

Skilled Nursing Facilities Update: Infection Prevention and Control of MDRO's like *Candida auris*

April 30, 2021

Los Angeles County Department of Public Health
Acute Communicable Disease Control Program





Disclosures

There is no commercial support for today's webinar.

Neither the speakers nor planners for today's webinar have disclosed any financial interests related to the content of the meeting.

This webinar is meant for skilled nursing facilities and is off the record. Reporters should log off now.



DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (4/30/2021), so we highly recommend that if you have questions after today you utilize the resources that we will review at the end of this presentation.



Presentation Agenda

- ~~Local COVID trends and dynamic dashboard~~
- ~~Vaccine updates for SNFs~~
 - ~~LTC Pharmacies~~
 - ~~CAIR access look up~~
- Standardization of Emergency Contact Information
- ~~Frequently Asked Questions on Recent SNF Guidance Updates~~
- Infection prevention and control of MDROs
 - *Candida auris*
- Q and A



Standardization of Emergency Contact Information



Update facility emergency contacts with standardized email addresses

- If you have not done so already, please create standard email addresses and update Public Health by sending them to: COVID-LTC-Test@ph.lacounty.gov
- Purpose is to maintain communication between Public Health and SNFs in the event of staff turnover so we can continue to provide timely updates for emergencies
- Good examples:
 - Administrator@facility.com
 - IP@facility.com
 - DON@facility.com
 - DSD@facility.com
- Avoid: firstname.lastname@facility.com
- CDPH will also ask for this in an upcoming AFL



Infection Prevention and Control of MDRO's: *Candida auris*





Epidemiology of *C. auris*

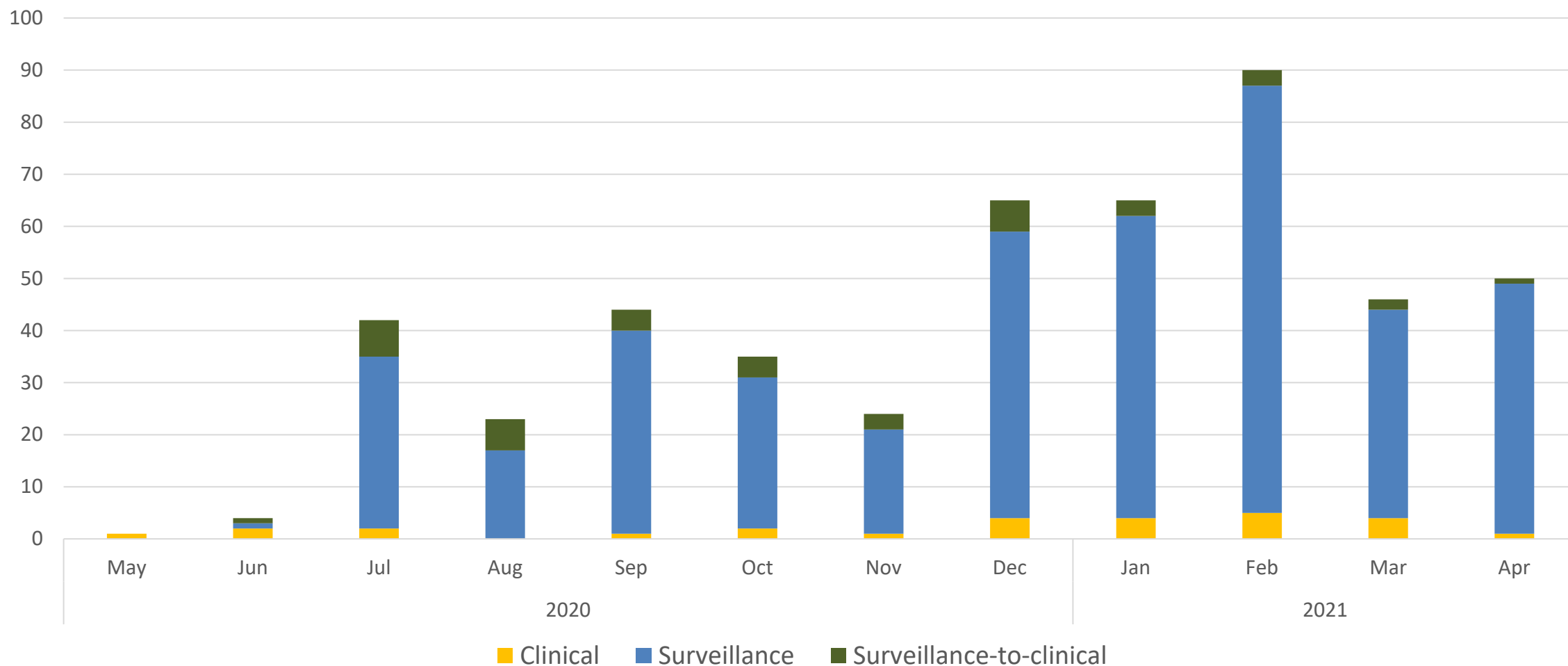


Why is *Candida auris* important?

