developed <u>C. auris screening protocols</u> that include procedures for patient specimen collection. With increasing reports of resistance to most azole antifungals, susceptibility testing should be performed on any clinical isolate because levels of antifungal resistance can vary widely across isolates. Consultation with an infectious disease specialist is highly recommended when caring for patients with *C. auris* infection.

Actions Requested

- 1. **Screen all patients upon admission with no or unknown** *C. auris* **history** and perform *C. auris* testing for those at high-risk for *C. auris* acquisition, specifically:
 - Patients admitted to any long-term acute care hospitals (LTACH) or skilled nursing facility (SNF) ventilator unit.
 - Patients admitted from any LTACH or SNF.
 - Patients admitted from any facility with known *C. auris* transmission.
 - Patients transferred from healthcare facilities outside of San Diego County.
 - In general, acute care hospitals (GACHs), consider additional screening on patients admitted to higher-risk units (e.g., ICU, burn, oncology/bone marrow transplant) and not having any of the other known risk factors.
 - In addition, consider screening patients with known risk factors including:
 - o Patients with indwelling devices, particularly if they are mechanically ventilated or have a tracheostomy.
 - o Patients colonized or infected with a carbapenemase-producing organism (CPO), especially those requiring high-level care (e.g., indwelling medical devices, mechanical ventilation).
 - Healthcare exposures outside of California in the past 12 months (i.e., other states or countries).
- 2. Request CoSD Public Health Services approval if assistance with *C. auris* testing is needed.
- 3. Place any patient with *C. auris*, colonization or infection, on <u>Contact and Standard Precautions</u>, and if possible, in a single room.
 - Consider *C. auris* and other multidrug resistant organism (MDRO) status for room placement/cohorting decisions, including when cohorting patients for respiratory isolation. Continue IPC measures for the duration of admission.
- 4. Use an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris* routinely in all high-risk facilities and high-risk units.
- 5. **Include** *C. auris* **and other MDRO history** in <u>interfacility transfer communication</u> to any receiving healthcare facility prior to patient transfers.
- 6. **Report any cases of** *C. auris***, colonization or infection,** during business hours Monday through Friday to the <u>County Epidemiology unit</u>, by phone (619-692-8499) within <u>one working day</u>. Reports can be sent by email <u>Epi-CDReporting.HHSA@sdcounty.ca.gov</u> or fax (858-715-6458).
- 7. **Submit all sterile site isolates to the County of San Diego Public Health Laboratory** within <u>10 working days</u> from when the specimen was collected.
- 8. Contact the County of San Diego Healthcare-Associated Infections (HAI) Program phs.hai.hhsa@sdcounty.ca.gov with inquiries, or requests for testing services.

Resources

National

• Candida auris | CDC

State

• Candida auris | CDPH

Local

- Antimicrobial Resistance | CoSD
- CAHAN: Candida auris detected in San Diego County facilities, September 28, 2021 | CoSD

Thank you for your participation.

CAHAN San Diego

County of San Diego Health & Human Services Agency Epidemiology and Immunization Services Branch Phone: (619) 692-8499; Fax: (858) 715-6458

Urgent Phone for pm/weekends/holidays: (858) 565-5255

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