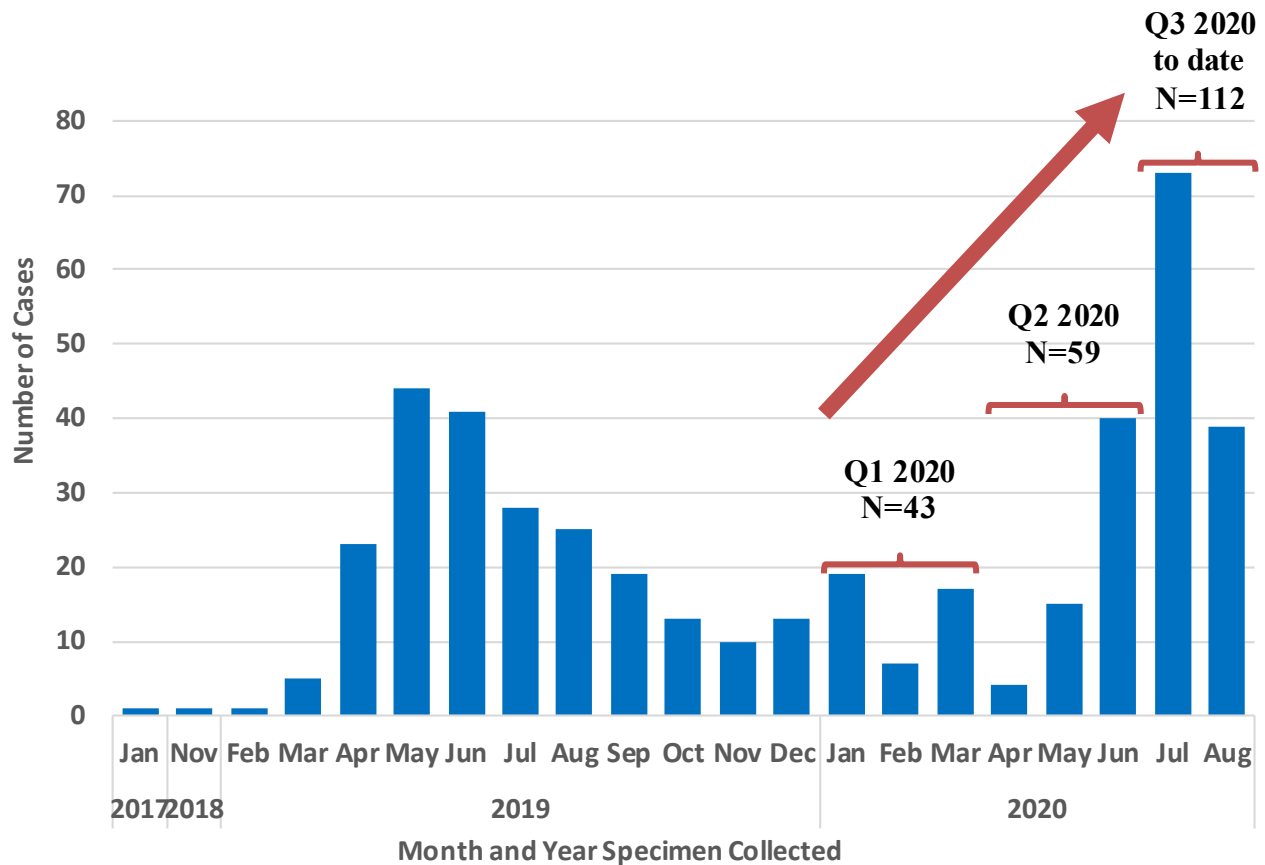


Health Advisory: Resurgence of *Candida auris* in Healthcare Facilities in the Setting of COVID-19

August 2020

CDPH and local public health partners are alerting healthcare providers of the increasing number of *Candida auris* (*C. auris*) cases reported in southern California in recent months. Personal protective equipment (PPE) conservation strategies and other containment practices (e.g., cohorting) on the basis of COVID-19 status alone might be contributing to this resurgence of *C. auris*. The number of newly identified *C. auris* cases in California more than doubled from May (N=15) to June (N=40); and the number of newly identified *C. auris* cases in July (N=73) exceeded the combined total for April, May and June (N=59). Most recently, *C. auris* outbreaks have been reported in healthcare facilities in Los Angeles and Orange Counties.