- **NASTY**--it can cause significant morbidity & mortality in high-risk patients
 - Up to 45% mortality in some regions
 - 5-10% of colonized cases will become infected
- **HARDY**--it can survive in the environment and can spread quickly and establish residency in healthcare facilities if proper environmental cleaning practices are not followed.
 - Can survive quaternary ammonium cleaners.
- **DIFFICULT TO TREAT**--it can be resistant to most of the commonly used antifungal treatments available.
 - Echinocandin, azole resistance and amphotericin resistance has been seen in some regions.

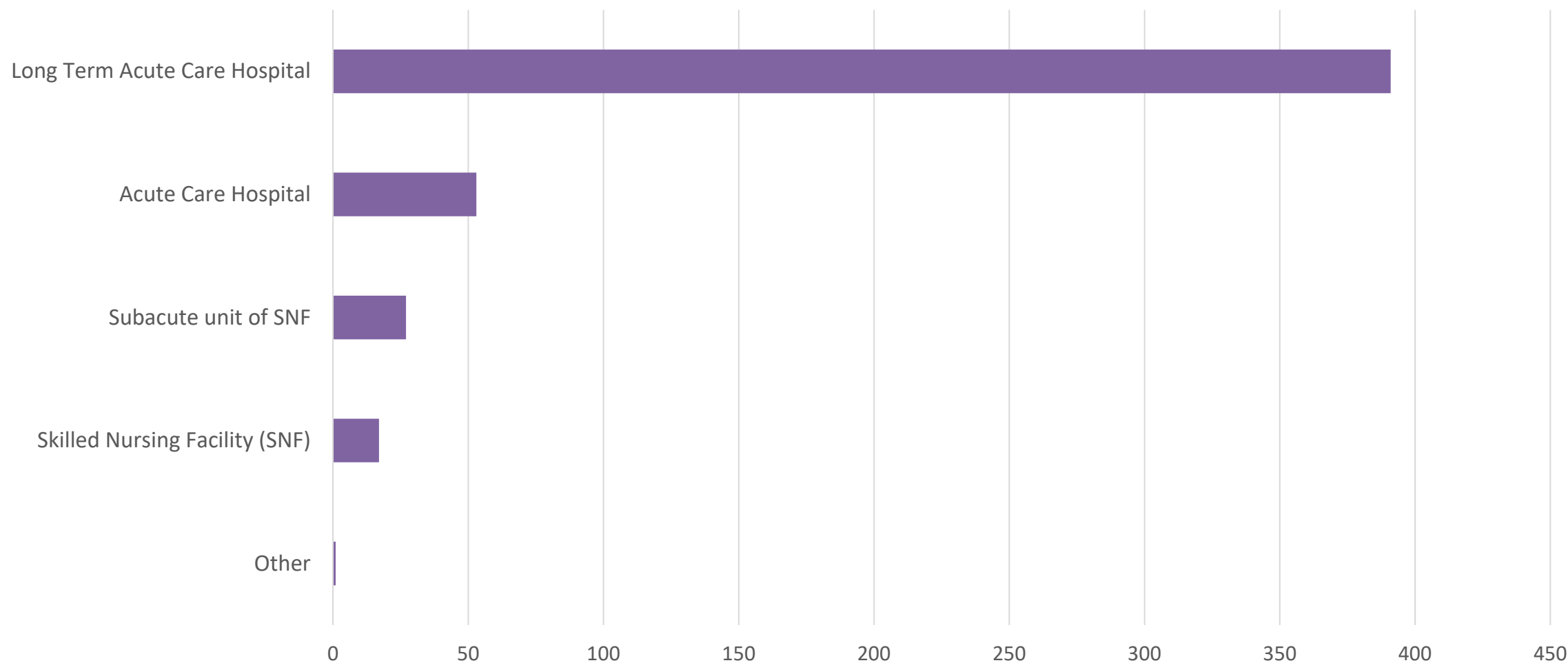


LA County *C. auris* Cases, May 2020- April 2021 (n=489)



Clinical= id'd via clinical specimen Surveillance= id'd via skin swab (colonized only)
Surveillance-to-clinical= case who was colonized and later was positive in a clinical specimen

