

C. auris Health Alert

PENNSYLVANIA DEPARTMENT OF HEALTH
2020 – PAHAN – 522 – 08-18-ALT
ALERT: New Outbreak and Containment of *Candida auris*
in PA Healthcare Facilities



DATE:	08/18/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	ALERT: New Outbreak and Containment of <i>Candida auris</i> in PA Healthcare Facilities
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a “Health Alert”: conveys the highest level of importance; warrants immediate action or attention.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE
LOCAL HEALTH JURISDICTIONS: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

- In March 2020, the first case of *Candida auris* was detected in a Pennsylvania resident with a history of healthcare exposures in another state. Public health containment measures and investigation did not identify further transmission.
- In June 2020, a second clinical case of *C. auris* was detected in Pennsylvania. An ongoing investigation has recently identified more than ten cases of *C. auris* colonization in two healthcare facilities in southeastern Pennsylvania, including a long-term acute care hospital (LTACH) and a skilled nursing facility (SNF), raising concerns about undetected *C. auris* transmission in healthcare facilities in southeastern Pennsylvania.
- Controlling the spread of multi-drug resistant organisms (MDROs), including *C. auris* is still of utmost importance during the COVID-19 pandemic. The Pennsylvania Department of Health (DOH) and the Philadelphia Department of Public Health (PDPH) are jointly providing guidance to request that:
 - Healthcare facilities develop and maintain *C. auris* action plans to assure measures are in place should a patient with *C. auris* be detected in, or transferred to, the facility;
 - Healthcare providers maintain vigilance for clinical illness that could be consistent with *C. auris*;
 - Healthcare facilities deliver education to staff and providers about *C. auris* and the infection prevention and control measures necessary to contain it;
 - Environmental health practices are reviewed for effectiveness against *C. auris*;
 - Laboratories implement methods to detect *C. auris* as outlined in this HAN.
- **Suspected or confirmed cases of *C. auris* identified in Pennsylvania should be reported promptly to PDPH at 215-685-6748 or DOH by calling 1-877-PA-HEALTH, or your local health department.**

- First issued jointly by PADOH and PDPH on Aug 18, 2020
- *C. auris* identified in southeastern PA and Philadelphia
- Cases identified in three different healthcare setting types from two counties

<https://hip.phila.gov/HealthAlerts/SignUpHealthAlerts>

<https://han.pa.gov/>



Updated Joint *C. auris* Health Alert

Issued May 28, 2021



Philadelphia Department of Public Health
Division of Disease Control

CHERYL BETTIGOLE, MD, MPH
Acting Health Commissioner

COLEMAN TERRELL
Acting Director, Division of Disease Control

Health Alert

New Outbreak and Containment of *Candida auris* in PA Healthcare Facilities
May 28, 2021

SUMMARY POINTS

Controlling the spread of multi-drug resistant organisms (MDROs), including *C. auris* is still of utmost importance during the COVID-19 pandemic. The Pennsylvania Department of Health (DOH) and the Philadelphia Department of Public Health (PDPH) are jointly providing guidance to request that:

- Healthcare facilities develop and maintain *C. auris* action plans to assure measures are in place should a patient with *C. auris* be detected in, or transferred to, the facility;
- Healthcare providers maintain vigilance for clinical illness that could be consistent with *C. auris*;
- Healthcare facilities deliver education to staff and providers about *C. auris* and the infection prevention and control measures necessary to contain it;
- Healthcare facilities that have not previously had *C. auris* cases contact their local public health jurisdiction prior to admitting a patient known or suspected to be colonized or infected with *C. auris*;
- Healthcare facilities report to their local public health jurisdiction when a patient colonized or infected with *C. auris* will be transferred to another facility;
- Environmental health practices are reviewed for effectiveness against *C. auris*;
- Laboratories implement methods to detect *C. auris* as outlined in this HAN.

Suspected or confirmed cases of *C. auris* identified in Pennsylvania should be reported promptly to PDPH at 215-685-6748 or DOH by calling 1-877-PA-HEALTH, or your local health department.

