LAHAN
Los Angeles County Health Alert Network

LAC DPH Health Advisory

Candida auris Detected in Southern California Healthcare Facilities

May 7, 2019

County of Los Angeles
Public Health

This message is intended for clinicians, infection preventionists, and laboratorians working in healthcare facilities.
Please distribute as appropriate.

Key Messages

- The first cases of *Candida auris* (*C. auris*) have been identified in Southern California.
- *C. auris* can cause serious invasive infections, particularly in patients in hospitals and nursing homes who have multiple medical problems.
- *C. auris* can be very difficult to identify, treat, and remove from the patient care environment. Screening high risk patients, early detection of *C. auris,* and rigorous adherence to infection control measures are essential for containing its spread in healthcare facilities.
- Suspect or confirmed *C. auris* cases identified in Los Angeles County (LAC) should be reported within one working day by phone to LAC Department of Public Health (DPH).

Situation

LAC DPH has been informed that the first cases of *C. auris* have been detected in multiple healthcare facilities in Southern California. *C. auris* is an emerging multidrug-resistant *Candida* species that has caused invasive healthcare-associated infections and is associated with high mortality rates.

LAC DPH is working closely with state and local public health agencies to monitor the situation. While we have not identified any cases in LA County, we are sending this advisory so that those who work in healthcare facilities can take actions now to identify patients with this infection and prepare for actions that may be required should your facility have a patient with this infection. Given serious concerns about resistance and the high potential for transmission of *C. auris* in health care facilities, there are special screening recommendations for patients who are at high risk of *C. auris* and infection control precautions for patients who are colonized or infected.

LAC DPH will notify you if a patient with confirmed or suspect *C. auris* is transferred into your facility and will work with you to conduct any necessary tests and implement appropriate infection control measures.

Please note that this is an evolving situation and recommendations may change over time.

Background

C. auris has been identified from many body sites including bloodstream, urine, respiratory tract, biliary fluid, wounds, and external ear canal. Almost 30% of patients with an invasive *C. auris* infection die. It can colonize patients for many months (even after treatment), persist in the environment, and withstand many routinely used disinfectants in healthcare facilities.

C. auris is becoming more common. First recognized in 2009, it has since been reported from over 20 countries, including the United States (see CDC's webpage Tracking *Candida auris* as of 3/31/19). In the United States, *C. auris* infection has primarily been identified in people with serious underlying medical conditions who have received multiple antibiotics and who reside in or who have had prolonged admissions to healthcare settings (particularly high-acuity skilled nursing facilities).

See CDC's *C. auris* Information for Laboratorians and Health Professionals for more detailed information on how to detect and contain it.

Actions Requested of Providers

- **Consider the following patients at high risk for *C. auris*** (per LAC DPH)**:**
    - Patients who are on a mechanical ventilator or have a tracheostomy being transferred from long term acute care facilities or from skilled nursing facilities.
    - Patients infected or colonized with carbapenemase-producing organisms (CPOs) such as NDM, OXA, IMP, or VIM. See LAC DPH's CPO webpage for more information. Co-colonization of *C. auris* with these organisms has been observed regularly.

- **Confirm that your laboratory can detect *C. auris* or suspect *C. auris*.** *C. auris* can be misidentified as a number of different organisms when using traditional biochemical methods for yeast identification. Accurate identification of *C. auris* requires use of genetic sequencing or mass spectrometry. Labs should review the CDC's Identification of *Candida auris* recommendations. If you identify a patient with suspect *C. auris* based on CDC recommendations, call DPH to coordinate confirmatory testing.

- **Determine the species of *Candida* spp. isolates obtained from both sterile sites and non-sterile sites in patients at high risk for *C. auris*.** As speciation of *Candida* from non-sterile sites is not usually performed, clinicians should request this from their laboratory.

- **Consider screening patients at high risk for *C. auris.*** Call DPH to coordinate screening which involves swabbing the axillae and groins and sending the specimen to the Public Health Laboratory. Place high risk patients on empiric contact precautions while test results are pending.

- **Place all suspect or confirmed *C. auris* cases on contact precautions.** The same infection control precautions are recommended for patients with *C. auris* infection and colonization. See CDC's *C. auris* Infection Prevention and Control Measures.

- **Report all suspect and confirmed *C. auris* cases by phone to your local health department within one working day.**

Reporting and Consultation

Los Angeles County DPH- Acute Communicable Disease Control:
- Weekdays 8:30am–5pm: call 213-240-7941.

Long Beach Health and Human Services:
- Weekdays 8am-5pm: call 562-570-4302.

Pasadena Public Health Department:
- Weekdays 8am-5pm (closed every other Friday): call 626-744-6089.

Resources
Laboratorians and healthcare professionals may find more information about identifying, treating, and controlling *C. auris* on CDC's website: https://www.cdc.gov/fungal/candida-auris/health-professionals.html

This message was sent by Dr. Sharon Balter, Director, Division of Communicable Disease Control and Prevention, Los Angeles County Department of Public Health.

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