Affected facilities (n=489)



Patient-level risk factors

- Presence of feeding tube (76%)
- Presence of tracheostomy (57%)
- Presence of wounds (55%)
- Require mechanical ventilation (44%)



Antifungal susceptibility testing results (n= 38)

Antifungal	% Susceptible*
Amphotercin B	100%
Anidulafungin	100%
Caspofungin	100%
Fluconazole	0%
Micafungin	100%
Voriconazole (and other second gen triazoles)	N/A

*Per CDC-provided breakpoints: <https://www.cdc.gov/fungal/candida-auris/c-auris-antifungal.html>



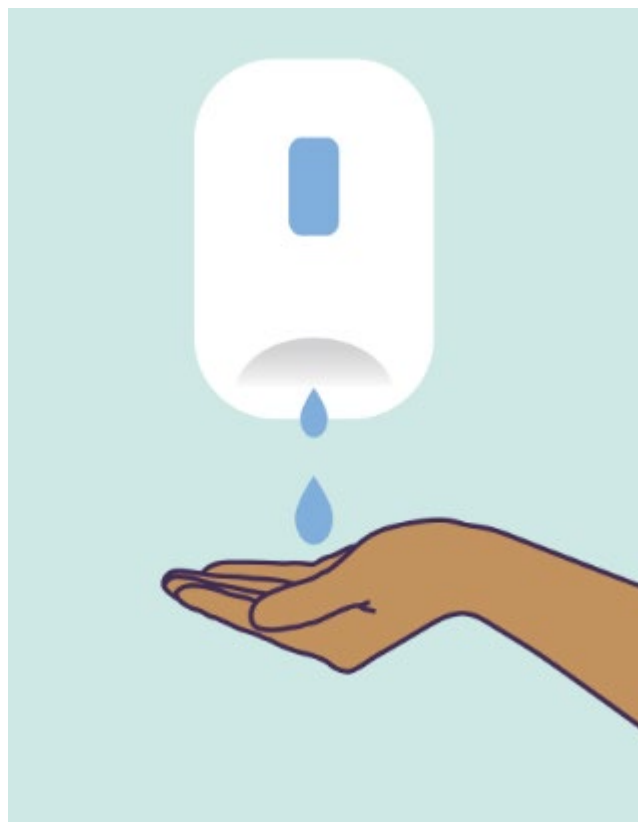
Current LACDPH Recommendations for SNFs





DO NOT PANIC
DO NOT REFUSE

C. auris+MDRO Prevention Strategies: Back to Basics



Hand Hygiene



Personal Protective Equipment
& Precautions



Environmental
Cleaning &
Disinfection

Disinfectants effective against *C. auris*

1. EPA- registered for claims against *C. auris*: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants#candida-auris>
2. CDC List of agents effective against *C. auris*: <https://www.cdc.gov/fungal/candida-auris/pdf/section-18-public-health-exemption-508.pdf>

If none of these available, then

3. EPA- registered for claims against *C. difficile*: <https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>

Consider using one now, even with no *C. auris* in-house

Consider using unit-wide when you have only a few positives/suspects in-house

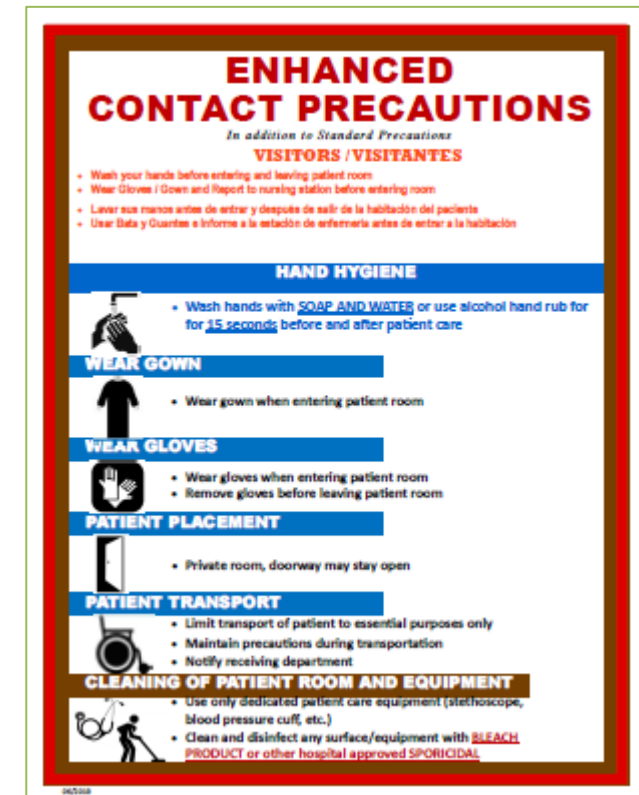
Environmental Cleaning: General Principles

