

**Communicable Disease Epidemiology  
and Immunization Section**

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www.kingcounty.gov/health

**Health Advisory: *Candida auris* – Increased Transmission in U.S. Healthcare Facilities,  
December 20, 2022**

**Action Requested:**

- **Be aware that an emerging, often multidrug-resistant fungal pathogen, *Candida auris* (*C. auris*), is spreading [westward across the U.S.](#) and causing outbreaks in healthcare facilities.**
  - As of December 2022, no *C. auris* cases have been reported in Washington State, but healthcare transmission has occurred in California, Oregon (1,2 – references below), Nevada (3), the Mid-West, and East Coast.
- **Inquire about high-risk exposures in all newly admitted patients and consider *C. auris* screening in patients at high risk for *C. auris*, including those who have had:**
  - Close contact in a healthcare setting to someone diagnosed with *C. auris* infection or colonization.
  - An overnight stay in a healthcare facility outside the U.S. or in a region within the [U.S. with documented \*C. auris\* cases](#) in the previous year.
- **Immediately report any suspected or confirmed *C. auris* cases or outbreaks to Public Health by calling 206-296-4774.**
  - *C. auris* becomes a notifiable condition in WA as of January 1, 2023.
- **Consultation with an infectious disease specialist and Public Health is highly recommended when *C. auris* colonization or infection is suspected** to ensure appropriate testing and [treatment](#).
- **Coordinate *C. auris* screening and testing with Public Health** by calling 206-296-4774.
- **Be aware that *C. auris* can be misidentified through commercial laboratory testing and [specific technology is needed](#) for correct identification.**
- **Be aware that in addition to the screening recommendations above, Public Health will soon begin offering proactive *C. auris* screening to residents at a local long-term ventilator capable healthcare facility.** These are the types of settings which have been most heavily impacted in California and East Coast outbreaks.
- **Ensure appropriate infection prevention and control practices:**
  - Patients with suspected or confirmed *C. auris* in healthcare facilities should be managed using contact precautions and placed in a single room whenever possible.
  - When *C. auris* is suspected, use healthcare [disinfectants that are effective against \*C. auris\*](#).
  - Remain vigilant for any increase in infections due to unusual *Candida* species in a patient care unit, including from urine specimens, and consider *C. auris*.
  - Reinforce and audit core [infection prevention practices](#) in healthcare facilities.
  - [Communicate information](#) about colonization or infection with *C. auris* during care transitions within and transfers between healthcare settings. Consider using the CDC [Interfacility transfer form](#).
  - For laboratories working with suspect or confirmed *C. auris*, be aware of [safety considerations](#) including recommended PPE, disinfection, and disposal.

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### Background

Since its discovery in 2009, *C. auris* has emerged globally as a life-threatening, highly transmissible, often multidrug-resistant yeast. In the past year, CDC has published several reports of ongoing transmission of highly resistant strains of *C. auris* in United States' healthcare facilities, particularly in units caring for patients recovering from COVID-19 (4,5,6). Patients with long-term acute care and indwelling devices are at highest risk for acquisition. International healthcare is often the initial source of introduction of *C. auris* to a region. Subsequent healthcare transmission may occur due to shedding in the healthcare environment, resistance of *C. auris* to standard healthcare disinfectants, and lapses in infection control practices.

**As of December 20, 2022, *C. auris* has not been detected in Washington but represents a serious threat to vulnerable patients.** This [map](#) has details about where cases have been identified within the U.S. WA DOH performs special surveillance for *C. auris* by screening isolates submitted from high risk patients and sentinel lab submissions of non-albicans *Candida* species to the WA Public Health Laboratory for species identification.

### References

1. Oregon Health Authority News Release. OHA investigating state's first cases of *Candida auris* infection. Dec 28, 2021. <https://content.govdelivery.com/accounts/ORDHS/bulletins/3030234>
2. Oregon Health Authority News Release. No other cases of *Candida auris* infection found at Salem Hospital. Jan 6, 2022. <https://content.govdelivery.com/accounts/ORDHS/bulletins/3045cee>
3. Causey K. *Candida auris* technical bulletin April 22, 2022. [https://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Resources/TB\\_C-auris\\_042222.pdf](https://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Resources/TB_C-auris_042222.pdf)
4. Prestel C, Anderson E, Forsberg K, et al. *Candida auris* Outbreak in a COVID-19 Specialty Care Unit — Florida, July–August 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:56–57. DOI
5. Lyman M, Forsberg K, Reuben J, et al. [Notes from the Field: Transmission of Pan-Resistant and Echinocandin-Resistant \*Candida auris\* in Health Care Facilities — Texas and the District of Columbia, January–April 2021](#). *MMWR Morb Mortal Wkly Rep* 2021;70:1022–1023. DOI.
6. Adams E, Quinn M, Tsay S, et al. [Candida auris in Healthcare Facilities, New York, USA, 2013-2017](#). *Emerg Infect Dis*. 2018;24(10):1816-1824. DOI.

### Resources

- [Candida auris resources](#), WA Department of Health
- [Candida auris testing information](#), WA Department of Health
- [Antimicrobial Products Registered with EPA for Claims Against Candida auris](#), Environmental Protection Agency
- [Candida auris- Information for Laboratorians and Health Professionals](#), CDC
- [General Information about Candida auris](#), CDC