PENNSYLVANIA DEPARTMENT OF HEALTH
2021 – PAHAN – 573 – 05-28-UPD
UPDATE: New Outbreak and Containment of *Candida auris* in PA Healthcare Facilities



DATE:	05/28/2021
TO:	Health Alert Network
FROM:	Alison Beam, JD, Acting Secretary of Health
SUBJECT:	ALERT: New Outbreak and Containment of <i>Candida auris</i> in PA Healthcare Facilities
DISTRIBUTION:	Statewide
LOCATION:	n/a
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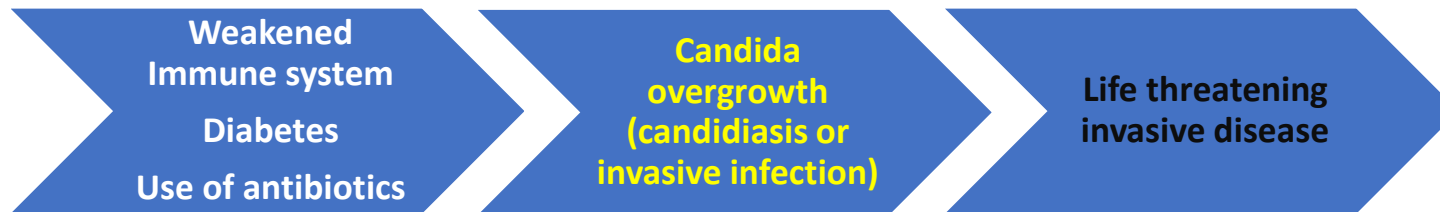
46 cases of *C. auris* colonization and infection identified from 11 different healthcare facilities (ACHs, LTACHs and SNFs) in 4 different counties

Candida Infections



- Genus Candida- more than 500 species, more than 20 species that can cause human infections
- Yeasts generally reside in the gut and on the skin of healthy people, as well as on mucous membranes

Colonization



Overall mortality rate with invasive candidiasis is ~30%

Candida Infections

95% of Candida infections in the U.S. are caused by 5 species:

- ***C. albicans*, *C. glabrata*, *C. parapsilosis*, *C. tropicalis*, and *C. krusei***
- ***C. albicans* is the most common cause of candidiasis**
- **Can be a cause of healthcare associated infections (HAIs)**



Candida auris (C. auris)

Emerging yeast:

- First described in 2009 when isolated from a patient with an ear infection in Japan
- Invasive disease in Korea in 2011
- Identified in U.S. in 2016
- Reasons for rapid emergence are unknown
- Nationally notifiable in 2019, 20 states by 2020
- Largest number of cases in NY, Illinois and California
 - As of June 2019- NY reported 801 patients with either colonization or infection
 - 3 patients reported in 2019 with pan-resistant *C. auris*



Morbidity and Mortality Weekly Report

Candida auris Isolates Resistant to Three Classes of Antifungal Medications — New York, 2019

Belinda Ostrowsky, MD¹; Jane Greenko, MS²; Eleanor Adams, MD²; Monica Quinn, MS³; Brittany O'Brien, MS⁴; Vishnu Chaturvedi, PhD^{4,5}; Elizabeth Berkow, PhD⁶; Snigdha Vallabhaneni, MD⁶; Kaitlin Forsberg, MPH⁶; Sudha Chaturvedi, PhD^{4,5}; Emily Lutterloh, MD^{3,5}; Debra Blog, MD^{3,5}; *C. auris* Investigation Work Group

