

Inter-facility approach to *Candida auris* containment

CONTRIBUTOR: Erica Washington, Healthcare-Associated Infections & Antibiotic Resistance Program Manager, Louisiana Department of Health

CATEGORY: Epidemiology and Laboratory Capacity (ELC)

The Louisiana Department of Health works with a hospital to manage an outbreak of *Candida auris* and implements health promotion activities aimed at limiting spread of this fungal organism within the population.



The “What”

Candida auris (*C. auris*) is an emerging, and often multidrug-resistant fungal organism that is associated with significant illness and death in vulnerable patients. Outbreaks in healthcare facilities are difficult to control due to challenges with laboratory detection, persistence on environmental surfaces along with limited effective disinfectants, and unrecognized asymptomatic spread.

In early 2022, the Louisiana Department of Health (LDH) was notified of the first case of *C. auris* in a Louisiana patient that was hospitalized in an acute care hospital. Epidemiologists initiated a rapid response consistent with the Centers for Disease Control and Prevention’s national containment strategy for healthcare-associated infections.

The hospital worked with LDH epidemiologists to contain the initial spread, but additional cases were identified. Despite nine (9) rounds of colonization screenings, the hospital continues to work with LDH to detect and contain additional cases of *C. auris*.



As a direct result of this investigation, other hospitals in the area have since adopted proactive practices to help quickly detect and eliminate *C. auris* in their own facilities.

The “So What”

While the elimination of *C. auris* from the hospital has not yet been accomplished, the facility’s leadership has been highly engaged and committed to taking proactive approaches to monitoring at-risk patients and sharing lessons learned. The hospital has established regular communication between leadership, infection preventionists, staff, and LDH epidemiologists; updated testing procedures; and enhanced cleaning practices. They have been responsive to data requests and implementing recommended measures to reduce transmission and patient risk.

Their swift action and sharing of information has been informative for the Healthcare-associated Infections and Antibiotic Resistance Multidisciplinary Advisory Committee. The committee has used this real-time case study to identify successes and lessons learned, and to improve recommendations to other facilities throughout the state. The hospital has also been a resource to peer institutions as they discuss methods to avoid similar outbreaks in their facilities.

The “Now What”

As a direct result of this investigation, other hospitals in the area have since adopted proactive practices to help quickly detect and eliminate *C. auris* in their own facilities. Examples of such practices have been switching to facility-wide use of effective disinfectants and broader testing for fungal organisms isolated from sick patients to ensure that no cases of infection caused by *C. auris* are missed. LDH has initiated educational campaigns for a wide range of healthcare facilities about *C. auris* and the ways to prevent and control it. Education opportunities have included webinars, in-person trainings, and health alert network messages. Further, the close collaboration of this facility with

public health partners helps LDH describe disease burden within the state and to implement infection control measures and inter-facility communications to limit the spread of this fungal organism within the population.

Continued Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) funding will support LDH’s capacity to retain epidemiology staff able to respond to similar outbreaks. Maintaining these roles will help build resilience and quicker responses to future outbreaks in these settings. These roles improve surveillance systems and offer better ways to manage health and healthcare in hospital settings.

Key contributors to this project include Natalie Christophe, Mycotic Disease Surveillance Coordinator; Ashley T. Marin, Antibiotic Resistance Surveillance Coordinator; E. Cannon Ledford, PhD, HAI Outbreak Lead; Dr. Grace Lee, Medical Consultant and Antimicrobial Stewardship Co-Lead; Ashlyn Pinkins, Epidemiologist; and Alexa Ramirez, HAI Surveillance Epidemiologist (all from Louisiana Department of Health).