Communicable Disease Epidemiology and Immunization Section Public Health Seattle & King County

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> Health Advisory – *Candida auris* reported in Washington with Local Transmission in Washington Suspected – July 19, 2023

Action Requested:

- Be aware that <u>Candida auris</u> (C. auris) has been identified in a patient in Washington.
- Be aware that *C. auris,* an emerging often multidrug-resistant fungal pathogen, has caused outbreaks that are difficult to control in healthcare facilities outside of Washington.
- Be aware that strict adherence to routine healthcare infection prevention activities is effective in preventing spread of *C. auris* in healthcare facilities.
- Ensure your healthcare facility optimizes infection prevention practices that are proven to prevent transmission of *C. auris*, including hand hygiene, transmission-based precautions, environmental cleaning, and cleaning and disinfection of reusable medical equipment.
 - Patients with suspected or confirmed *C. auris* in healthcare facilities should be managed using contact precautions and placed in a single room whenever possible.
 - Reinforce and audit core <u>infection prevention practices</u> in healthcare facilities.
 - When *C. auris* is suspected, use healthcare <u>disinfectants that are effective against *C.* <u>auris</u> and follow disinfectant instructions for use including proper precleaning, dilution, and wet time.</u>
 - Remain vigilant for any increase in *Candida* results in a patient care unit, including from non-sterile sites, and consider *C. auris*. Review *Candida* species identification options with your lab. *Candida* isolates requiring species identification can be sent to the <u>Washington Antibiotic Resistance Laboratory</u>.
 - <u>Communicate information</u> about colonization or infection with *C. auris* during care transitions within and transfers between healthcare settings. Consider using the CDC <u>Interfacility transfer form</u>.
 - For laboratories working with suspect or confirmed *C. auris,* be aware of <u>safety</u> <u>considerations</u> including recommended PPE, disinfection, and disposal.
- Inquire about high-risk exposures in 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 another patient with *C. auris;* or
 - An overnight stay in a healthcare facility outside the U.S. or in a region within the <u>U.S.</u> with documented *C. auris* cases in the previous year.
- **Coordinate with Public Health to conduct** *C. auris* screening and testing when risk factors are identified.
 - Testing through Public Health <u>requires preapproval</u>, call 206-296-4774.
- Be aware that Public Health offers proactive *C. auris* screening to residents at long-term ventilator capable healthcare facilities and long-term acute care hospitals.
- Be aware that *C. auris* can be misidentified through commercial laboratory testing and <u>specific</u> <u>technology is needed</u> for correct identification.
- Consider an infectious disease consultation for <u>treatment options</u> for patients with invasive *C. auris* infections. Even after treatment, patients generally remain colonized with *C. auris* for long periods, and perhaps indefinitely.
- Immediately report any suspected or confirmed *C. auris* cases or outbreaks to Public Health <u>at</u> <u>206-296-4774</u>.
 - *C. auris* is a <u>notifiable condition</u> in WA as of January 1, 2023.

Background

A patient in a Washington healthcare facility was recently reported to have *C. auris*. Based on known details, it is believed that this case of *C. auris* was acquired in Washington. Information may change as the investigation proceeds. Public Health is also aware of one other unrelated state resident who tested positive for *C. auris* during a hospitalization in another state. Washington State Department of Health (WA DOH) and partner local health jurisdictions, including Public Health – Seattle & King County, are working with involved facilities to assess and optimize infection prevention practices and to perform screening of other patients to identify if transmission has occurred. We are making this announcement to strongly encourage all healthcare facilities to optimize infection prevention practices and to prepare for safely admitting and caring for patients who are infected or colonized with *C. auris*.

C. auris was first reported in 2009 outside of the U.S. and has since emerged globally as a lifethreatening, highly transmissible, often multidrug resistant yeast that has caused difficult to control healthcare outbreaks. Invasive infections with any *Candida* species can be fatal. Based on information from a limited number of patients, more than 1 in 3 people with *C. auris* infections have died. Patients needing long term acute care and indwelling devices are at the highest risk for acquisition. International healthcare is often the initial source of introduction of *C. auris* to a region and subsequent healthcare transmission may occur due to lapses in infection control practices.

C. *auris* can be misidentified as a number of different organisms when using traditional phenotypic methods for yeast identification such as VITEK 2 YST, API 20C, BD Phoenix yeast, and Microscan. An increase in infections due to unidentified *Candida* species in a patient care unit, including increases in isolation of *Candida* from urine specimens, should also prompt suspicion for *C. auris*.

WA DOH performs special surveillance for *C. auris* by screening isolates submitted from high-risk patients, proactive screening of patients in high acuity long term care facilities, and sentinel lab submissions of non-albicans *Candida* species to the WA Public Health Laboratory for species identification. There are currently no FDA-approved tests for colonization swabs. Laboratories with capability to characterize isolates further when *C. auris* is suspected are encouraged to do so. Public Health closely tracks all known *C. auris* cases and notifies healthcare facilities if a newly admitted patient should be screened.

Resources

- Candida auris resources, WA Department of Health
- <u>Candida auris testing information</u>, WA Department of Health
- <u>Antimicrobial Products Registered with EPA for Claims Against Candida auris</u>, Environmental Protection Agency
- Candida auris- Information for Laboratorians and Health Professionals, CDC
- <u>General Information about Candida auris</u>, CDC

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