

**Communicable Disease Epidemiology
and Immunization Section**

401 5th Avenue, Suite 1250
Seattle, WA 98104

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www.kingcounty.gov/health



**Health Advisory – *Candida auris* Outbreak in a King County Healthcare Facility
January 30, 2024**

Action Requested:

- **Be aware that Kindred Hospital Seattle – First Hill, a long-term acute care hospital, has identified the first known outbreak of *Candida auris* (*C. auris*) in King County.**
 - As of 1/30/24, four patients colonized with *C. auris* have been identified with links to Kindred Hospital Seattle – First Hill. At least two patients are suspected to have acquired the organism at the facility; the source of colonization for the other two cases is currently under investigation.
 - No deaths have been reported in connection with this outbreak.
 - Public Health – Seattle & King County (Public Health) and Washington State Department of Health (WA DOH) are working with Kindred Hospital Seattle – First Hill to ensure that appropriate infection control precautions are in place.
- **Public Health recommends screening patients who had an admission at Kindred Hospital Seattle – First Hill since October 1, 2023.**
 - Healthcare facilities can consider screening more broadly to include patients with a stay at Kindred Hospital Seattle – First Hill since June 2023 when the last facility wide screening occurred, with all patients testing negative at that time.
 - Any facility that receives a patient from Kindred Hospital Seattle – First Hill who has tested positive for *C. auris*, who has been screened, or has results pending, will be notified in the transfer paperwork.
 - Coordinate *C. auris* screening with Public Health by calling (206) 296-4774.
- **Identify high-risk exposures in patients and consider *C. auris* screening in all newly admitted patients at high-risk for *C. auris* acquisition, including those who have had:**
 - Close contact in a healthcare setting to someone diagnosed with a *C. auris* infection or colonization. Close contact may include:
 - Sharing a room, bathroom, or patient care equipment,
 - Being cared for by the same healthcare staff,
 - Staying in a room near a person with *C. auris*
 - Direct admission from a ventilator-capable skilled nursing facility or a long-term acute care hospital,
 - Colonization or infection with a CPO,
 - An overnight stay in the prior year in a healthcare facility:
 - Outside the United States or
 - In a [region of the United States with a high burden of *C. auris* cases](#)
- **Ensure adherence to [CDC recommendations for infection control](#) for patients with suspected or confirmed *C. auris*, including immediately:**
 - Placing patients infected or colonized with *C. auris* on Transmission-Based Precautions and, whenever possible, in a single room.
 - Making sure gown and gloves are accessible and used appropriately.
 - Reinforcing hand hygiene.
 - Ensure appropriate cleaning and disinfection, using an Environmental Protection Agency ([EPA List P](#) (or [List K](#)) product.

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- **Be aware that *C. auris* can be misidentified through commercial laboratory testing and [specific technology is needed](#) for correct identification.**
- **Report any suspected or confirmed *C. auris* cases or outbreaks to [Public Health at \(206\) 296-4774](#) within 24 hours.**

Background

On January 22, 2024, Kindred Hospital Seattle – First Hill reported to Public Health – Seattle & King County (Public Health) the first known outbreak of *Candida auris* (*C. auris*) in King County. Cases were identified as part of a proactive screening program, [Partners for Patient Safety](#). These cases would not have otherwise been identified at this time.

Since 2022, Kindred Hospital Seattle – First Hill has participated in the Partners for Patient Safety Program, that targets the highest risk facilities for screening of *C. auris* colonization. WA DOH performs special surveillance for *C. auris* by screening isolates submitted from high-risk patients. Through this partnership, Kindred identified the [first suspected locally acquired *C. auris* case in Washington State in 2023](#). For more information on what Public Health is doing to decrease *C. auris* transmission in healthcare facilities, see our July 13, 2023, Public Health Insider blog [Controlling An Emerging Fungal Threat: The Partners For Patient Safety Program](#). Hospitals have a critical role in early identification of *C. auris* and are encouraged to screen newly admitted patients based on the criteria outlined above.

C. auris was first reported in 2009 outside of the United States and has since emerged globally as a life-threatening, 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.

Resources

- [Candida auris resources](#), WA DOH
- [Candida auris testing information](#), WA DOH
- [Partners for Patient Safety Program](#), WA DOH
- [Antimicrobial Products Registered with EPA for Claims Against Candida auris](#), EPA
- [Candida auris- Information for Laboratorians and Health Professionals](#), CDC
- [General Information about Candida auris](#), CDC

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