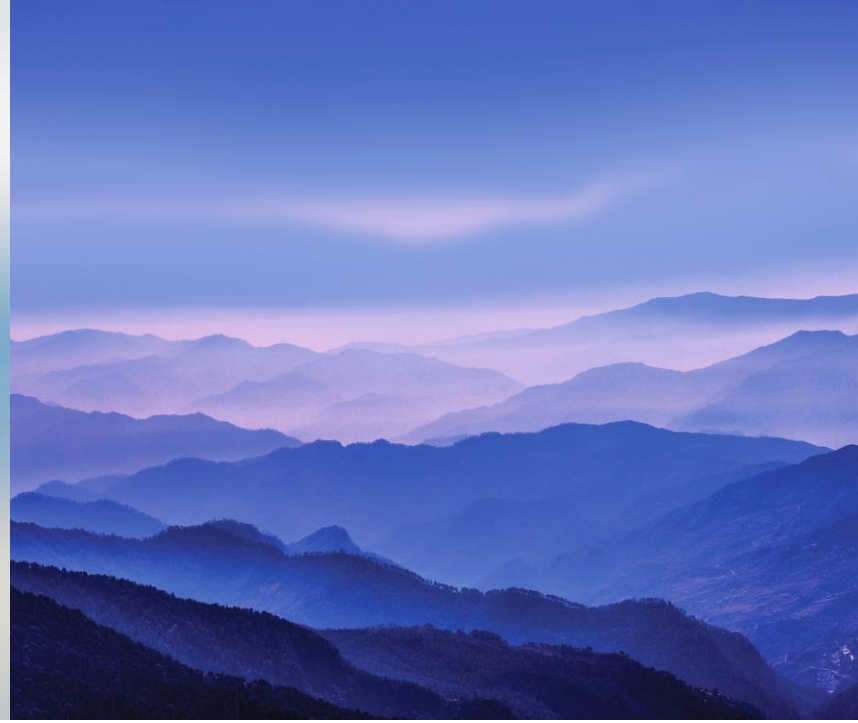
Candida auris



Agenda

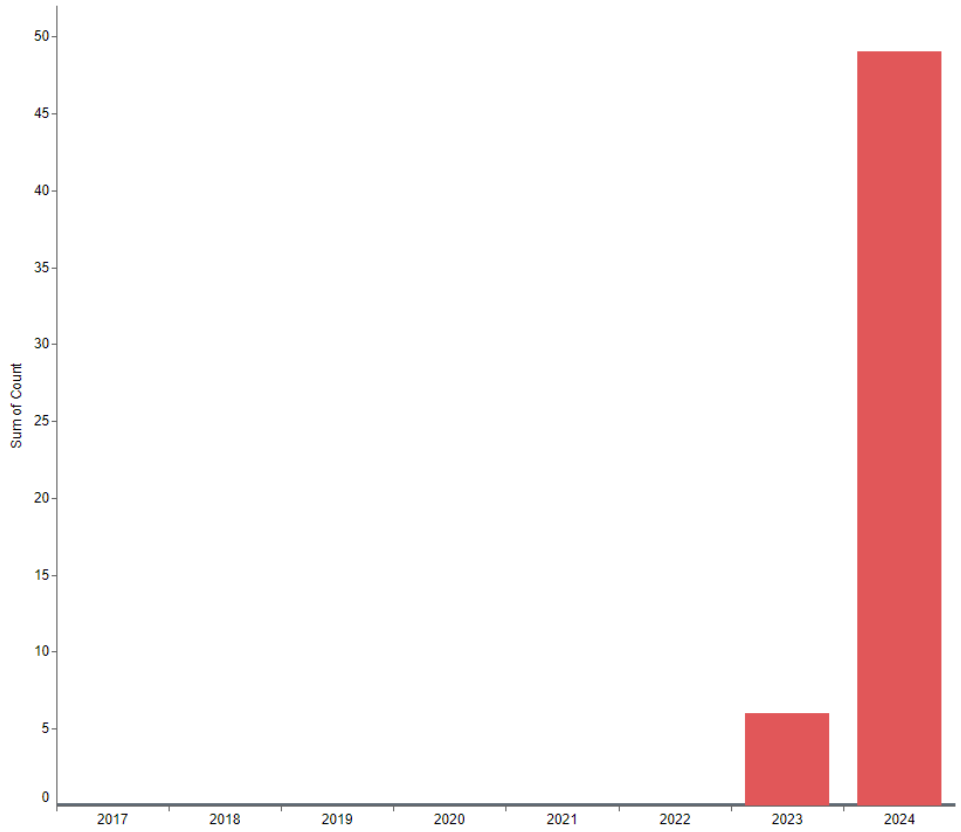
- Spokane/Washington situation update
- Screening
- Resources

Spokane, Washington

Carbapenemase producing organism (CPO) surveillance. | Candida auris surveillance | Targeted MDROs detected by year and type. | Targeted MDRO graph by year with interactive map. | Suspected location of exposure.

Legend
C. auris

Total number of *Candida auris* cases identified in Washington state by year.



This view summarizes reports of *Candida auris* cases in Washington State. *Candida auris* (*C.auris*) is a multi-drug resistant yeast that can colonize skin and cause serious infections. Isolates are counted from any person diagnosed in-state or from Washington residents diagnosed out-of-state and reported to the department.

