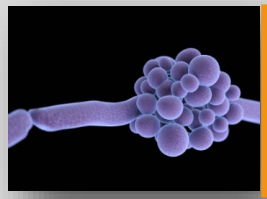
Slowing the Spread
Virginia Containment Strategy for *Candida auris*



***Candida auris (C. auris)* is an emerging fungus that presents a serious global health threat.**

CDC is tracking *C. auris* cases here.

Infection Prevention

Patients with *C. auris* should be placed in a single-patient room using Standard and Contact Precautions. Adherence to hand hygiene should be monitored. *C. auris* can persist on surfaces in healthcare environments. Quaternary ammonia products used for routine healthcare setting disinfection may not be effective against *C. auris.* VDH infection prevention recommendations for *C. auris* can be found here.

Identification and Resistance Testing

C. auris is difficult to identify and isolates are frequently resistant to antifungals. CDC has developed updated recommendations for healthcare facilities and laboratories about the identification of *C. auris* that are available here. Information regarding CDC tentative antifungal breakpoints can be found here.

Approach to Contain *Candida auris*

The public health response includes:

- Ensuring appropriate prevention measures are implemented
- Identifying potentially exposed patients
- Determining if transmission is occurring
- Performing additional tests to guide response

Response activities have a tiered approach based on organism attributes:

	CDC Definition	Applicable Organisms in Virginia
Tier 1	• Organisms and resistance mechanisms novel to the U.S., OR • Organisms for which no current treatment options exist (pan-resistant) and that have the potential to spread more widely within a region	• *C. auris* isolates resistant to all antifungals tested
Tier 2	• MDROs primarily found in healthcare settings but not found regularly in the region; organisms might be found more commonly in other areas in the U.S.	• *C. auris* isolates susceptible to at least one antifungal tested
Tier 3	• MDROs that are already established in the U.S. and have been identified before in the region but are not thought to be endemic	• Not applicable for *C. auris*

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VDH VIRGINIA DEPARTMENT OF HEALTH

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Containment Strategy Elements

VDH follows the CDC Containment Strategy Guidelines. Response occurs for a single case. See a summary on page 3. For *C. auris* this includes:

1. Healthcare investigation

- For Tier 1 and Tier 2 organisms, public health will investigate healthcare exposures of the index case over the preceding month and up to 3 months.
- Healthcare facilities that previously cared for the index patient or other confirmed cases will be notified by the health department so that they can "flag" the patient's record and initiate appropriate infection prevention precautions upon readmission.

2. Prospective lab surveillance

- Clinical laboratories that perform cultures from healthcare settings that the index case has been exposed to in the past 3 months should conduct prospective surveillance in order to identify organisms with similar resistance patterns from clinical cultures.

3. Retrospective lab surveillance

- Clinical laboratories should perform a one-time retrospective review (6-12 months) of results to identify organisms with similar resistance patterns. If available, the specimens should be sent to DCLS.

4. Onsite infection control assessment with observation of practices

- When a Tier 1 or Tier 2 organism is identified, the health department or other experts will conduct onsite visits to facilities and use a standardized assessment tool to evaluate infection control practices at facilities that have cared for the index case.
- Assessments will include observations of infection prevention and control practices and recommendations to address observed gaps. VDH uses the APIC and CDC developed QUOTs when observing practices.
- Repeat on-site assessments might be needed to ensure that infection control gaps are fully addressed.

5. Colonization screening of healthcare contacts

Screening of healthcare roommates

- Roommates and patients that shared a bathroom with the index case should be identified and screened even if they have been discharged from the facility.

Broader screening of healthcare contacts

- If the index case was not on contact precautions during their entire stay OR the index case was on contact precautions but adherence to contact precautions is low OR the index case was on contact precautions but is high-risk for transmission (e.g., bedbound, has invasive medical devices, incontinent of stool or urine, etc.):
  - Screen healthcare contacts who are still admitted, AND overlapped with the index case, AND who have a risk factor for MDRO acquisition (e.g., being bedbound or requiring higher levels of care, being on antibiotics, or being on mechanical ventilation or having other invasive medical devices).
  - Alternatively, facilities may choose to screen entire units using point prevalence surveys.
- If the index case was on contact precautions during their entire stay (and adherence is high) at the facility, AND the index case is not high-risk for transmission:
  - Screening beyond healthcare roommates is generally not recommended.

Facilities should contact the local health department as soon as they have identified a patient that matches the above criteria.

Colonization supplies are available at no charge through the Antimicrobial Resistance (AR) Lab Network.

6. Household contact screening

- Applicable only for pan-resistant *C. auris* cases if household contact has extensive healthcare exposure.
- Would include close household contacts (e.g., contacts who help care for the index case or share a bed or bathroom with the patient).

7. Environmental sampling

- Not applicable except for pan-resistant *C. auris* cases for situations in which questions about the effectiveness of terminal cleaning exist.

8. Healthcare personnel (HCP) screening

- HCP might be recommended for colonization screening if the HCP had extensive contact with the index case and if epidemiology suggests the organism may have spread.

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Containment Strategy Recommendation Summary

Containment Strategy Elements	Tier 1 Pan- resistant *C. auris* isolates	Tier 2 *C. auris*
Healthcare investigation	Always	Always
Prospective surveillance	Always	Always
Retrospective lab surveillance	Always	Always
Onsite Infection Control Assessment with observations of practices	Always	Always
Screening of healthcare roommates	Always	Always
Broader screening of healthcare contacts*	Always	Always
Household contact screening	Sometimes	Rarely
Environmental sampling	Rarely	Rarely
Healthcare personnel screening	Rarely	Rarely

*Screening of close healthcare contacts who require high levels of care (ventilators, central lines, urinary catheters, feeding tubes, or bedbound)

Roles and Responsibilities to Contain *Candida auris*

Healthcare Facilities

- Plan for unusual organisms arriving at your facility.
- **Leadership**: Work with health department to stop spread of unusual resistance. Review and support infection prevention in your facility.
- **Clinical labs**: Know what isolates to send for testing. Establish protocols that immediately notify health department, healthcare provider, and infection prevention staff of unusual resistance.
- **Healthcare providers, epidemiologists, and infection prevention staff**: Place patients with unusual resistance on contact precautions, assess and enhance infection prevention, and work with the health department to screen exposed patients. Communicate about patient status if transferred. Continue infection control assessments and colonization screenings until spread is controlled. Ask patients about any recent travel or healthcare.

State and Local Health Departments

- Educate healthcare facilities on state and local lab resources.
- Develop a plan to respond rapidly to unusual resistance genes.
- Coordinate with affected healthcare facilities, the AR Lab Network, and CDC for every identified case of unusual resistance.
- Provide timely lab results and recommendations to affected healthcare facilities and providers.

Everyone

- Inform your healthcare providers if you recently received healthcare in another country or facility.
- Practice good hand hygiene.
- Talk to your healthcare provider about preventing infections.

For more information visit:

CDC Containment Strategy

CDC *C. auris* Website

VDH *C. auris* Website

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