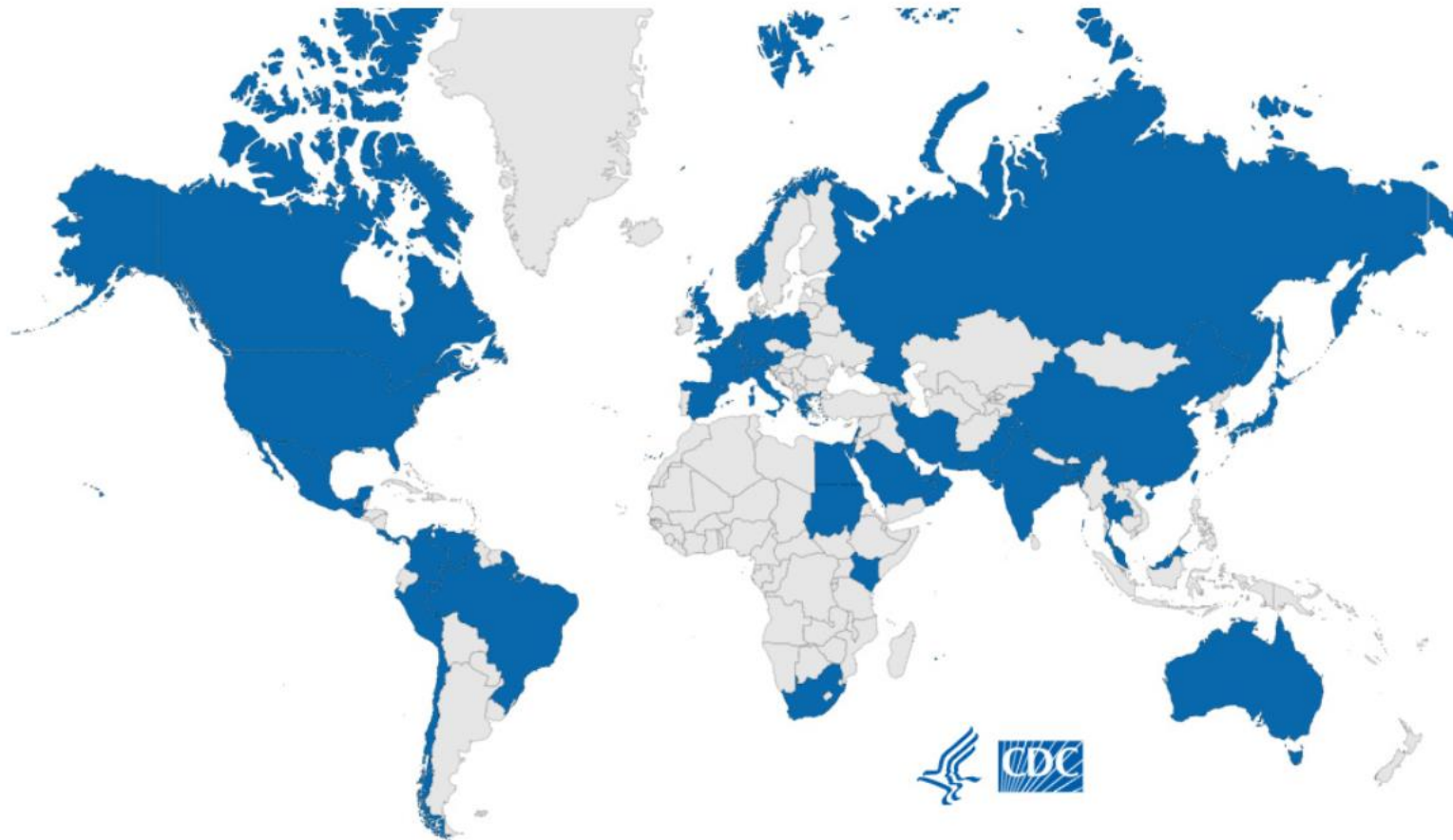


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C. auris Global Epidemiology

