

Los Angeles County Department of Public Health
C. auris Screening Decision Making Tool

Upon identification of a new *C. auris*-positive individual whose status was previously unknown, LACDPH requires healthcare facilities (HCFs) to identify and prevent further transmission. In addition, LACDPH recommends certain individuals be screened (tested) upon admission to an HCF. *C. auris* colonizes the skin, and colonization is often asymptomatic; the best way to rule out colonization is to [conduct an axilla/groin screening test](#). This document outlines the steps HCFs should take to determine the criteria and scope for *C. auris* screening.

Definitions:

Confirmed Case: Any patient that tests positive for *C. auris* in any specimen type. All cases are considered to be positive indefinitely from the date of collection onwards.

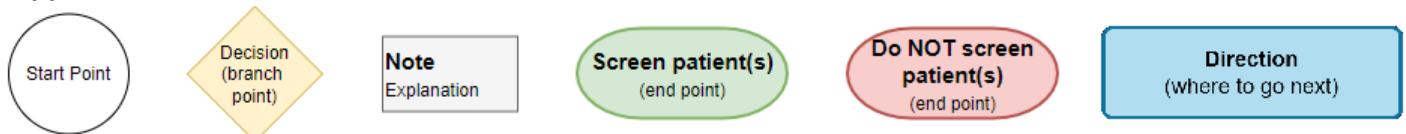
Appropriate Precautions: Appropriate transmission-based precautions vary by facility/unit type and presence of *C. auris* transmission. Implementation of Appropriate Precautions requires both correct transmission-based precautions **and** use of a disinfectant effective against *C. auris*. See page 14 of [Mitigating the Spread of C. auris in Los Angeles County](#) for details.

High-Risk Settings: A facility or unit is considered “high risk” if they care for patients who are at increased risk of being colonized and/or transmitting MDROs, including *C. auris*. These include long-term acute care hospitals (LTACH), subacute units (SAU) of skilled nursing facilities (SNF), burn units, intensive care units, step-down units (SDU) and oncology units. All other facility/unit types are considered to be low-risk.

Epi-Linked Contacts: Persons who meet criteria for *C. auris* screening because they may have been exposed to a *C. auris*-positive patient (“confirmed case”). These include:

- Roommates of a confirmed case for at least 24 hours.
- Shared a bathroom with a confirmed case for at least 24 hours.
- Had the same high-risk procedure (e.g., involving duodenoscopes) as or shared medical equipment/services (e.g., respiratory therapy) with a confirmed case.
- Had shared room or unit history (see below) within a facility/unit that was not adhering to the appropriate level of precautions for a confirmed case **and/or** was not using an environmental disinfectant effective against *C. auris*.
 - Room history: Admitted for at least 24 hours to the same room/bed previously occupied by a confirmed case.
 - Unit History: Overlapped in same unit as confirmed case for at least 24 (for high-risk settings) or 36 (for low-risk settings) hours..

Key for Flowcharts:

