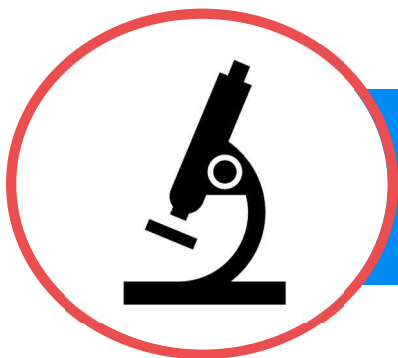




MONTHLY CANDIDA AURIS UPDATE

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

01/08/2021

CASE SUMMARY

Total cases in LAC: 251
(05/01/2020 to date)

Colonization

HCF type	# cases (%)
General Acute Care Hospital	12 (6)
Long Term Acute Care Hospital	178 (82)
Skilled Nursing Facility	26 (12)
Other	0
Total	216

Clinical infection

HCF type	# cases (%)
General Acute Care Hospital	7 (20)
Long Term Acute Care Hospital	25 (71)
Skilled Nursing Facility	3 (9)
Other	0
Total	35

Note that if a person is a clinical case, they are not included in colonization counts. Cases are counted by facility location at time of collection.

KEY RESOURCES

- [LACDPH C. auris website](#)
- [CDC C. auris website](#)

SITUATIONAL SUMMARY

Multiple healthcare facilities (HCFs) in Los Angeles County (LAC) are experiencing *Candida auris* (*C. auris*) activity. We are providing this brief update to inform you of: 1) *C. auris* case counts and 2) steps clinical laboratories can take to help confront *C. auris*. Please note this information is meant for internal use only.

RESOURCES FOR C. AURIS IDENTIFICATION

As of November 2020, all major reference laboratories have validated MALDI procedures to identify *C. auris* isolates. However, most have not yet implemented molecular assays for screening / surveillance swabs, but will perform fungal culture on these specimens.

Reference Lab	Screening Method*	Test (Order Code)
ARUP	Fungal culture	• Fungal culture, yeast (0060149) • Yeast ID - MALDI Bruker; sequencing if no ID (0060163)
LabCorp	Fungal culture	• Fungal culture, yeast (182776) • Yeast ID – MALDI Vitek MS; sequencing if no ID (182212)
Mayo	PCR	• <i>Candida auris</i> surveillance (PCR) (CAURS 607883) • Yeast ID – MALDI Bruker; sequencing if no ID (FUNID 8223)
Quest	Fungal culture	• Fungal culture, yeast (20541) • Yeast ID - MALDI Vitek MS or Bruker; sequencing if no ID (39507)

*for fungal culture, indicate “rule out *Candida auris*”

The CDC [Antimicrobial Resistance Laboratory Network](#) is also available for *C. auris* testing services at a limited capacity and testing must be coordinated via the LACDPH Healthcare Outreach Unit.

QUESTIONS? CONTACT THE LACDPH HEALTHCARE OUTREACH UNIT AT
HAI@PH.LACOUNTY.GOV OR 213-240-7941

FIVE STEPS TO ENSURE RELIABLE DETECTION & REPORTING OF *C. auris*

1. **Make sure your identification (ID) methods can identify yeast isolates as *C. auris***
 - a. *C. auris* may be difficult to identify. It's not identifiable with all commercial systems.
 - b. Resources for ID method accuracy are here: <https://www.cdc.gov/fungal/candida-auris/identification.html>
 - c. If your ID method cannot reliably identify *C. auris*, send "presumptive" *C. auris* to your reference laboratory or LAC PHL for confirmation. The protocol for LAC PHL is here: <http://www.publichealth.lacounty.gov/cdcp/proreporting.htm>
 - LAC MDRO reporting instructions are available here: <http://publichealth.lacounty.gov/acd/Diseases/NMDRO.htm>
2. **Work with Infection Preventionists in your facility to identify patients at high-risk for *C. auris***
 - a. Expand identification of any yeast isolated on routine bacterial or fungal cultures from high-risk patients
 - b. Resources for identifying high-risk patients are here: <https://www.cdc.gov/fungal/candida-auris/c-auris-surveillance.html>
 - c. LAC high-risk criteria are here: <http://publichealth.lacounty.gov/acd/Diseases/CandidaAuris.htm>
3. **Identify a strategy for sending axilla/groin screening swabs to a reference laboratory or processing them in your laboratory**
 - a. Indications/procedures for screening high-risk patients are here: <https://www.cdc.gov/fungal/candida-auris/c-auris-screening.html>
 - b. CDC-recommended protocols for processing screening swabs are here: <https://www.cdc.gov/fungal/candida-auris/c-auris-guidance.html>

Note: PCR is the optimal method and the CDC method using enrichment broth is the preferred culture method.