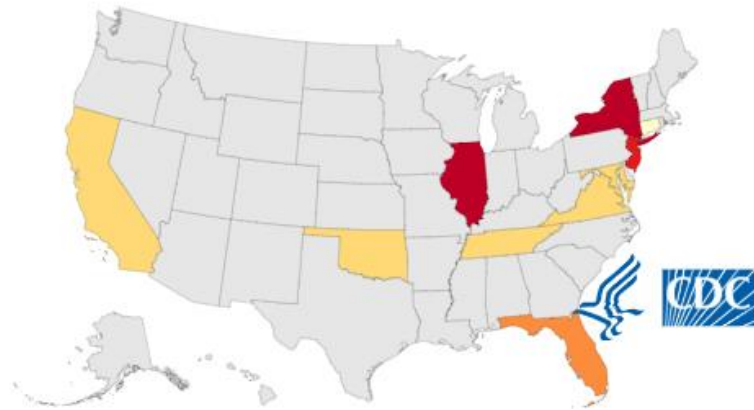
Countries from which *C.auris* cases have been reported, February 15, 2021

Countries from which *Candida auris* cases have been reported, as of February 15, 2021
This map is no longer being updated given how widespread *C. auris* has become.

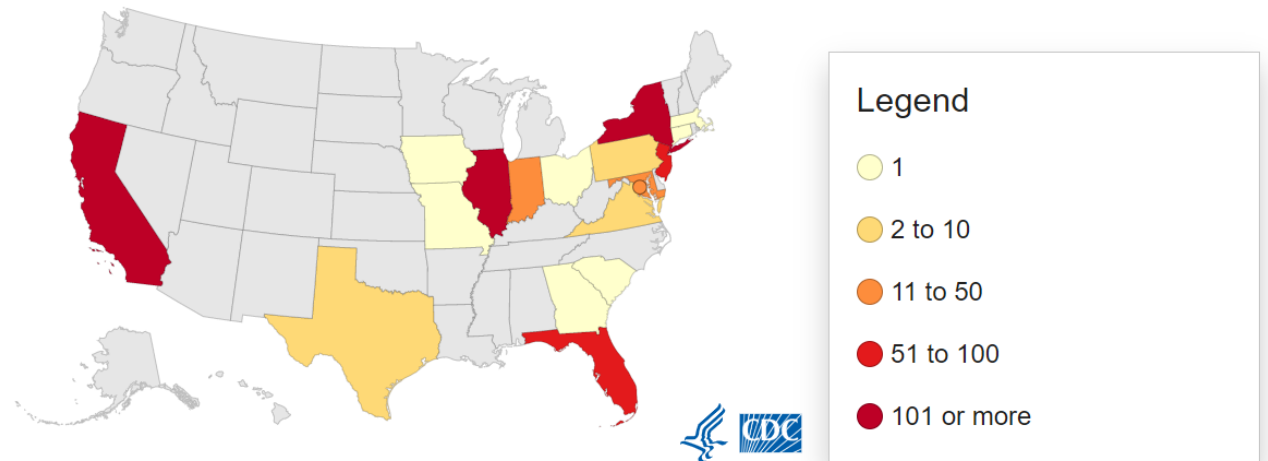


C. auris U.S. Epidemiology

Reported clinical cases of *Candida auris*, 2018



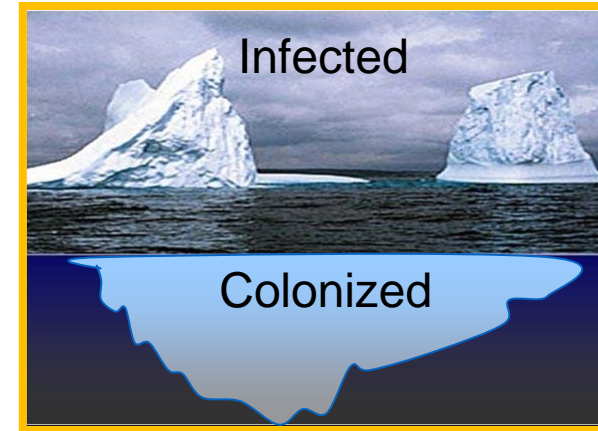
Reported clinical cases of *Candida auris*, April 1, 2020-March 31, 2021



718 clinical cases
1789 colonization cases as of
3/31/2021

C. auris as an HAI

- Patients can be colonized or infected
- Colonization persists for long time
- Invasive infection has high mortality- **approx. 57%**
- **Often multi-drug resistant**
- Delays in laboratory diagnosis- misidentification by detection systems
 - Requires MALDI-TOF
 - PCR
- Healthcare environment quickly becomes contaminated → Contact transmission between patients, staff and environment → Outbreaks



