

CANDIDA AURIS TRANSFER RECOMMENDATIONS AND FAQs

GENERAL RESOURCES

[LACDPH C. auris website](#) – see [Mitigating the Spread of C. auris in Los Angeles County](#) for details
[CDPH C. auris website](#)
[CDC C. auris website](#)

QUESTIONS? CONTACT THE LACDPH HEALTHCARE OUTREACH UNIT AT
HAI@PH.LACOUNTY.GOV OR 213-240-7941

ADMISSION RECOMMENDATIONS

For all admissions from a high-risk site (including LTACHs and subacute unit of SNF) and/or the list of healthcare facilities (HCFs) to monitor (sent weekly via email to HCF IPs), **verify their current C. auris status** and follow the recommendations below.

- If positive: persons should be placed in single room on Contact Precautions*. Once a patient tests positive, they should not be re-screened as persons can be colonized for long periods of time.
- If negative or pending, and:
 - specimen was collected more than 24 hours before discharge: person is suspect and should be screened. Patient should be placed in single room on empiric Contact Precautions* until swabbed for *C. auris* colonization and result returns negative.
 - specimen was collected less than 24 hours before discharge: patient does not need to be re-tested. Precautions can be discontinued upon receipt of one negative result.

* In SNFs, [Enhanced Standard Precautions](#) should be followed. In community care facilities, [Standard Precautions](#) may be used.

Strongly consider additional C. auris admission screening from these high-risk sites– see a list of screening criteria under “When should I suspect a patient may have *C. auris*?” on page 3.

In all situations, persons may be cohorted by *C. auris* status (i.e., confirmed vs. pending) if needed.

Flag positive patients’ medical records for future re-admissions, as many patients can remain colonized even after being discharged home. Suspect patients should also be flagged, then screened on admission. LACDPH recommends all facilities use an [inter-facility transfer form](#) for all admissions.

DISCHARGE RECOMMENDATIONS

If patient is discharged, you must notify the receiving HCF of the patient’s confirmed or suspect *C. auris* status. In addition, a phone call to the receiving facility’s infection preventionist is recommended.

LACDPH strongly recommends all facilities use an [inter-facility transfer form](#) for all discharges. Facilities should also review both internal and external protocols to ensure the appropriate persons (including transporters) are made aware of patients’ *C. auris* and other MDRO status upon transfer.

For more guidance, see our LACDPH Inter-Facility Transfers website:
<http://publichealth.lacounty.gov/acd/InterfacilityTransfers.htm>

RESOURCES FOR C. AURIS IDENTIFICATION

See the [List of Labs with C. auris Testing Capacity](#). Please note that this list is not an endorsement from LACDPH, and the information provided here is self-reported. We encourage HCFs to utilize these resources when on-site testing is not feasible. Generally speaking, LACDPH encourages HCFs to opt for PCR-based testing whenever possible- see table below for more details. You can find more lab-related information our [FAQs to Aid Clinical Laboratorians at the Bench](#) or the [CDC Guidance for Detection](#).

	PCR-based testing	Culture-based testing ¹
Turnaround time	1-5 days	5-21 days
Sensitivity	More sensitive	Less sensitive
Can detect C. auris even if organism is non-viable on swab?	Yes	No
Chlorhexidine gluconate (CHG) concerns with testing²	No need to stop prior to testing	Avoid use for 24-48 hours prior to testing
Recommended use by LACDPH	Admission and routine testing	Back-up when PCR not available

1. Includes traditional fungal culture or chromogenic media testing methods, etc. that require fungal viability to produce a result.

2. CHG and other topical antiseptics may impact the growth of C. auris; however, studies are inconclusive and testing recommendations are based upon expert opinion. PCR-based C. auris tests should be less impacted by the presence of topical antiseptics as they do not require fungal viability.

LACDPH can provide confirmatory (rule-out) testing for C. auris and presumptive C. auris isolates (i.e., C. haemulonii). See [here](#) for a list of presumptive C. auris organisms by yeast identification method. Contact the Healthcare Outreach Unit (HOU) at hai@ph.lacounty.gov before sending any isolates to the LAC Public Health Laboratories (PHL). Do not send isolates to the LAC PHL without approval from the HOU.