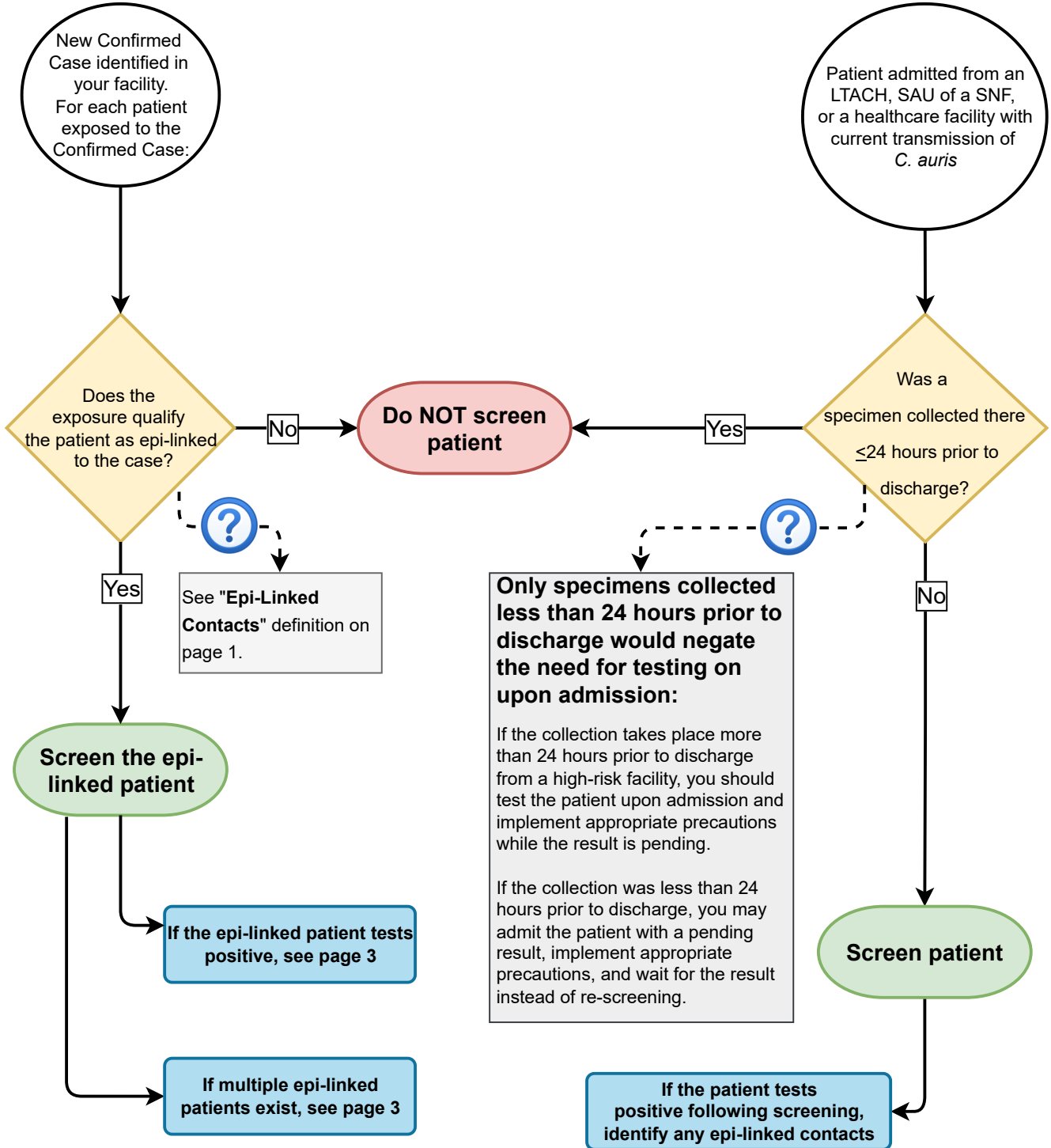
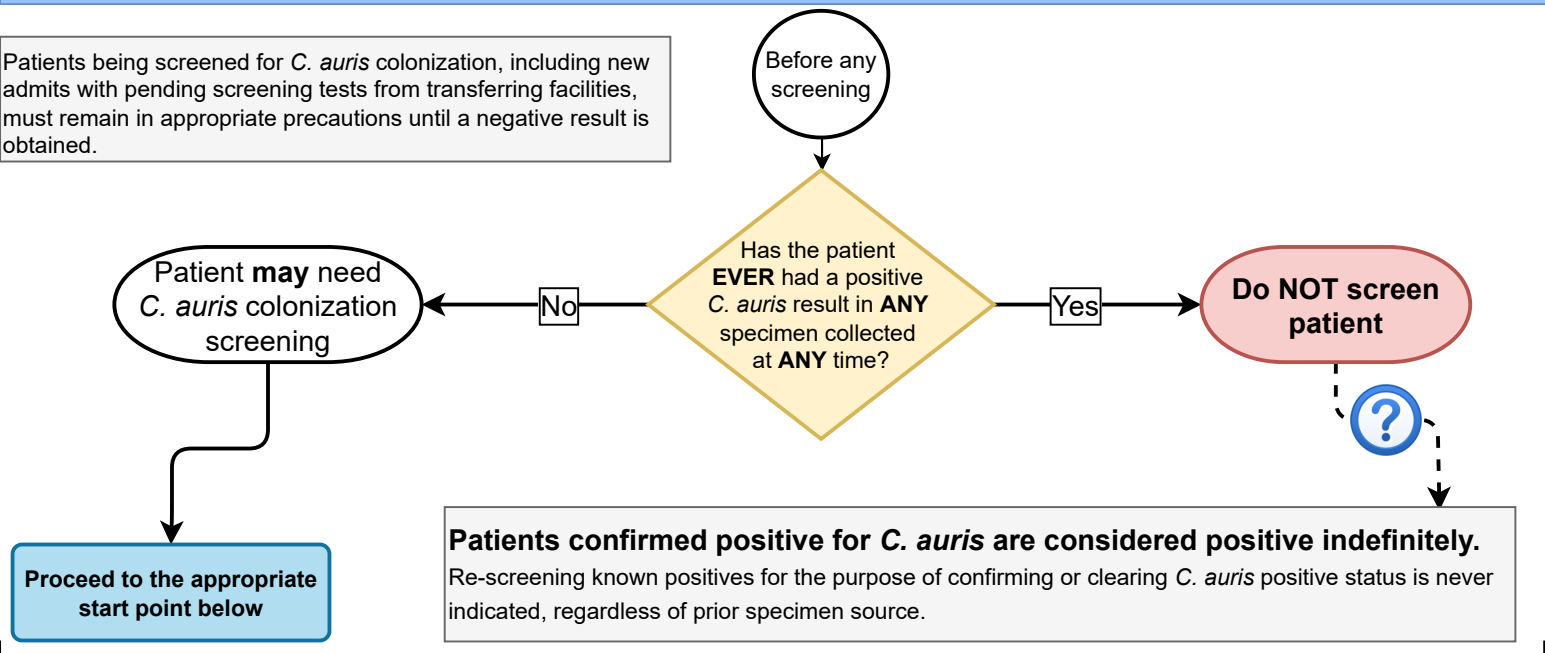


