



WASHINGTON STATE DEPARTMENT OF HEALTH

# Provider Alert

## Provider Alert: Increasing cases of *Candida auris* in Washington

July 1, 2024

This is a Provider Alert from the Washington Department of Health (DOH) regarding an increase in locally acquired *Candida auris* (*C. auris*) cases in 2024. Healthcare-associated transmission is suspected for most cases; other isolated cases have been identified with no obvious source suggesting undetected transmission in Washington. We urge providers and facilities to improve infection prevention and control programs to prevent transmission of *C. auris*.

### Current Situation in Washington

*C. auris* was first detected in Washington in 2023; 6 cases were reported but only 1 was locally acquired. During January through May 2024, 14 locally acquired cases were identified in Washington. Most cases have been linked to suspected transmission in a healthcare facility. However, isolated cases with no obvious healthcare-associated link have been identified in Eastern Washington. This may indicate undetected transmission of *C. auris* is occurring within Washington. **Therefore, we urge facilities and healthcare providers to take steps now to improve infection prevention programs and be prepared to accept *C. auris* patients and other potentially exposed patients coming from facilities with *C. auris* transmission.**

### Actions Requested

- Be aware that meticulous adherence to routine healthcare infection prevention activities is effective in preventing the spread of *C. auris* in healthcare facilities.
- Ensure your healthcare facility optimizes infection prevention practices that are proven to prevent transmission of *C. auris*, including [hand hygiene](#), [transmission-based precautions](#), [environmental cleaning](#), and [cleaning and disinfection of reusable medical equipment](#). (See also: [Recommendations for Disinfection and Sterilization in Healthcare Facilities](#).)
  - Patients with suspected or confirmed *C. auris* in healthcare facilities should be managed using contact precautions and placed in a single room whenever possible. In nursing homes, consult with your [local health jurisdiction](#) about using [Enhanced Barrier Precautions](#).
  - Reinforce and audit core [infection prevention practices](#) in healthcare facilities.
  - When *C. auris* is suspected, use healthcare [disinfectants that are effective against \*C. auris\*](#) ([List P](#)). [List K](#) products registered for use against *Clostridioides difficile* are also

effective. Follow disinfectant instructions for use including proper precleaning, dilution, and wet time.

- Increase speciation of *Candida* from non-sterile sites, prioritizing urine cultures over wound and respiratory sources. Review *Candida* speciation options with your lab. All non-*albicans* *Candida* species can be sent to the [Washington Antibiotic Resistance Laboratory](#).
  - For laboratories working with suspect or confirmed *C. auris*, be aware of [safety considerations](#) including recommended personal protective equipment (PPE), disinfection, and disposal.
- Remain vigilant for any increase in *Candida* results in a patient care unit, including from non-sterile sites, and consider *C. auris*.
- Communicate information about colonization or infection with *C. auris* during care transitions within and transfers between healthcare settings. Consider using the [CDC Interfacility transfer form \(PDF\)](#).
- Inquire about high-risk exposures in newly admitted patients and consider [C. auris screening](#) in patients at higher-risk for *C. auris*, including those who have had:
  - Close contact in a healthcare setting to another patient with *C. auris*; or
  - An overnight stay in a healthcare facility outside the U.S. or in a region within the [U.S. with a high burden of C. auris cases](#) in the previous year.
  - Direct admission from a ventilator-capable skilled nursing facility or a long-term acute care hospital.
- When risk factors for *C. auris* are identified, coordinate any *C. auris* screening with public health. Testing at the public health lab requires preapproval from your [local health jurisdiction \(LHJ\)](#).
- Be aware that public health offers proactive [C. auris screening](#) to hospitals and long term care facilities for certain patients or residents. Contact your local health jurisdiction to enroll in routine screening for *C. auris* and other targeted Multi-Drug Resistant Organisms (MDROs).
- Be aware that *C. auris* can be misidentified through commercial laboratory testing and [specific technology is needed](#) for correct identification.
- Consider an infectious disease consultation for [treatment options](#) for patients with invasive *C. auris* infections. Even after treatment, patients generally remain colonized with *C. auris* for long periods, and sometimes indefinitely.
- Immediately report any suspected or confirmed *C. auris* cases or outbreaks to [public health](#) and [submit isolates to the Public Health Laboratories](#).

## Background

*Candida auris* (*C. auris*) is an emerging, often multi-drug resistant yeast, that was first identified in 2009. It has spread globally and can cause difficult to control outbreaks in high acuity facilities among patients with invasive devices. *C. auris* may colonize patients longterm and also cause invasive infections. Both colonized and infected persons can transmit the organism in healthcare settings. ***C. auris* is not a risk to the general public nor to most hospitalized patients.**

## Resources for Providers from Washington DOH

- [General information about Candida auris](#)

- [Candida auris FAQ](#)
- [Candida auris notifiable conditions information](#)
- [How to enroll your facility in proactive screening for Candida auris](#)
- [WA DOH Multi-Drug Resistant Organism \(MDRO\) Dashboard](#)
- [WA DOH Multi-Drug Resistant Organism \(MDRO\) Prevention and Response Toolkit](#)
- [What to Do if You Identify a Targeted Multidrug Resistant Organism in Your Facility \(PDF\)](#)