



**LAC DPH Health Advisory:  
Resurgence of *Candida auris* in  
Los Angeles County**

July 17, 2020



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

### **Key Messages**

- The Los Angeles County Department of Public Health (LAC DPH) has recently received multiple reports of healthcare associated *Candida auris* (*C. auris*) isolates and has also identified one outbreak of *C. auris* in a Los Angeles County healthcare facility.
- Preventing the spread of multi-drug resistant organisms (MDROs) is still of utmost importance in the midst of the COVID-19 pandemic.
- Suspect or confirmed *C. auris* cases identified in LA County should be reported within one working day to the LAC DPH.

### **Situation**

We are seeing an increase in the number of new *C. auris* cases in healthcare facilities in LA County. We are also aware of an increase in cases in Orange County. MDRO such as *C. auris* or carbapenem-resistant Enterobacteriaceae (CRE) may be spreading due to personal protective equipment (PPE) conservation strategies and other COVID-19 containment practices, particularly in long-term care facilities. **Containment of MDROs among patients and residents is still a priority in the context of COVID-19 in high-risk facilities to prevent concurrent outbreaks.**

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 testing 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 canals. It can colonize patients for many months, 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 3/31/20). Patients at highest risk for *C. auris* colonization are those who reside in or who have had prolonged admissions to healthcare settings (particularly high-acuity long-term care facilities) or have had recent international healthcare exposure.

See the CDC's [C. auris Information for Laboratorians and Health Professionals](#) and the LACDPH [Spotlight on C. auris](#) for more detailed information on how to detect and contain it.

## Actions Requested of Providers

- Cohort patients by MDRO status **AND** COVID-19 status. For example, cohort patients that only have *C. auris* with other patients that only have *C. auris*, and cohort patients with COVID-19 and *C. auris* only with other patients who have COVID-19 and *C. auris*.
  - If a patient is positive for more than one organism, ensure you use an Environmental Protection Agency-registered hospital-grade disinfectant that is effective against all organisms the patient is positive for. Check the label.
- Do **NOT** reuse gloves and gowns between patients with different (or unknown) MDRO and COVID-19 status ([see CDC Guidance for HCP Infection Control](#)).
- Continue to implement other MDRO containment practices including to:
  - Perform hand hygiene before putting on PPE, after removing PPE, and before and after patient contact.
  - Routine cleaning and disinfection of surfaces and shared medical equipment with an Environmental Protection Agency-registered hospital-grade disinfectant that is effective against *C. auris* ([List K](#)), COVID-19 ([List N](#)), and/or [other pathogens](#).
  - Consider using checklists to identify who is responsible for cleaning what items on what frequency schedule (e.g. environmental services staff versus clinical staff).
  - Communicate a patient's MDRO status to any receiving healthcare facility.
    - Note that MDRO status alone is not a reason to deny admission or re-admission.
- If necessary, consider the following crisis capacity strategies to optimize PPE supplies and prevent spread of MDROs:
  - Prioritize gown use for high-contact care activities (see [Enhanced Standard Precautions](#)).
  - Implement the extended use of gowns (when the same gown is used by the same healthcare personnel [HCP] when interacting with more than one patient) only when patients are known to have the same MDRO and COVID-19 status, and when these patients are housed in the same room.
  - Re-use gowns, ideally cloth gowns, where the inside of a gown can be distinguished from the outside—a gown may be saved and reused by multiple HCP for the same patient.
- If you need additional PPE supplies, contact your local Medical Health Operational Area Coordinator ([MHOAC](#)).
- 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](#).
- Use an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris* ([List K](#)) to disinfect the rooms of and any shared equipment used by confirmed, presumptive, or suspect *C. auris*-positive residents.
  - Consider doing this universally in facilities with patients with or at high-risk for *C. auris* and in units of confirmed or high-risk patients.

- Consider asking patients about any recent international healthcare exposure, exposure to *C. auris*, prior MDRO status, or stays in a healthcare facility with known transmission of *C. auris*.
  - Consider screening patients at high risk for *C. auris*. Place high risk patients on empiric contact precautions while test results are pending.
  - If you need assistance with screening high-risk or potentially exposed patients for *C. auris*, or determining screening criteria, contact DPH for assistance.
- Confirm that your laboratory can detect *C. auris* or presumptive *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.
- Request your laboratory identify the species of *Candida spp.* isolates obtained from both sterile sites and non-sterile sites- particularly from patients at high risk for *C. auris*. As speciation of *Candida spp.* from non-sterile sites is not usually performed, clinicians should request this from their laboratory, or consider a sampling scheme as to conduct passive surveillance for *C. auris*.
- Report all suspect and confirmed *C. auris* cases to your local health department within one working day.

### Reporting and Consultation

Los Angeles County DPH, Acute Communicable Disease Control:

- Report within 1 working day.
- Complete the [C. auris Report Form](#) and send by fax to 888-397-3778/213-482-5508, or by secure email to [ACDC-MorbidityUnit@ph.lacounty.gov](mailto:ACDC-MorbidityUnit@ph.lacounty.gov) or by mail, or phone 888-397-3993 or 213-240-7821
- For consultation, call 213-240-7941 weekdays 8:30am–5pm

*Long Beach Health and Human Services*

- Report within 1 working day
- Complete the [Long Beach CMR](#) and fax to 562-570-4373 or email [LBEpi@longbeach.gov](mailto:LBEpi@longbeach.gov)
- Weekdays 8:00 AM – 5:00 PM: call 562-570-4302

*Pasadena Public Health Department*

- Weekdays 8:00 AM – 5:00 PM: call the Communicable Disease Control Program at 626-744-6089

### Resources

Laboratorians and healthcare professionals may find more information about identifying, treating, and controlling *C. auris* at:

- LAC DPH website: <http://publichealth.lacounty.gov/acd/Diseases/CandidaAuris.htm>
- CDC website: <https://www.cdc.gov/fungal/candida-auris/health-professionals.html>

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

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