ANTIFUNGAL SUSCEPTIBILITY TESTING (AST)

Candida auris are frequently resistant to fluconazole and some isolates are resistant to more than one class of antifungal agents (polyenes, triazoles and/or echinocandins).¹ As noted [here](#) by CDC, approximately 90% of C. auris isolates from the United States were resistant to fluconazole, about 30% were resistant to amphotericin B, and less than 5% were resistant to echinocandins.

Because C. auris has an unpredictable susceptibility profile and can be highly resistant, routine AST should be performed for isolates confirmed or suspected of causing infection. In addition, isolates can develop resistance during therapy and subsequent isolates from an infected patient may warrant AST. Broth microdilution is generally used, but interpretation is complicated as there are currently no standard C. auris susceptibility breakpoints. CDC provides guidance [here](#) for interpretation of MICs for C. auris.

All 38 C. auris clinical isolates from LAC tested to between May 2020-January 2021 have had the same susceptibility profile as listed below when interpreted by applying the CDC suggested breakpoints:

Amphotericin	S	Caspofungin	S
Fluconazole	R	Micafungin	S
Anidulafungin	S		

CDC lists recommendations for treatment of C. auris infections [here](#). An echinocandin is typically prescribed for invasive C. auris infections. Arensman et al. reported treatment outcomes for several patients with a variety of different types of C. auris infections and most involved an echinocandin.²

Antifungal therapy is generally not indicated for isolates from non-invasive sources when there is no evidence of infection.

¹Jeffrey-Smith, A. et al. 2018. Candida auris: a review of the literature. Clin Microbiol Rev. 31:e00029-17. <https://doi.org/10.1128/CMR.00029-17>.

²Arensman, K. et al. 2020. Clinical outcomes of patients treated for Candida auris infections in a multisite health system, Illinois, USA. Emerg Infect Dis. 26:876-880. <https://dx.doi.org/10.3201/eid2605.191588>.

FREQUENTLY ASKED QUESTIONS

What can we do to prepare for *C. auris* in our facility?

All healthcare facilities should prepare for the possibility of *C. auris* entering their doors, or already silently spreading. As *C. auris* has become endemic in Los Angeles County, there are three key actions facilities should strongly consider implementing immediately to mitigate further spread:

1. **Familiarize yourself with LACDPH guidance** – see our [Mitigating the Spread of *C. auris* in Los Angeles County](#) for a summary of our guidance and recommendations.
2. **Use an inter-facility transfer form** to ensure a patient/resident's *C. auris* status is clearly [communicated](#) both during transport and upon arrival to a healthcare facility.
 - See the LACDPH Interfacility Communications guidance [here](#).
 - Attach recent lab reports as well as other documentation needed (i.e., medication list, vaccination status) to ensure no interruptions in the patient's care at the receiving facility.
3. To effectively kill *C. auris*, facilities must **utilize appropriate cleaning/disinfecting products** to disinfect the environment and any shared/reusable equipment. See EPA List P ([Products Registered with EPA for Claims against *Candida auris*](#)). If not available, see EPA List K ([Products effective against *Clostridium*](#) (note instructions for *C. difficile* should be followed).
 - Facilities/units that are at high-risk for acquiring *C. auris*, such as LTACHs and subacute units of SNFs, should more strongly consider implementing widespread use of a disinfectant effective against *C. auris* [now](#) (even if you do not have *C. auris* cases currently in-house).
 - Before using a disinfectant, always check the label and instructions to ensure that the product is effective against *C. auris*.
 - Contact times are often not followed correctly. Generally, there are different contact times for bacteria, viruses, and fungi. The longest contact time must be followed. Surfaces should be [thoroughly](#) wet with the product for the [entire](#) contact time to achieve maximal disinfection.
4. Work with your laboratory to **set up *C. auris* admission screening and/or increase *Candida* species identification**. High-risk facilities should more strongly consider this.
 - Guidance for *C. auris* testing can be found on the [CDC *C. auris* website](#).
 - See [“When should I suspect a patient may have *C. auris*?”](#) below to determine which individuals can be prioritized for admission screening and/or species identification.

