Candida auris

Fresno County Department of Public Health

Background

Candida auris (C. auris) is a Healthcare-Associated Infection (HAI) that is considered a global threat due to the fungus being multi-drug resistant with limited available treatment options and a high mortality rate of 30-60% of people infected. C. auris can easily be transmitted from person-to-person and can persist on surfaces for an extended amount of time making it more transmissible. Furthermore, C. auris can be misidentified when using traditional yeast identification methods causing cases of infections to be under reported. C. auris has spread through some United States hospitals at an alarming rate causing outbreaks in health care facilities, particularly long term care facilities. According to Centers for Disease and Control (CDC) data, C. auris has spread from four states reporting cases in 2016 to more than half the country reporting cases by December 31, 2022. Fresno County encountered its first case of C. auris in March 2023.

Approach

In order to mitigate the HAI threat of C. auris in Fresno County, once notified about the C. auris case, the Fresno County Department of Public Health (FCDPH), Communicable Disease Investigation (CDI) Program team collaborated with the California Department of Public Health (CDPH) HAI team to strategize on the initial response and recommendations for the case. Information gathering was shared amongst the teams to determine epidemiologically linked contacts for surveillance. Direction was also provided for healthcare exposures through working with the local hospital Infection Preventionist (IP) where the patient was admitted. Based on the date of admission, the IP and CDI team member was able to identify epidemiologically linked patients that either shared a bathroom or was a roommate to the patient with C. auris. Those individuals were either tested and/or had their charts flagged for discharge handoff and readmission notification. FCDPH CDI continued to follow the CDPH HAI recommendations of facility actions such as routine surveillance and point identification of C. auris. In addition to aiding with case investigation and reporting, FCDPH CDI also responded to the C. auris case by making recommendations to the facility for infection control measures and transmission-based precautions. There were no subsequent C. auris cases found from the surveillance of epi-linked cases related to the aforementioned C. auris case in Fresno County.

Seventy Percent of Epidemiologically Linked Contacts were able to be Screened for C. auris

There was a total of 10 epidemiologically linked contacts to the C. auris case while in the hospital. Only 7 were screened due to 2 individuals being discharged home prior to screening and one individual passed away prior to screening. All patients that were discharged had electronic medical records (EMRs) that were flagged for notification to screen upon readmission to the hospital. One patient that was transferred to a SNF was able to be screened at the facility. That individual had a negative status of C. auris which was communicated to the hospital so that the flagged EMR could be updated.

Challenges

One main challenge was coordination of the testing activities between the hospital IP and the state Laboratory for surveillance testing and supplies. Communication and instructions for accessing screening services with the Washington AR Lab Network lab was not timely and caused delayed testing. Another challenge was delayed notification of the patient having been admitted and discharged from a facility/area with known outbreaks of C. auris prior to being admitted to the hospital in Fresno County.

Feedback from the hospital IP is that it is often challenging to screen all epidemiologically linked contacts when it is a large group due to the nature of the swabbing and the time involvement of staffing.

Results / Outcomes

FCDPH released a Health Advisory notifying healthcare providers and skilled nursing facilities of the identification of a patient with C. auris colonization in its jurisdiction in April 2023. Due to the local presence of C. auris, FCDPH encouraged healthcare facilities to screen patients on admission from any long-term acute care hospital (LTACH), subacute/ventilator-equipped skilled nursing facility (vSNF) and any healthcare facility in Nevada state. Because most infections of C. auris cases impact the most vulnerable populations (elderly and individuals with comorbidities), healthcare facilities must be proactive in admission screening and mitigating the spread of C. auris within their facility. Acute care hospitals (ACHs), skilled nursing facilities (SNFs), LTACHs. vSNFs, and outpatient settings are main sources of outbreaks.

This patient had previous care in a hospital in Southern California and was identified while admitted at a Fresno County hospital. In addition to the previous hospital stay in Southern California, the patient had other risk factors for becoming infected with C. auris. This patient was known by the State to be positive for C. auris but subsequently discharged home after being identified, thus without notification to Fresno County, Due to this, they were admitted to a Fresno County Hospital without knowledge of the C. auris status. As an effort to increase communication with facilities the FCDPH CDI team initiated quarterly calls with Skilled Nursing Facilities in collaboration with CDPH-HAI and is pursuing establishing regional calls with the neighboring counties.

Lessons Learned

Communication is key! We learned that having solid discharge tracking and flagging charts of patients allows prompt notification of the patient status and mitigating strategies can begin once the patient is admitted. Interfacility transfer communication brings more awareness to the situation and allows healthcare facilities to have a proactive approach. Furthermore, educating the patient and the family about the C. auris status will help the patient communicate their status in the event of admission to facilities that are unaware.

References

California Department of Public Health. (2020, July). Candida auris Quick Sheet -Interim. CDPH. Candida auris Quick Sheet - Interim

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For More Information

Fresno County Department of Public Health:
Candida auris (C. auris) in Healthcare Facilities and First Case Detected in Fresno County