- Establish a standard process that ensures consistency and prevents cross-contamination
 - Working around the room in same direction every time
 - Always moving from clean areas to dirty
- Adhere to contact time
 - Clear labeling is helpful
- EVS vs Nursing Responsibilities are clearly outlined



Cohorting

- Ideally, residents in Contact Precautions are placed into private rooms
- If not possible, can cohort “like with like”
 - Positives with positives, suspect with suspect, etc.
 - Consider other MDROs, COVID-19
 - Beds should be at least 3 feet apart
- Length of *C. auris* precautions: duration of admission
 - No clear CDC guidance for discontinuation of isolation
 - HCFs can work with ACDC directly for assessment/guidance



Inter-Facility Communication

- Use an inter-facility transfer form
 - LAC template ->
 - Lab reports should be attached
- **For *C. auris*, call the IP at the receiving facility**

Los Angeles County Department of Public Health
Infectious Organism Transfer Form

Use this form for all patient transfers between facilities. This form is not intended to be used as criteria for admission. On transfer, please include all positive lab results that pertain to this form.

Patient Label Here

Patient Name: _____

DOB: _____ MRN: _____ Transfer Date: _____

Receiving Facility (RF): _____

RF Contact Name: _____ RF Contact Phone: _____

Sending Facility (SF): _____

SF Contact Name: _____ SF Contact Phone: _____

Precautions

Check all appropriate Isolation Precautions: Airborne Contact Droplet Standard

Personal protective equipment (PPE) recommended:

Gown Mask N95/PAPR Eye Protection Gloves

Organisms NONE IDENTIFIED

Organism(s) Identified	Specimen Source	Collection Date	Status: Colonization, History, Infection, Rule-Out
<input type="checkbox"/> <i>C. auris</i> (Candida auris)			
<input type="checkbox"/> <i>C. diff</i> (Clostridioides difficile)			
<input type="checkbox"/> CRE (Carbapenem-resistant Enterobacteriales)			
<input type="checkbox"/> MDR Gram negatives: (e.g. Acinetobacter, Pseudomonas)			
<input type="checkbox"/> MRSA (methicillin-resistant Staphylococcus aureus)			
<input type="checkbox"/> VRE (vancomycin-resistant Enterococci)			
<input type="checkbox"/> Other, specify: (e.g. COVID-19, flu, lice, norovirus, scabies, TB, VRS, etc.)			

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www.ph.lacounty.gov/Infectious/Forms/Forms.html
 Revised 10/24/2020

Approved by the Los Angeles County Healthcare Associated Infections & Antimicrobial Resistance Committee.



Some myths, de-mystified



What to expect from LACDPH

What we will do:

- Reach out to provide guidance, resources, sample policies & templates
- Be available to answer any questions or concerns
- Call you to confirm you are aware of a patient's suspect or confirmed *C. auris* status
- Report facilities to licensing for refusing patients simply due to *C. auris* status alone

What we will NOT do:

- Close facilities to admissions
- Conduct point prevalence surveys solely for the reason that you have *C. auris* patients admitted

Individual Screening Recommendations

General Screening Guidance

- Not currently mandated by LACDPH nor CDPH
- Known positives should not be re-swabbed
- Screening of healthcare workers generally not recommended

Screening Criteria

- Persons discharged from all long-term acute care hospitals (LTACHs)
- Persons discharged from sites with ongoing transmission
- Epidemiologically-linked contacts (i.e., exposed roommates)
- Persons with recent international healthcare exposure
- Persons with rare/emerging MDROs

Colonization vs. contamination vs. infection

- **Colonization** is when microorganisms live on us without causing disease.
 - Does not require treatment
 - May or may not be eradicable.
 - Ex. Skin swab grows Coagulase negative staph, *Staph aureus*, *Candida*, etc.

- **Contamination** is when colonizing bacteria show-up in cultures but are not causing disease.
 - Does not require treatment
 - Can be confused for infection & causes over-treatment.
 - Ex. *Candida* in urine culture.

