

Candida auris control program



CONTRIBUTOR: Sharon Balter, Los Angeles County Department of Public Health

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The Los Angeles County Department of Public Health established a *Candida auris* (*C. auris*) control program to enhance identification of *C. auris*, improve inter-facility communication, identify and contain outbreaks, monitor antifungal susceptibility, and educate healthcare facilities. The initiative has empowered healthcare facilities as they strive to reduce *C. auris* transmission throughout the county.

The “What”

Candida auris (*C. auris*) is a multi-drug resistant organism (MDRO) that can potentially cause hard-to treat infections in susceptible patients and can persist in the environment for extended periods of time. It causes clinical infections in 12% of all cases, most often bloodstream infections in patients requiring high levels of supportive care, like having central venous catheters. *C. auris* can spread within healthcare facilities (HCFs) widely and rapidly, so early identification and intervention are needed to prevent transmission. For example, four of thirty-two *C. auris* outbreaks started due to failures of communication of positive *C. auris* status upon transfer. The Los Angeles County (LAC)

Department of Public Health (DPH) set up a *C. auris* control program in 2020, whose goals are to: 1) Enhance facility identification of *C. auris* and improve inter-facility communication of patient status; 2) Identify and contain outbreaks of *C. auris* in HCFs in LAC; 3) Monitor the *C. auris* antifungal susceptibility testing (AST) profile in LAC; and 4) Educate healthcare facilities on the best ways to prevent transmission of all MDROs.

LACDPH tracked the status of *C. auris* patients from April to September 2021. When positive cases were transferred to a new HCF, DPH staff followed up with the receiving HCF to ensure they were made aware of the patient's *C. auris* status. When lapses occurred, DPH staff educated the discharging HCF and worked with the receiving HCF to implement appropriate precautions.

DPH staff send a biweekly MDRO update to all inpatient HCFs which includes a list of HCFs with active MDRO outbreaks so that HCFs can take precautions immediately upon patient admission. These include guidance on *C. auris* infection control strategies. In addition, DPH send quarterly newsletters to clinical laboratories to share best practices on *C. auris* identification and AST methods to improve active and passive surveillance. DPH has collaborated with the state on several *C. auris* and MDRO related webinars to improve the detection by laboratories and containment by HCFs. In 2020, when DPH *C. auris* colonization screening resources were limited, DPH staff worked with reference laboratories to offer this testing and created a list of laboratories that HCFs could reference as needed.



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At the time of writing this report, LAC is happy to report no active *C. auris* outbreak investigations for the first time since *C. auris* spread was identified in 2020.

Staff conduct regular point prevalence surveys (PPS) of sites with ongoing/suspected transmission. The regular PPS of high-risk sites such as long-term acute care hospitals (LTACHs) occurred at more frequent intervals during active transmission and less frequently when no transmission is known. In addition, DPH coordinated PPS in ventilator-capable skilled nursing facilities (vSNFs) whenever transmission is suspected. To detect *C. auris* spread in low-risk settings such as general acute care hospitals (GACHs), LACDPH runs *C. auris* cluster detection using surveillance data and coordinates a PPS whenever transmission is suspected. Over 17,000 swabs have been tested at the regional Antibiotic Resistance Lab Network (ARLN) laboratory in Washington State.

LACDPH is able to track *C. auris* AST data since it is reportable in LAC and sends isolates to ARLN. Results are reviewed to look for concerning resistance (i.e., resistant to echinocandins or pan-resistant), and analyzed to generate a local *C. auris* resistance profile.

In 2020, LACDPH offered on-site infection control visits and PPS to all LTACHs and vSNFs as part of an initiative to improve MDRO infection control practices in the wake of the COVID-19 pandemic and conduct early detection of potential *C. auris* spread in these highly connected settings. *C. auris* is a regular topic during educational events provided to HCFs across the spectrum of care.

Lastly, LACDPH has developed a county-wide guidance document¹ to give LAC HCFs a complete picture of detection and containment strategies. A webinar was hosted in 2022 to give HCFs an opportunity to clarify any questions or concerns about the document. LACDPH continues to develop educational materials, such as *C. auris* FAQs for dialysis settings and transferring information for case managers, to fill in knowledge gaps as they are identified.

The “So What”

LACDPH has been able to mitigate *C. auris* transmission. Over time, DPH staff also observed a decrease in the number of identified lapses in inter-facility communication, indicating that HCFs improved their processes because of feedback. Facilities can easily identify which HCFs should be monitored for suspect *C. auris* (or other novel MDROs) upon admission, conduct screening, and apply appropriate infection control in a timely manner.

High-risk HCFs such as LTACHs and vSNFs often share patients with many other HCFs, so early detection and containment is vital to controlling regional spread. The site visits were an opportunity to do additional education to help infection preventionists understand the need for more *C. auris* control efforts.

Many GACHs now conduct *C. auris* colonization screening which allows for screening of epi-linked contacts and admission screening. Tracking AST has allowed LACDPH to identify two echinocandin-resistant cases, and quickly set up a plan to contain further spread. By sharing county-level resistance data, physicians can treat empirically and more quickly.

The county-wide guidance document allows facilities a key resource when conducting their own investigations instead of being led by DPH. This allows DPH staff to spend time on improving detection and containment strategies and continue honing overall MDRO prevention efforts.

The “Now What”

At the time of writing this report, LAC is happy to report no active *C. auris* outbreak investigations for the first time since *C. auris* spread was identified in 2020. Overall, this program will allow LACDPH and HCFs to curb the spread of *C. auris* in LAC. Moreover, this program can be easily adapted for use in other jurisdictions. LACDPH has already shared many of these strategies on state-wide and national meetings.

¹ <http://publichealth.lacounty.gov/acd/docs/MitigatingSpreadofC.aurisLAC.pdf>