

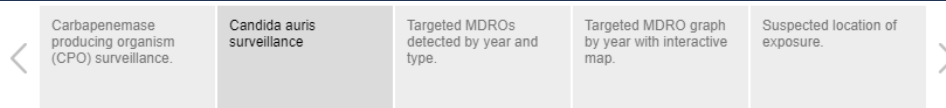
Candida auris



Agenda

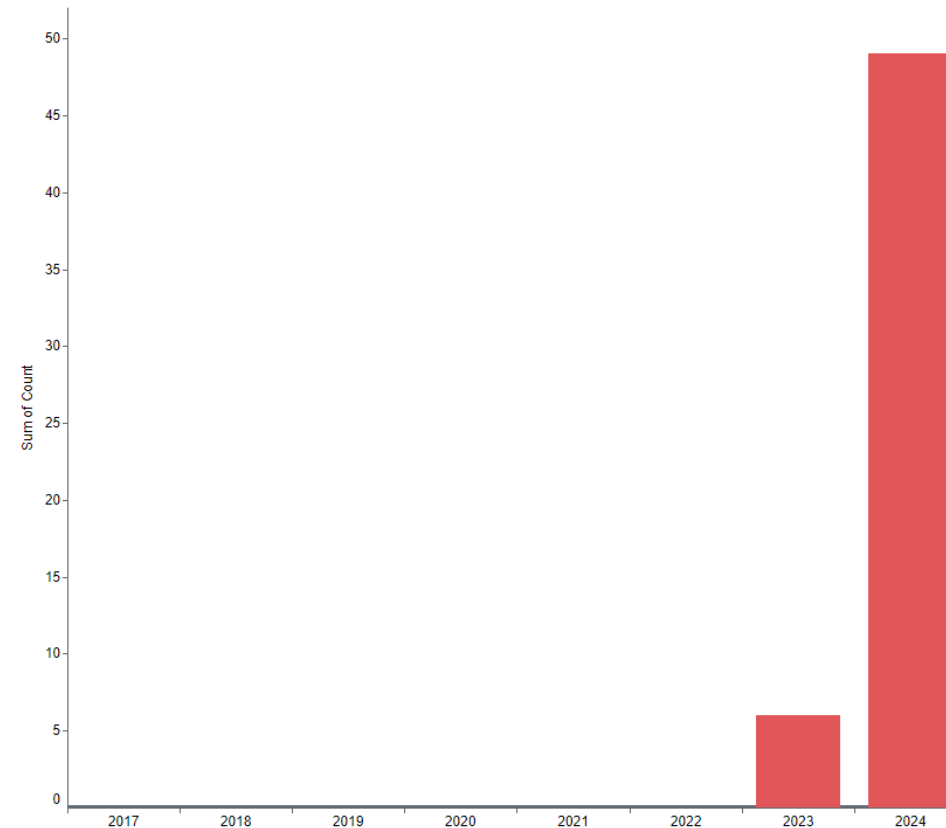
- Spokane/Washington situation update
- Screening
- Resources

Spokane, Washington



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.

- 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](#)

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Antimicrobial Resistance and Antimicrobial Stewardship

Antibiotic Stewardship 

MDRO Toolkit

Partners for Patient Safety

Partners for Patient Safety

Early Detection of Multidrug Resistant Organisms and Infection Prevention

Partners for Patient Safety: Early Detection and Infection Prevention (PPS) is a partnership between CDC, DOH, Local Health Jurisdictions (LHJ), and participating healthcare facilities to identify patients who are unknowingly colonized with targeted multidrug resistant organisms (MDRO) so that appropriate infection prevention measures can be implemented to prevent spread. DOH and LHJs are recruiting the following facilities to perform screening for targeted MDROs such as carbapenemase producing organisms and *Candida auris*.

- [Ventilator-capable skilled nursing facilities and long-term acute care hospitals \(PDF\)](#)
- [Hospitals \(PDF\)](#)
- [CDC Patient Safety](#)

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.

C. auris Review

10 min

What is *C. auris*

- Yeast infection first identified in Japan in 2009
- Often multidrug-resistant to all three major classes of antifungal medications
- First case in Washington in July 2023
- People can be colonized or infected
- 5-10% of those who are colonized go on to develop invasive infections
- 40% of invasive infections are fatal

"Displays a formidable persistence in healthcare settings because of its biofilm-forming potential and resistance to some commonly used disinfectants"

Signs & Symptoms

- **Colonization**
 - Asymptomatic
 - Skin or other body site
- **Infection**
 - Symptoms depend on the location of the infection and can mimic bacterial infection symptoms
 - Infections can be in the **urine, bloodstream**, open wounds, ear canal, respiratory tract, etc.

Risk Factors

- Risk factors: invasive medical devices, immunocompromised, has wounds, broad spectrum antimicrobial use, frequent or long health care stays, severe underlying medical conditions, on ventilator, recent admission to vSNF or LTACH

Response – Day 1

15 min

Take stock. Contain.

Precautions

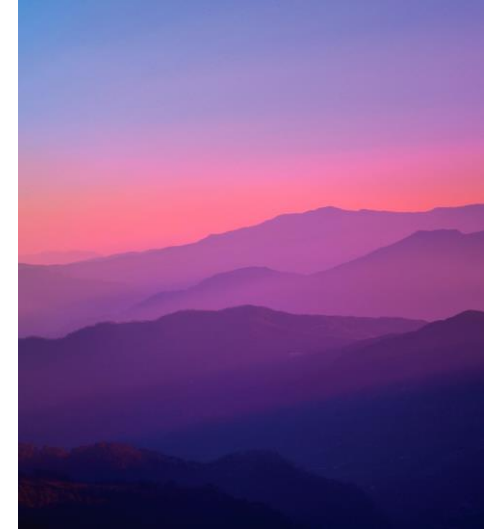
Staff Notification

Assign Key Roles



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

