

HEALTH ADVISORY



Public Health
Prevent. Promote. Protect.

Region 4 Public Health
Clark, Cowlitz, Skamania, Wahkiakum
counties, and Cowlitz Tribe

To: Physicians and other health care providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the following Region 4 health officers:

Alan Melnick, MD, MPH, CPH
Health officer

Steven Krager, MD, MPH
Tara Perti, MD, MPH
Deputy health officers

Clark County Public Health, 564.397.8182
Cowlitz County Health & Human Services, 360.414.5599
Skamania County Community Health, 509.427.3850
Wahkiakum County Health & Human Services, 360.795.6207

Alert categories:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.

Candida auris reported in Washington; local transmission suspected



Summary

Washington State Department of Health (DOH) recently received a report of a patient in a Washington healthcare facility with *Candida auris* (*C. auris*). Based on known details, DOH believes this case of *C. auris* was acquired in Washington. DOH is also aware of one other unrelated state resident who tested positive for *C. auris* during a hospitalization in another state.

DOH and partner health jurisdictions are working with involved facilities to assess and optimize infection prevention practices and to perform screening of other patients to identify if transmission has occurred.

C. auris, an emerging often multidrug-resistant fungal pathogen, has caused outbreaks that are difficult to control in healthcare facilities outside of Washington. Strict adherence to routine healthcare infection prevention activities is effective in preventing spread of *C. auris* in healthcare facilities.

DOH and Region 4 health officers strongly encourage all healthcare facilities to optimize infection prevention practices and to prepare for safely admitting and caring for patients who are infected or colonized with *C. auris*.

Requested actions

- **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.**
 - Patients and residents with suspected or confirmed *C. auris* in healthcare facilities should be managed using contact precautions and placed in a single room.
 - Reinforce and audit core [infection prevention practices](#) in healthcare facilities.
 - When *C. auris* is suspected, use healthcare [disinfectants that are effective against *C. auris*](#) and 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*. Review *Candida* speciation options with your lab. *Candida* isolates requiring speciation can be sent to the [Washington Antibiotic Resistance Laboratory](#).
 - [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](#).

- For laboratories working with suspect or confirmed *C. auris*, be aware of [safety considerations](#) including recommended PPE, disinfection, and disposal.
- **Inquire about high-risk exposures in newly admitted patients and consider *C. auris* screening in patients at high-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 documented *C. auris* cases](#) in the previous year.
- When risk factors for *C. auris* are identified, **coordinate any *C. auris* screening and testing with Public Health**. Testing at the public health lab requires preapproval from your local health jurisdiction (see contact information on last page).
- **Be aware that Public Health offers proactive *C. auris* screening to residents at long-term ventilator capable healthcare facilities and long-term acute care hospitals.**
- **Be aware that *C. auris* can be misidentified through commercial laboratory testing and [specific technology is needed](#) for correct identification.**
- **Request 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 perhaps indefinitely.
- **Immediately report any suspected or confirmed *C. auris* cases or outbreaks to your local health jurisdiction** (see contact information on last page).
 - *C. auris* is a [notifiable condition](#) in Washington as of Jan. 1, 2023.

Background

C. auris was first reported in 2009 outside of the U.S. and has since emerged globally as a life-threatening, highly transmissible, often multidrug resistant yeast that has caused difficult-to-control healthcare outbreaks. Invasive infections with any *Candida* species can be fatal. Based on information from a limited number of patients, more than 1 in 3 people with *C. auris* infections have died. Patients needing long-term acute care and indwelling devices are at the highest risk for acquisition. International healthcare is often the initial source of introduction of *C. auris* to a region and subsequent healthcare transmission may occur due to lapses in infection control practices.

C. auris can be misidentified as a number of different organisms when using traditional phenotypic methods for yeast identification such as VITEK 2 YST, API 20C, BD Phoenix yeast, and Microscan. An increase in infections due to unidentified *Candida* species in a patient care unit, including increases in isolation of *Candida* from urine specimens, should also prompt suspicion for *C. auris*.

DOH performs special surveillance for *C. auris* by screening isolates submitted from high-risk patients, proactive screening of patients in high acuity long-term care facilities, and sentinel lab submissions of non-*albicans* *Candida* species to the Washington Public Health Laboratory for species identification. There are currently no FDA-approved tests for colonization swabs. Laboratories with capability to characterize isolates further when *C. auris* is suspected are

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encouraged to do so. Public Health closely tracks all known C. auris cases and notifies healthcare facilities if a newly admitted patient should be screened.

Resources

- [HAN Alert – Candida auris reported in Washington](#), WA Department of Health
- [Candida auris resources](#), WA Department of Health
- [Candida auris testing information](#), WA Department of Health
- [Antimicrobial Products Registered with EPA for Claims Against Candida auris](#), Environmental Protection Agency
- [Candida auris – Information for Laboratorians and Health Professionals](#), CDC
- [General Information about Candida auris](#), CDC

Thank you for your partnership.

Local health jurisdiction	Phone	Fax
Clark County Public Health	564.397.8182	564.397.8080
Cowlitz County Health & Human Services	360.414.5599	360.425.7531
Skamania County Community Health	509.427.3850	509.427.0188
Wahkiakum County Health and Human Services	360.795.6207	360.795.6143