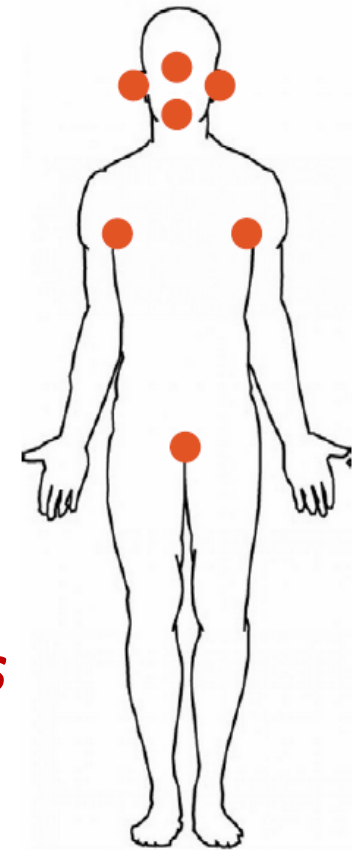
Risk of transmission increases with length of stay
Transmission has occurred during exposure periods as short as
four hours!

C. auris Colonization

Patients are often colonized indefinitely

- Persistent, for many months
- No currently known decolonization strategies
- Patients can be intermittently positive on colonization screening
- **CDC updating recommendations to not repeat testing to establish clearance of *C. auris***

The percentage of patients who are colonized with *C. auris* that will go on to develop invasive infection is not known



C. auris Infection Prevention



**Colonized and/or infected
patients should be put in contact
precautions!**

C. auris Infection Prevention

C. auris prevention

- Updated guidance on precautions in nursing homes
 - Enhanced Barrier Precautions



<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>



Alcohol-based hand rub (ABHR) is effective against *C. auris* and is the preferred method for routine hand hygiene

C. auris Environmental Contamination

- ***C. auris* persists in the environment**
 - Can survive over a month
 - Some common disinfectants (quarternary ammonia compounds) **do not work**
 - 15 products have EPA claims for efficacy against *C. auris* (List P)
 - If not available should use products effective against *C. difficile* (List K)
 - Note that many products with label claims against COVID-19 are not effective against *C. auris*

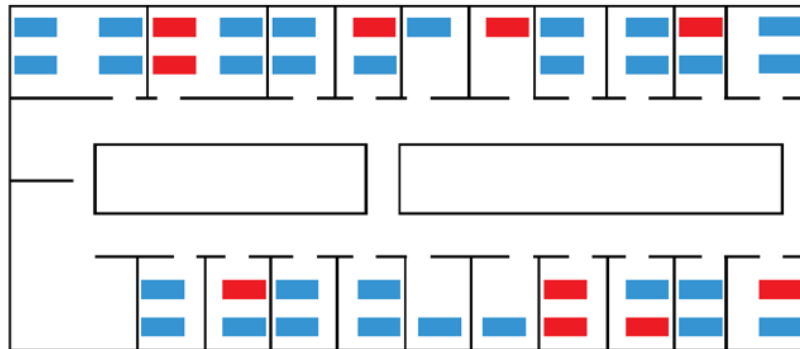


Important to focus on high touch items in patient care areas



C. auris Screening

Recommendations for screening



Healthcare contacts



Healthcare abroad in past year

High Risk Patients

PDPH is available to perform on-site Infection Control Assessments



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C. auris Regional Infection Prevention



- **Maintain excellent communication** regarding *C. auris* colonization/infection status with referring facilities and Philadelphia Department of Public Health (PDPH)
 - Utilize the PDPH transfer form
 - Note status in electronic medical record
 - Verbal communication upon transfer
- See PDPH Health Information Portal *C. auris* toolkit page for more information (hip.phila.gov)
 - Transfer form
 - Reporting form
 - *C. auris* resources