LACDPH and CDC have a variety of tools and resources available to help facilities prepare for *C. auris*, so check out our [websites](#). **Do not hesitate to reach out if you need any assistance!**

When should I suspect a patient may have *C. auris*?

These suspect patients should be [screened for *C. auris* colonization](#) and placed on empiric precautions:

- Persons being admitted from a facility with transmission of *C. auris*
- Persons being admitted from any long-term acute care hospital (LTACH) or any subacute unit of a skilled nursing facility (aka ventilator-capable SNFs (vSNFs)) [per a 2022 CAHAN](#)
- High-risk contacts of new *C. auris* cases (i.e., roommates) -use the [CDPH Screening Decision Tree](#)
- Persons on a mechanical ventilator or with presence of tracheostomy
- Persons who are colonized with MDROs, especially rare [carbapenemase-producing organisms](#)
- Persons who have had a recent overnight stay in a healthcare facility outside of the US

How do I identify LTACHs and subacute units of SNFs?

Visit the following links. Note that these may change over time, so check back periodically.

- LA County list: see <http://publichealth.lacounty.gov/acd/LTACvSNF.htm>
- LTACHs in California: see the CDPH *Infections in CA Hospitals Report* – LTACHs will have an “(L)” next to their name in the Hospital Profile section:
<https://www.cdph.ca.gov/Programs/CHCO/HAI/Pages/AnnualHAIReports.aspx#>
- Subacute units in California: search using the CDPH *Cal Health Find Database* – look for “Adult Subacute Care” under the Types of Care subsection of each facility's individual profile:
<https://www.cdph.ca.gov/Programs/CHCO/LCP/CalHealthFind/Pages/SearchResult.aspx>

What do I do if I admit or identify a suspect *C. auris* case (i.e., exposed person)?

These patients should be swabbed for *C. auris* colonization. Your facility should consider these patients in a single room on empiric [Contact Precautions](#). In SNFs, [Enhanced Standard Precautions](#) should be followed. Cohorting is possible (think “like with like”), but always treat each bed as a separate room. In community care facilities, [Standard Precautions](#) may be used. Then:

- Ensure a disinfectant [effective against *C. auris* \(EPA List P\)](#) or on [EPA List K](#) is used to disinfect the patient care environment and any shared equipment. Note that manufacturers’ instructions for *C. difficile* must be followed if an EPA List K agent is used.
- All healthcare workers should perform hand hygiene (HH:as appropriate), including before donning and after doffing PPE. Gloves are not a substitute for performing HH.
- Unless there is a shortage of PPE, staff should not be extending or reusing PPE, particularly gowns and gloves. The practice of double gowning or double gloving is also not advised.
- Review [LACDPH guidance](#) to ensure all prevention and investigation steps are taken.

These precautions may be discontinued upon the receipt of a negative test result. Patients do not need to be re-swabbed unless there are additional exposures.

What do I do if I admit or identify a positive *C. auris* case?

Same as above, except:

- These patients do not need to be re-swabbed for *C. auris* colonization.
- The patient should be placed on Contact Precautions for the duration of their admission. In SNFs, [Enhanced Standard Precautions](#) should be followed.

If you identify a new presumptive or confirmed *C. auris* case, you must [report to LACDPH](#) immediately.

If I admit a positive *C. auris* patient into my facility, how will LACDPH respond?

LACDPH works to ensure all facilities have the guidance and resources they need to prevent transmission of *C. auris* and other healthcare-associated infections (HAIs) as part of our efforts to ensure patient safety. Note that LACDPH will not close facilities for admissions simply if *C. auris* transmission is identified. LACDPH generally does not conduct point prevalence surveys of facilities that do not have identified nor suspected transmission. Swabbing will be more strongly advised for [epidemiologically-linked](#), exposed individuals (i.e., roommates).

What do I do if I identify a presumptive *C. auris* case (i.e., *C. haemulonii*)?