***C. auris* Cases Reported in California through August 18, 2020 (N=438)**



Patients and residents who have had prolonged admission in healthcare settings, particularly high-acuity long-term care facilities, or recent international healthcare exposure are at highest risk of *C. auris* and other multidrug-resistant organism (MDRO) colonization and infection. Containment of *C. auris* and other MDRO among patients and residents is still a public health priority in the context of the COVID-19 pandemic to prevent concurrent outbreaks in healthcare facilities.

The CDPH Healthcare-Associated Infections (HAI) Program recommends healthcare providers continue to be vigilant in considering *C. auris* and other MDRO status when caring for patients or residents affected by COVID-19. To identify and control the spread of these pathogens in California, the HAI Program recommends the following strategies to healthcare facilities:

- Assess *C. auris* and other MDRO status for all patients and residents upon admission, by reviewing medical records and screening* high-risk individuals.
 - Consider placing on pre-emptive Contact precautions individuals at highest risk of *C. auris* or other MDRO while awaiting screening results.
 - Identify all *Candida* isolates from normally sterile sites to the species level; for *Candida* isolated from non-sterile sites, consider species-level identification of isolates from patients at highest risk for *C. auris*.
- When cohorting patients by COVID-19 status, consider *C. auris* and other MDRO status during room placement. For example, a patient with both COVID-19 and *C. auris* can only be placed in the same room as another patient with COVID-19 and *C. auris*.
- Do **NOT** reuse or extend use of gloves or gowns **BETWEEN** patients with different or unknown *C. auris* or other MDRO, and COVID-19 status (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>).
- If your healthcare facility is experiencing PPE shortages, make a request for additional supplies through your local Medical Health Operational Area Coordinator (MHOAC) (<https://emsa.ca.gov/wp-content/uploads/sites/71/2020/05/MHOAC-Contact-List-05142020-Public.pdf>).
- Only if your facility is experiencing a critical PPE shortage, consider the following crisis capacity strategies to optimize PPE supplies:
 - Prioritize gown use for high-contact care activities (Enhanced standard precautions) (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf>).
 - 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 *C. auris* or other MDRO AND COVID-19 status**, and when these patients are

housed in the same room. HCP should **NOT** continue to wear their gloves and gowns in the hallway or other common areas, even in the designated COVID-19 unit.

- Continue to implement other important MDRO containment strategies:
 - Perform hand hygiene before putting on PPE, after removing PPE, and before and after patient contact (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>).
 - Routinely clean and disinfect surfaces and shared medical equipment using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant. If your facility has residents with *C. auris* or at high-risk for *C. auris*, use a disinfectant effective against *C. auris* **AND** COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>).
 - Regularly monitor HCP adherence to infection prevention practices (<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPPracticesThatPreventInfection.aspx>).
 - Communicate a patient's *C. auris* and other MDRO status to any receiving healthcare facility prior to transfer. Upon admission, consider proactively asking about a patient's *C. auris* and other MDRO status if not included in the accompanying medical records.
 - Implement antimicrobial stewardship to limit the emergence of *C. auris* and other MDRO.

- Report any cases of *C. auris*, carbapenemase-producing organisms, or other unusual or highly-resistant organisms to your local health department and the CDPH HAI Program at HAIprogram@cdph.ca.gov.

**C. auris* identification and confirmation, and carbapenemase testing for carbapenem-resistant bacteria are available via some local public health laboratories and the CDPH Microbial Diseases Laboratory (MDL). Colonization testing (screening) for *C. auris* and carbapenem-resistant bacteria is available at no cost through the CDC Antibiotic Resistance Laboratory Network. These services can be accessed through your local health department in consultation with the CDPH HAI Program by contacting HAIProgram@cdph.ca.gov. The California AR Lab-Epi Alliance website (https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CA_ARLN.aspx) includes information about these testing resources.

For more information about MDRO, please visit:

<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/AntimicrobialResistanceLandingPage.aspx>