



WASHINGTON STATE DEPARTMENT OF HEALTH

Provider Alert

Provider Alert: Ongoing transmission of *Candida auris* identified in Washington

Date: July 30, 2024

This is a Provider Alert from the Washington Department of Health (DOH) regarding recent increases of healthcare-associated *Candida auris* (*C. auris*) cases. Health care providers in hospitals and long-term care facilities should improve detection of *C. auris* by enhancing screening efforts and by increasing speciation of *Candida* from non-sterile sites. Providers should audit for and address gaps in infection prevention practice including environmental cleaning and disinfection. Providers should be aware that *C. auris* testing is available at the Washington DOH Public Health Lab (PHL) and may be available in some commercial labs. Work with your Local Health Jurisdiction (LHJ) to arrange *C. auris* screening testing at PHL, and to report cases of *C. auris* in your facility.

Current Situation in Washington

Local transmission of *C. auris* was [first reported in Washington in January 2024](#); on July 1, 2024, [DOH released a Provider Alert highlighting an increase in reported cases](#). Since that Provider Alert, Public Health – Seattle & King County has identified facilities with healthcare-associated *C. auris* transmission: Harborview Medical Center and Kindred Hospital. Due to the increased number of facilities with ongoing transmission, DOH recommends facilities and healthcare providers to take steps to enhance detection of targeted MDROs such as *C. auris* and CPOs, strengthen infection prevention programs, and be prepared to accept *C. auris* patients and other potentially exposed patients coming from facilities with identified *C. auris* transmission.

Actions Requested

- Recommend admission screening for *C. auris* and carbapenemase-producing organisms (CPO) in patients with identified risk factors:
 - Close contact in a healthcare setting (see below) to someone diagnosed with *C. auris* or CPO infection or colonization.
 - Admitted with a stay of 24 hours or more in any healthcare facility that is experiencing transmission of *C. auris* or CPO. Exposure information may be available in a patient's electronic medical record in CareEverywhere and in Artificial Intelligence Discharge Agent (AIDA).
 - An overnight stay in the prior year in a healthcare facility outside the U.S. or in a region of the U.S. with a high burden of *C. auris* cases.

- Direct admission from a ventilator-capable skilled nursing facility or a long-term acute care hospital.
- Colonization or infection with a CPO.
- Presence of a tracheostomy.
- Recommend *C. auris* admission screening and contact precautions (CP) in private room until screened negative for patients admitted from the following facilities:
 - Harborview Medical Center: admitted with an overnight stay since April 1, 2024; if available, see CareEverywhere flags with information about *C. auris* exposure and screening recommendations.
 - Kindred Hospital: admitted in the prior 6 months.

Using CP for these patients is the most cautious approach. If CP are not feasible, the next most cautious action would be to use Enhanced Barrier Precautions for both the screened patient and any roommate until screening is negative.
- Be aware that *C. auris* screening is available through the Washington State PHL; see [Partners for Patient Safety](#) page for more information.
 - Coordinate screening at PHL with your [LHJ](#).
 - Facilities may use a commercial lab if available and preferred as some major commercial labs in Washington now provide *C. auris* testing.
- Consider laboratory species identification of *Candida* isolates from non-sterile sites, prioritizing urine cultures over wound and respiratory sources. Review *Candida* species identification options with your lab. All non-*albicans* *Candida* species can be sent to the [Washington Antimicrobial Resistance Laboratory](#).
- Facilities with active *C. auris* investigations and clusters should disclose potential for *C. auris* exposure and any screening results to receiving facilities when patients transfer care.
- Communicate patients' *C. auris* or CPO colonization or infection status when they transfer care. Consider using the [CDC Interfacility transfer form \(PDF\)](#).
- When receiving patients in transfer, facilities should inquire whether the discharging facility has detected cases or transmission of *C. auris* or CPOs and use the information for decisions about need for transmission-based precautions and admission screening.
- Ensure your facility audits and 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](#).)
 - Manage patients with suspected or confirmed *C. auris* using contact precautions and place these patients in a single room whenever possible. In nursing homes, consult with your [LHJ](#) about using [Enhanced Barrier Precautions](#).
 - Reinforce and audit core [infection prevention practices](#). *C. auris* can quickly and easily colonize the patient's environment. For positive cases or exposed contacts, ensure any items that cannot be dedicated or disposed are disinfected and cleaned appropriately (e.g., x-ray machines, vitals equipment, blood pressure cuffs, stethoscopes, etc.).
 - 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.
- Remain vigilant for any increase in *Candida* results in a patient care unit, including from non-sterile sites, and consider *C. auris*.

- Consider an infectious disease consultation for [treatment options](#) for patients with invasive *C. auris* infections. Even after treatment, patients are believed to be colonized with *C. auris* for long periods, and possibly indefinitely.
- Immediately report any suspected or confirmed *C. auris* cases or outbreaks to [public health](#) and [submit isolates to the Public Health Laboratories](#).

Background

C. auris is an emerging, often multi-drug resistant yeast, that was first identified in the US in 2009. The first locally acquired case of *C. auris* in Washington was reported in 2023, and the first outbreak [was reported in January 2024](#). It can cause difficult to control outbreaks in high acuity facilities, especially among patients with invasive devices and wounds. *C. auris* may colonize patients long term 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 \(PDF\)](#)

Contact

To report suspected cases, or for any other questions, please contact your local health jurisdiction.