For guidance on individual screening, see page 2. For guidance on Point Prevalence Surveys (PPS) of a unit or facility, see page 3. See [Mitigating the Spread of C. auris in Los Angeles County](#) and [Transferring Guidance for MDROs](#) for more details as needed.

Please note that DPH is unable to assist with individual screening but may be able to assist with PPS. Contact the Healthcare Outreach Unit (HOU) at hai@ph.lacounty.gov to coordinate this if needed. Do *not* send swabs to the LACPHL without approval from the HOU.

Individual Screening Guidance

Patients being screened for *C. auris* colonization, including new admits with pending screening tests from transferring facilities, must remain in appropriate precautions until a negative result is obtained.



See "Epi-Linked Contacts" definition on page 1.

Only specimens collected less than 24 hours prior to discharge would negate the need for testing on admission:

If the collection takes place more than 24 hours prior to discharge from a high-risk facility, you should test the patient upon admission and implement appropriate precautions while the result is pending.

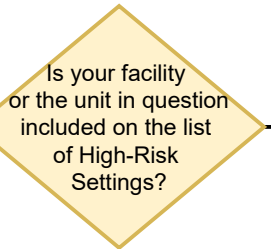
If the collection was less than 24 hours prior to discharge, you may admit the patient with a pending result, implement appropriate precautions, and wait for the result instead of re-screening.

If the epi-linked patient tests positive, see page 3

If multiple epi-linked patients exist, see page 3

If the patient tests positive following screening, identify any epi-linked contacts

Screening Multiple Patients and PPS Guidance

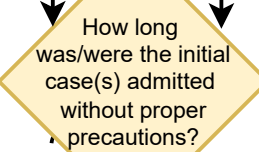
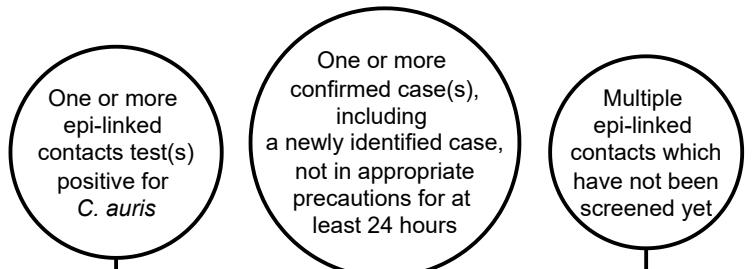
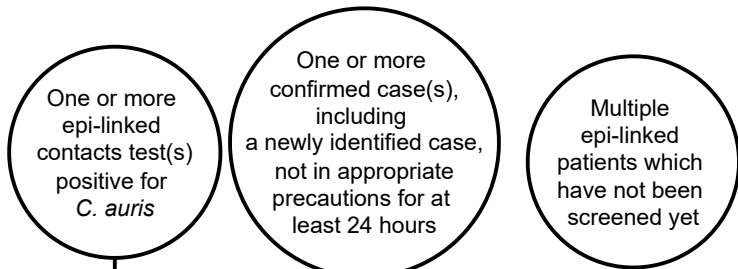


Use the flow under "Low-Risk Settings"

Use the flow under "High-Risk Settings"

Low-Risk Settings

High-Risk Settings



Screen all epi-linked contacts and the entire unit where they/the confirmed case reside.

<24 hours

3+ Days

1-2 days

Screen all patients who were in same unit as case(s) for 3+ days

Patient(s) may not need screening

Screen epi-linked contacts only

If your screening or PPS finds positives, contact LACDPH at HAI@ph.lacounty.gov to discuss potential support for further screening

If your PPS finds positives, contact LACDPH at HAI@ph.lacounty.gov to discuss potential support for further screening

Most *C. auris* exposures require at least a 24 hour period to qualify as an epi link. See "Epi-Linked Contacts" definition on page 1.

Screen only if the relevant definition does not require 24+ hours.

Length of Stay (LOS) matters because *C. auris* is hardy in the environment:
Confirmed cases not on appropriate precautions spread spores into the environment and onto equipment, exposing more patients over time.

Screening a unit includes screening patients who were exposed during their stay in the unit who have moved elsewhere in your facility
Patients and residents who have transferred to other units in your facility should be included in screening. For patients who have been transferred to other facilities, notify the receiving facility of the patient's presumptive *C. auris* status and flag patients for screening in case of future readmission.