- **Infection** is when microbes invade otherwise sterile sites and cause inflammation.
 - Needs treatment
 - Ex. Central line infection




Available Resources



Weekly *C. auris* Update

- Lists of SoCal facilities with active transmission shared with all LAC hospitals and SNFs
- Not publicly posted (email only)
- Goals are to:
 - Allow HCFs to identify ‘suspect *C. auris*’ -> implement precautions
 - Provide updated guidance and resources, including laboratories offering screening guidance
 - Offer answers to frequently asked questions



WEEKLY CANDIDA AURIS UPDATE
 LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
03/16/22

CASE SUMMARY

Total cases in LAC: 415
(06/01/2020 to date)

Screening specimens*

HCF type	# (%) cases
General Acute Care Hospital	26 (7)
Long Term Acute Care Hospital	206 (50)
Skilled Nursing Facility	39 (11)
Other	1 (<1)
Total	304

Clinical specimens

HCF type	# (%) cases
General Acute Care Hospital	14 (27)
Long Term Acute Care Hospital	33 (68)
Skilled Nursing Facility	4 (8)
Other	0
Total	51

Note: If a person is positive from a clinical specimen, they are not included in screening counts. Cases are counted by facility location at time of collection.

* Swab collected for the purpose of screening for *C. auris* colonization.

SITUATIONAL SUMMARY

Multiple healthcare facilities (HCFs) are experiencing *Candida auris* (*C. auris*) activity. They have been working hard to curb transmission. This update informs Los Angeles County (LAC) healthcare staff as to which facilities' admissions should be monitored. This is meant for internal use only and should not be shared.

HEALTHCARE FACILITIES TO MONITOR

The following HCFs have experienced new cases in the past month. Inclusion on this list does not necessarily reflect the quality of care delivered at the facility.

ADMISSION RECOMMENDATIONS

- If you admit a patient from a site above, verify their *C. auris* status.
 - If positive: patient must be placed in single room on Contact Precautions. Do not re-swab for *C. auris* colonization.
 - If suspect: patient must be placed in single room on empiric Contact Precautions until swabbed for *C. auris* colonization and result returns negative if admitted to a high-risk location (subacute unit of SNF, LTAC), Consider this if admitted to GACH or non-subacute SNF.

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



MDRO Resources

- CDC C. auris: <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>
- LACDPH C. auris : <http://publichealth.lacounty.gov/acd/Diseases/CandidaAuris.htm>
- LACDPH Novel MDRO: <http://publichealth.lacounty.gov/acd/Diseases/NMDRO.htm>
- LACDPH CRE: <http://www.publichealth.lacounty.gov/acd/Diseases/CRE.htm>
- CDPH HAI Program: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAIProgramHome.aspx>
 - Go here for more guidance on Enhanced Standard Precautions:
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf>
- AHRQ Antibiotic Stewardship: <https://www.ahrq.gov/nhguide/index.html>
- **Questions? Email us anytime at hai@ph.lacounty.gov**

References on SNF Visitation Guideline Updates

- **Los Angeles County Public Health**
 - Main SNF COVID-19 Guidance: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>
 - COVID-19 Guidance for Monitoring HCP: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/HCPMonitoring/>
 - Interfacility Transfer Rules: <http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm>
- **CDPH**
 - AFL 20-22.6: Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>)
 - AFL 21-08.2: Guidance on Quarantine for HCP Exposed to SARS-CoV-2: (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>)
- **CDC**
 - Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
 - Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>
 - Interim Public Health Recommendations for Fully Vaccinated People: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>
- **CMS**
 - QSO 20-39-NH, revised 3/10/2021: Nursing Home Visitation - COVID-19 (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>)

COVID-19 Vaccine Online Resources for SNFs

- **Los Angeles County Public Health**
 - Vaccine Office Hours, Mon-Thu 9:00-9:30am
Microsoft Teams Meeting
+1 323-776-6996 United States, Los Angeles (Toll)
Conference ID: 973 498 904#
 - COVID-19 Immunization Guidance for SNFs: <http://ph.lacounty.gov/acd/ncorona2019/healthfacilities/snf/iz/>
 - Best Practices for Improving COVID-19 Vaccination Coverage in Skilled Nursing Facilities: <http://publichealth.lacounty.gov/acd/ncorona2019/docs/SNFVaccinationCoverageBestPractices.pdf>
 - COVID-19 Vaccine Partner Checklist (including instructions on CalVax (myCAvax), PrepMod (MyTurn), CAIR, etc.): <http://publichealth.lacounty.gov/acd/ncorona2019/vaccine/checklist/>
- **CDPH COVID-19 Vaccination Program:**
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/COVID-19Vaccine.aspx>
- **CDC:** <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>
 - Interim Clinical Considerations for mRNA Vaccines: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>



Questions and Answers

