

April 7, 2021

Health Notice for District of Columbia Health Care Providers
Resurgence of *Candida auris* in the District of Columbia

SUMMARY

The District of Columbia Department of Health (DC Health) is alerting healthcare providers of the increasing number of *Candida auris* (*C. auris*) cases reported in the region. Most of the cases currently or previously resided in skilled nursing facilities with ventilated patients or in long term acute care hospitals.

C. auris is an emerging fungus of increasing public health concern that can cause outbreaks of severe and even fatal infection among hospitalized patients. Patients can remain colonized for extended lengths of time, and *C. auris* can persist on surfaces in healthcare environments, facilitating spread between patients. *C. auris* has commonly spread in long-term care facilities caring for people with severe medical conditions.

The rapid emergence and spread of COVID-19 has presented unique challenges in implementing the infection prevention and control measures necessary to prevent transmission of multidrug-resistant organisms (MDROs) within healthcare settings. Recent outbreaks may be related to changes in routine infection control practices during the COVID-19 pandemic, including limited availability of gloves and gowns, or reuse of these items, and changes in cleaning and disinfection practices. New *C. auris* cases without links to known cases or healthcare abroad have been identified recently in multiple states, suggesting an increase in undetected transmission. Containment of *C. auris* and other MDROs remains of utmost importance to prevent concurrent outbreaks in the context of COVID-19. This Health Notice provides recommendations on identification, reporting, and infection control measures for *C. auris* to help prevent further spread in DC and the region.

Background

C. auris is an emerging yeast that is multi-drug resistant, persists in the environment and can easily spread in healthcare settings. In most United States outbreaks, transmission has occurred in high-acuity post-acute care facilities, including long-term acute care hospitals and skilled nursing homes caring for patients on ventilators. *C. auris* can be misidentified as other *Candida* species with standard laboratory methods. Patients with *C. auris* may be asymptotically colonized, can develop active infections, or both. Most *C. auris* infections are treatable with a class of antifungal drugs called echinocandins. However, some have been resistant to all three main classes of antifungal medications, making them difficult to treat. Patients colonized with *C. auris* may also remain colonized for an extended period and perhaps indefinitely; there are currently no decolonization strategies available for *C. auris*. Both colonized patients and those with active infections are capable of transmitting *C. auris* to other patients.

Patients at high risk for acquiring multi-drug resistant organisms such as *C. auris* include those with invasive lines and tubes, mechanical ventilation, immune compromising conditions, broad spectrum antibiotic or anti-fungal use, recent surgery and recent exposure to long-term acute care hospitals and skilled nursing facilities. *C. auris* is not believed to be a threat to otherwise healthy individuals, including healthcare workers. Early detection of *C. auris* and rigorous adherence to infection control measures is essential for containing its spread in healthcare facilities.

Updated Recommendations for Healthcare Facilities (as of March 31, 2021)

The DC Health Healthcare-Associated Infections (HAI) Program recommends that healthcare facilities take the following actions to identify and control further spread:

Infection Control Measures

- Inform and educate appropriate personnel about the presence of a patient with *C. auris* and the need for rigorous adherence to infection control practices.
- Continue to emphasize adherence to [standard hand hygiene practices](#). Alcohol-based hand sanitizer is effective against *C. auris* and is the preferred method for cleaning hands when they are not visibly soiled. If hands are visibly soiled, wash with soap and water. Wearing gloves is not a substitute for hand hygiene.
- Reinforce the appropriate use of transmission-based precautions based on the setting (described below).
- Perform thorough cleaning and disinfection of the patient care environment and any shared equipment (daily and terminal cleaning) used by patients with confirmed or suspected *C. auris* by using a disinfectant active against *C. auris* (<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants#candida-auris>).
 - Acute care hospitals, post-acute care hospitals and skilled nursing facilities should consider using the recommended disinfection products throughout the unit or facility that have patients with *C. auris* or have patients with high-risk for *C. auris* infection or colonization.
- If possible, use dedicated medical equipment for patients with confirmed or suspected *C. auris*.
- Promote antimicrobial stewardship to limit the emergence of *C. auris* and other MDROs.