- [Report the case to LACDPH](#)- select *C. auris* as the organism and indicate that its presumptive.
- Conduct confirmatory testing to determine if the isolate is truly *C. auris* or not. LACDPH can assist with this, if needed – email us at hai@ph.lacounty.gov. Do not send isolates before emailing us.
- Keep the patient on empiric Contact Precautions until a final lab result is obtained. In SNFs, [Enhanced Standard Precautions](#) should be followed.
- Ensure an appropriate disinfectant is used to clean the environment and shared equipment.

What if we need to do a rule-out test for *Candida auris* (clinical isolate)?

If you identify a [confirmed or presumptive *C. auris* organism](#), you may send the isolate to the LACDPH Public Health Lab for rule-out testing only. Please do not send isolates nor swabs to the DPH Lab without contacting the Healthcare Outreach unit first.

You can find more lab-related information regarding *C. auris* on our [FAQs to Aid Clinical Laboratorians at the Bench](#) or the [CDC Guidance for Detection of Colonization of *C. auris*](#).

A healthcare facility or treatment center is refusing to accept my confirmed or suspect *C. auris* patient. What can I do?

Please note that *C. auris*, or any MDRO infection/colonization status, alone is never a reason to refuse (re)admission or treatment of a person. If a facility has the ability to provide appropriate care and available bed/treatment space, they should not deny admitting/seeing a patient. Note that facilities can be reported to the CDPH Health Facilities Inspection Division for refusing patients based on MDRO status.

How do we cohort *C. auris* patients with other patients?

Patients positive for *C. auris* must be placed in a single room on [Contact Precautions](#), but can be cohorted with other *C. auris*-positive patients- as long as COVID-19 and other MDRO status is also considered. In SNFs, [Enhanced Standard Precautions](#) should be followed. Suspect *C. auris* patients should be placed separately from *C. auris* positive patients as much as possible.

If you need assistance in determining a cohorting strategy in order to make room for a new suspect or confirmed *C. auris* patient, please do not hesitate to contact LACDPH.

How can we test for *C. auris* colonization?

Patients should be screened for *C. auris* colonization using a composite swab of the bilateral axilla and groin using a nylon-flocked or rayon tip swab. However, you should confirm which method your laboratory is using. More information can be found [here](#). Some [commercial labs](#) offer *C. auris* testing. At this time, LACDPH is not able to offer colonization screening services for individual patient screening at any healthcare facility – we are reserving our capacity for outbreak-related requests only.

Do colonized patients require treatment?

Colonized individuals (i.e., positive via skin swab or urine culture without showing signs/symptoms of infection) do not require treatment. Guidance for treating infections can be found on the [CDC website](#).

Can patients be cleared of *C. auris*?

Studies have shown that patients colonized with *C. auris* rarely clear the organism. Thus, until further guidance from the CDC is received, patients should be considered to be positive for the duration of their admission. Swabs to test for clearance should not be collected. If a patient is accidentally re-swabbed and the result is negative, please disregard the result.

How often should patients be re-screened for *C. auris*?

There is no indication for repeat screening for *C. auris* since there is no criteria for clearance at this time. Once a patient has tested positive for *C. auris*, the appropriate level of precautions should be continued for the current and all subsequent admissions.

What if positive patients are discharged home?

Patients who are discharged home should be educated on the need to inform any future healthcare facilities that they visit or are admitted to of their prior *C. auris* status- provide a [letter](#). Family members do not need to take any special precautions while their loved one is at home, other than ensuring proper hand hygiene and wearing disposable gloves while providing high-touch care. Additional recommendations can be found here: <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html#home>

You may also share the LACDPH *C. auris* Patient FAQ document:

http://publichealth.lacounty.gov/acd/docs/LACDPH_C.aurisFAQforPatientsandFamilies.pdf

What if positive patients expire?

Patients who expire and are positive for *C. auris* may undergo the normal procedures for embalming, burials/cremations, and family visitation. No special precautions are necessary – funeral homes and mortuaries should undergo the same procedures as they would for most organisms (i.e., MRSA). As always, hand hygiene is key in preventing any potential spread.

Do *C. auris* cases need special considerations for laundry?

No, you can generally follow the same IC practices as you would for *C. diff*. Any items that need to be laundered for *C. auris* patients do not need to be sorted separately either.