

Center for Policy, Planning and Evaluation Administration
Division of Epidemiology–Disease Surveillance and Investigation

February 28, 2019

Health Notice for District of Columbia Health Care Providers
Reporting, Control and Containment of *Candida auris*

SUMMARY

Candida auris (*C. auris*) is an emerging fungus of increasing public health concern. *C. auris* has caused severe and even fatal illness in hospitalized patients in multiple countries. It was first identified in the United States (U.S.) in 2013, and as of December 31, 2018, there have been 520 confirmed clinical cases and 31 probable cases.¹ DC Health was first notified of a *C. auris* case in a DC healthcare facility in 2018. Patients can remain colonized for extended lengths of time, and *C. auris* can persist on surfaces in healthcare environments, thus facilitating the spread between patients. Clinical cases of *C. auris* will become nationally notifiable in 2019. The purpose of this Health Notice is to increase awareness and provide recommendations on the identification, reporting, management, and control of *C. auris* to help prevent any further spread in DC.

Background

C. auris is of concern for three main reasons:

- 1) It is often multi-drug resistant, therefore making it difficult to treat due to resistance to the antifungal drugs commonly used to treat *Candida* infections.
- 2) It is difficult to identify by standard laboratory techniques, and may be misidentified in labs without specific technologies. Misidentification may lead to inappropriate management and care.
- 3) It has caused outbreaks in healthcare settings in the U.S. Therefore rapid detection is essential so that healthcare facilities can take the appropriate precautions to prevent its spread.

Reporting

- *C. auris* is reportable to DC Health under the [District of Columbia Municipal Regulations Title 22-B 208.1.g](#) as an infection of public health concern, and [Title 22-B 208.2](#) as a healthcare-associated infection (HAI) outbreak.
- All suspected (see *Identification of C. auris* section below) cases of *C. auris* infection must be reported DC Health immediately. This allows for timely investigation of cases and identification of clusters or outbreaks. It also allows for appropriate precautions to be enacted to prevent any further spread.
- Cases should be reported to DC Health within 24-hours online by submitting a [Notifiable Disease and Condition Case Report Form](#) (<https://dchealth.dc.gov/node/143092>) through the [DC Reporting and Surveillance Center \(DCRC\)](#) (<https://redcap.doh.dc.gov/surveys/index.php/surveys/?s=DHNA4X8LJC>).

Updated Recommendations for Healthcare Facilities (as of December 21, 2018)

- Screen patients for colonization with *C. auris* upon admission if they have a history of overnight hospitalization **outside the United States** in the last 12 months, especially 1) if hospitalized in a [country with *C. auris* transmission](#) (<https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html#world>), or 2) have a carbapenemase-producing organism.
- Expand the list of disinfectants used in the facility that have been found to be effective against *C. auris*. Additional information can be found here: <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html#disinfection>.

- Confer with your laboratory to ensure updated laboratory methods that are capable of accurately identifying *C. auris*. Additional information can be found here: <https://www.cdc.gov/fungal/candida-auris/recommendations.html>.

Infection Prevention and Control

- If possible, place the patient with *C. auris* in a single room and use standard and contact precautions.
- Reinforce adherence to hand hygiene through education and audits.
- Use only approved products for the cleaning and disinfecting of environmental and reusable equipment. Additional information can be found here: <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html#disinfection>.
- Notify DC Health upon transfer or discharge of the *C. auris* case patient from your facility. Ensure communication of patient's *C. auris* status during patient transfer and transitions of care.

Surveillance for Clinical Cases

- CDC recommends that **all** yeast isolates obtained from a **normally sterile site** be identified to the species level so appropriate initial treatment can be administered based on the typical, species-specific susceptibility patterns.
- Species-level identification of *Candida* isolates from **non-sterile sites** should be considered in certain circumstances such as:
 - Clinically indicated in the care of the patient.
 - A case of *C. auris* infection or colonization has been detected in a facility or unit in order to detect additional colonized patients.
 - If the patient has had an overnight stay in a healthcare facility outside the U.S. in the previous year, especially in a country with documented *C. auris* transmission.
- All laboratories serving healthcare facilities where cases of *C. auris* have been detected should review past microbiology records to identify cases of confirmed or suspected *C. auris*.

Screening for *C. auris* colonization

- Patients may be asymptotically colonized with *C. auris* and transmit it to other patients who may be at risk for invasive infection. Screening patients for *C. auris* colonization allows facilities to identify colonized individuals and take the proper precautions to prevent spread.
- Facilities who have had a case of *C. auris* should report it to DC Health and consider colonization screening.
- The DC Health HAI Program can work with facilitates to determine if colonization screening is warranted, and facilitate the screening of isolates through the [Antimicrobial Resistance Laboratory Network \(ARLN\)](https://dchealth.dc.gov/service/antimicrobial-resistance-laboratory-network-arln) (<https://dchealth.dc.gov/service/antimicrobial-resistance-laboratory-network-arln>).

Identification of *C. auris*

- *C. auris* can be misidentified as a number of different organisms when using traditional phenotypic methods for yeast identification. If any of the species listed in the table² below are identified, or if species cannot be determined, contact the DC Health HAI Epidemiology and Laboratory HAI teams (doh.hai@dc.gov, lab.hai@dc.gov) to determine if further characterization should be sought.

<u>Identification Method</u>	<u>Organism <i>C. auris</i> can be misidentified as</u>
Vitek 2 YST	<i>Candida haemulonii</i> <i>Candida duobushaemulonii</i>
API 20C	<i>Rhodotorula glutinis</i> (characteristic red color not present) <i>Candida sake</i>
BD Phoenix yeast identification system	<i>Candida haemulonii</i> <i>Candida catenulata</i>
MicroScan	<i>Candida famata</i> <i>Candida guilliermondii</i> <i>Candida lusitaniae</i> <i>Candida parapsilosis</i>
RapID Yeast Plus	<i>Candida parapsilosis</i>

Source: <https://www.cdc.gov/fungal/candida-auris/recommendations.html>

Antifungal Susceptibility Testing and Interpretation

- As levels of antifungal resistance can vary widely across isolates, **all** *C. auris* isolates should undergo antifungal susceptibility in accordance with CLSI guidelines.

Treatment and Management of Infections and Colonization

- Always consult with an infectious disease specialist when caring for a patient with a *C. auris* infection. There is limited data available on the recommended therapy for treatment of *C. auris* infections, but CDC has provided initial guidelines here: <https://www.cdc.gov/fungal/candida-auris/c-auris-treatment.html#treatment>.
- CDC does not recommend treatment of *C. auris* identified from noninvasive sites unless there is evidence of infection. However, appropriate infection control measures should be used for patients with *C. auris*.

Please contact the DC Health HAI team at DOH.HAI@dc.gov for additional guidance regarding HAI surveillance including DCRC reporting, specimen collection, specimen submission to the DC Public Health Laboratory, and infection control.

References

- CDC. Tracking *Candida auris*. <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>

Resources/Additional information

- DC ARLN resources and guidance: <https://dchealth.dc.gov/service/antimicrobial-resistance-laboratory-network-arln>
- CDC: [Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms \(MDROs\)](#).
- CDC's fungal disease webpage: <https://www.cdc.gov/fungal/index.html>

Please contact the DC Health Division of Epidemiology–Disease Surveillance and Investigation at:
Phone: 202-442-8141 (8:15am-4:45pm) | 844-493-2652 (after-hours calls)
Fax: 202-442-8060 | Email: doh.epi@dc.gov