The graph shows the number of positive cases identified in Washington. Surveillance for *Candida auris* began in 2017. The first Washington case was detected in 2023.

For more information on the Department of Health dashboards: https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization
Source: Washington State Department of Health Public Health Laboratory Surveillance, data updated through September 2024. Published October 2024.

- Washington local transmission - Jan, 2024
- Spokane screening activities - 2023
- Spokane's first case - December, 2024
  - Point prevalence screening found no additional cases
- Statewide push for increased surveillance

Surveillance

[Partners for Patient Safety | Washington State Department of Health]

Acute Care and VSNFs:

- Patients coming directly from a ventilator capable SNF or long-term acute care hospital (LTACH).
- Patients with a current trach (only if the stoma is still patent and in use).
- Patients with international healthcare or healthcare in a high burden state in the prior 12 months.
- Patients being admitted as a transfer from a facility experiencing a known ongoing outbreak that you are made aware of.

SNF:

- Admission from an outbreak facility, with exposure
  - ID exposed residents
  - Initiate precautions and C. auris screening
    - MDRO Job Aid: 420-536-Multi-DrugResistantOrganismGuideJobAid.pdf (wa.gov) ← be sure you know the MDRO status of your admits

Key points and resources

Interfacility communication:

- 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 carbapenemase-producing organism (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.
- Immediately report any suspected or confirmed *C. auris* cases or outbreaks to public health and submit isolates to the Public Health Laboratories.

Infection Control measures:

- 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.

Other considerations:

- Acute Care: Start routinely speciating candida specimens from non-sterile sites (urine > wounds > respiratory)
- 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.

Tabletop Exercise

Candida Auris Tabletop Exercise – Participant's Packet

Tabletop Overview

We're excited that you're interested in participating in a *C. auris* tabletop exercise with Spokane Regional Health District's (SRHD) Healthcare Associated Infection & Infection Prevention team!

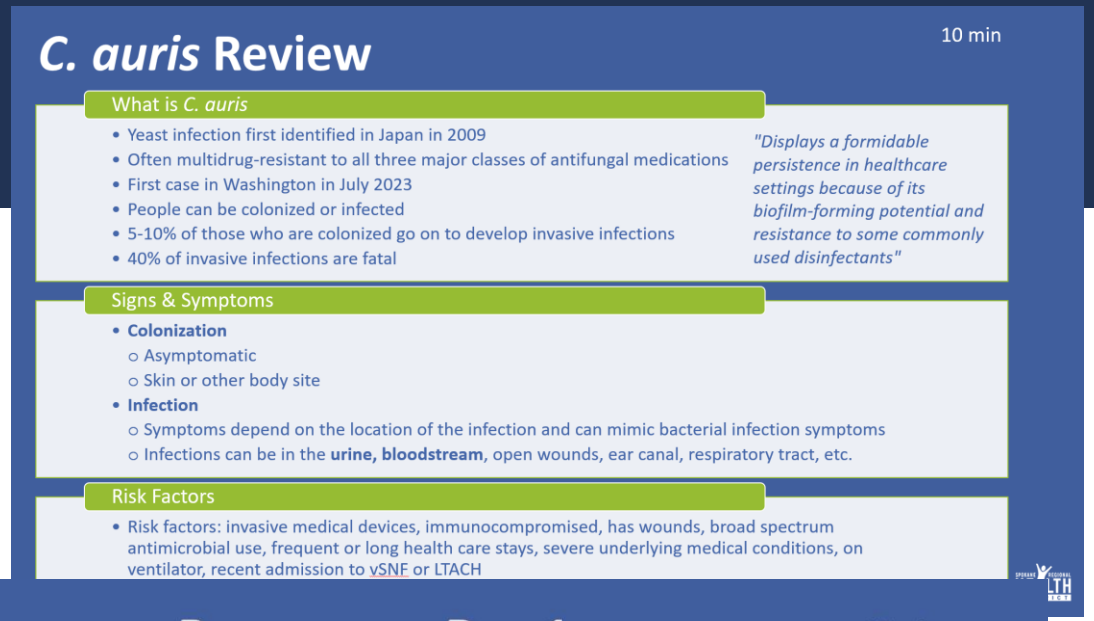
Why should we participate?

Participating in a tabletop exercise allows for your team to plan for a scenario before it happens. In this exercise, we will be walking through the response activities that would occur after identifying a case of C. auris in your facility.

The purpose of the exercise is to equip attendees with tools to develop a *C. auris* preparedness and response plan.

What to expect?

- SRHD staff will come to your facility and facilitate a tabletop exercise.
- The exercise takes 2.5 hours.
- This exercise is meant to be an opportunity for your team to prepare your team to develop a *C. auris* plan, so be prepared to have good discussion and brainstorming.
- After the exercise, we will share the slides so that you can use them as a reference and tool.



Key points:

1. Increased surveillance
2. Take steps to prepare
    - Educate staff, screening, disinfectants, look for MDRO history during admit, etc.
3. Stay aware of what this situation

Thanks!

SRHD points of contact:

Kira Lewis: klewis@shrd.org, 509-217-3514

Drew Pratt: dpratt@srhd.org, 509-655-2016