Transmission-based Precautions and Patient Placement

- Healthcare facilities should not decline admission based on colonization or presence of MDRO infection including *C. auris*.
- Place all patients with *C. auris* infection or colonization on standard precautions and appropriate transmission-based precautions based on the setting:
 - **Acute care hospitals, post-acute care facilities (including long-term acute care hospitals)** should place patients with *C. auris* on contact precautions.
 - **Skilled nursing facilities, including skilled nursing facilities with ventilator units**, should initially place patients with *C. auris* on contact precautions. Patients may be able to be moved to enhanced barrier precautions, but this should be done based on recommendations from DC Health. More information on enhanced barrier precautions can be found here: [cdc.gov/hai/containment/PPE-Nursing-Homes.html](https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html).
 - **Dialysis clinics** should care for patients with *C. auris* by having healthcare personnel wear disposable gowns and gloves during patient care or touching items at the dialysis station. Gowns and gloves should be removed and disposed of carefully, and hand hygiene should be performed when leaving the patient's station.
 - **Outpatient settings** should care for patients with *C. auris* by having healthcare personnel wear disposable gown and gloves if extensive patient contact is anticipated or contact with infected areas is planned (e.g., debridement or dressing of colonized or infected wound). Gowns and gloves should be removed and disposed of appropriately, and hand hygiene should be performed when leaving the patient's room

- **Home healthcare settings** should care for patients with *C. auris* by having healthcare personnel wear disposable gown and gloves when entering the area of house where providing patient care. Gowns and gloves should be removed and disposed of appropriately, and hand hygiene should be performed when leaving the patient care area.
- Place all patients with confirmed or suspected *C. auris* infection or colonization in a private room. If a private room is not available:
 - Patients infected or colonized with *C. auris* and other MDROs should be placed in rooms with patients colonized with *C. auris* and the same MDROs. CDC does **not** recommend placing patients with *C. auris* in rooms with patients who have other types of MDROs.
 - Avoid placing *C. auris* patients with patients who have indwelling devices (e.g., central venous catheter, tracheostomy tubes, mechanical ventilators), serious underlying medical conditions, or are otherwise immunocompromised.

Admission Screening in Hospitals and Skilled Nursing Facilities

- Screen¹ all patients admitted to acute care hospitals, post-acute care hospitals (including long-term acute care hospitals) and skilled nursing facilities who are admitted from other facilities with a high prevalence of patients with or with risk factors for MDROs (i.e., previously resided in a ventilator skilled nursing unit or long-term acute care hospital). Place patients on empiric contact precautions while awaiting screening results.

Interfacility Communication

- Upon admission, ask about a patient's *C. auris* and other MDRO status if not included in the accompanying medical records.
- Upon admission, assess *C. auris* and other MDRO status for all patients by reviewing medical records and utilizing CRISP, especially for patients being admitted from long term acute care hospitals or from ventilator units within skilled nursing facilities.
- Upon discharge, communicate a patient's *C. auris* and other MDRO status, including for any patients screened for an MDRO, but for whom laboratory results are not available at the time of transfer, to any receiving healthcare facility prior to transfer.
 - This should be done by including a written notification of the infection or colonization to the receiving facility in transfer documents. The referring facility should ensure that the documentation is readily accessible to all parties involved in patient transfer (for example, referring facility, medical transport, emergency department, receiving facility). CDC has a sample [interfacility transfer form](#) that facilities can use.

Laboratory Surveillance: Speciation of Candida from Sterile and Non-sterile Sites

- 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 conducted in the following circumstances:
 - If clinically indicated in the care of the patient.
 - To detect additional colonized patients when a case of *C. auris* infection or colonization

¹ Colonization testing (screening) for *C. auris* and carbapenem-resistant bacteria is available at no cost through the CDC Antibiotic Resistance Laboratory Network. These services can be accessed in consultation with the DC Health HAI Program by contacting doh.hai@dc.gov.

has been detected in a facility or unit.

- 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.
- If the patient currently or previously resided in skilled nursing facilities with ventilated patients or in long term acute care hospitals.

Reporting

- *C. auris* is reportable to DC Health under the [District of Columbia Municipal Regulations Title 22-B 201.1\(gg\)](#) as an infection of public health concern, and [Title 22-B 208.2](#) as a healthcare-associated infection (HAI) outbreak.
- All suspected and confirmed cases of *C. auris* from a clinical specimen² collected for the purpose of diagnosing or treating disease in the normal course of care must be reported immediately by telephone to DC Health. This allows for timely investigation of cases and identification of clusters or outbreaks.
- Cases should be reported in writing to DC Health within 24-hours by submitting a Notifiable Disease and [Condition Case Report Form](#) through the [DC Reporting and Surveillance Center \(DCRC\)](#).

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

Resources/Additional information

- CDC *Candida auris* website: <https://www.cdc.gov/fungal/candida-auris/index.html>
- CDC Fungal Diseases and COVID-19 website: <https://www.cdc.gov/fungal/covid-fungal.html>
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)
- [Selected EPA-Registered Disinfectants | Pesticide Registration | US EPA](#)

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

² A clinical specimen includes specimens from sites reflecting invasive infection (e.g., blood, cerebrospinal fluid) and specimens from non-invasive sites such as wounds, urine, and the respiratory tract, where presence of *C. auris* may simply represent colonization and not true infection.