An alternative would be to use a more conventional fungal culture method, however, data describing performance of this approach are lacking:

Inoculum: roll Eswab over agar or vortex Eswab tube and inoculate 50 µl aliquots to agar

Media: it is advisable to use a combination of fungal media to include inhibitory and non-inhibitory varieties; CHROMagar Candida can be included

Incubation: 5 days at 35-37°C or 30°C (*C. auris* grows slower at 30°C)

Workup: identify all yeast isolates

 - *Candida auris* can appear nondescript and many *Candida* species can look the same on common fungal media including CHROMagar. Please develop a colony picking plan feasible for your facility/institution to increase chances of identifying *C. auris*.
 - CDC Mycology Branch staff are available for consultation about specific testing options. Contact Dr. Beth Berkow at kuu4@cdc.gov.
4. **Report any suspected or confirmed *C. auris* to your Infection Preventionists ASAP.** These patients must be placed in Contact Precautions immediately.
5. **Report presumptive and confirmed *C. auris* to your local health department within 1 working day.** Save any presumptive or confirmed *C. auris* for potential confirmatory testing via the LAC Public Health Laboratory until you have spoken with LACDPH staff.
 - a. Laboratory protocol <http://www.publichealth.lacounty.gov/cdcp/proreporting.htm>
 - b. LACDPH staff are available M-F to answer questions or intake new cases:
 - 213-240-7941
 - hai@ph.lacounty.gov

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C. AURIS SAFETY TIPS

- Follow BSL2 laboratory safety precautions when working with *C. auris*.
- Know which disinfectants are acceptable for *C. auris*. Quaternary ammonia products are NOT effective.
- Acceptable disinfectants are listed here:
 - <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants#candida-auris>
 - <https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>
 - Note that if an EPA List K agent is used, you must follow instructions for *C. difficile*.

FREQUENTLY ASKED QUESTIONS

How can we test for *C. auris* colonization?

Patients are typically screened for *C. auris* colonization using a composite swab of the bilateral axilla and groin using a nylon-flocked or rayon tip swab. You can find more lab-related information regarding *C. auris* on our [FAQs to Aid Clinical Laboratorians at the Bench](#) or the [CDC Guidance for Detection of Colonization of *C. auris*](#).

What if we need to do a rule-out test for *C. auris* (clinical isolate)?

If you identify a [confirmed or presumptive *C. auris* isolate](#), you may send the isolate to the LACDPH Public Health Lab for rule-out testing only. Please do not send isolates nor swabs to the DPH Lab without contacting the Healthcare Outreach unit first.

What can we do to prepare for *C. auris* in our facility?

LAC has found that early detection is key to stopping spread of *C. auris* – we highly recommend you work with your infection control department and facility leadership to set up *C. auris* colonization screening at your earliest convenience.

When should I suspect a patient may have *C. auris*?

There are several risk factors for *C. auris* colonization, including:

- Roommates of *C. auris*-positive patients/residents
- Persons discharged from LAC healthcare facilities experiencing *C. auris* transmission (Talk to your facility IP for an updated list)
- Patients/residents who have had an overnight stay in a healthcare facility in a [country with transmission or multiple cases of *C. auris*](#)
- Patients/residents who are colonized with rare [carbapenemase-producing gram-negative organisms \(e.g., NDM-producing isolates\)](#)
- Patients/residents on a mechanical ventilator or tracheostomy being admitted from a long-term acute care hospital (LTAC) or skilled nursing facility (SNF) with transmission of *C. auris*
- Patients/residents who have had an overnight stay in a healthcare facility in a [state with widespread transmission](#) in the past 12 months

Do colonized patients require treatment?

Colonized individuals do not require treatment. If a patient develops a clinical infection, more guidance can be found on the [CDC website](#).

How often should patients be re-screened for *C. auris*?

Once a patient has tested positive for *C. auris*, transmission-based precautions should be continued on all subsequent admissions. There is no indication for repeat screening for *C. auris* since there are no criteria for clearance at this time.

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Can patients be cleared of *C. auris*?

Studies have shown that patients colonized with *C. auris* rarely clear the organism. Thus, until further guidance from the CDC is received, patients will be considered to be positive for the duration of their admission. Swabs to test for clearance should not be collected. If a patient is accidentally re-swabbed and the result is negative, please disregard the result.

What is LACDPH doing to prevent further transmission of *C. auris*?

Since *C. auris* is a rare, emerging organism in LA County, LACDPH is taking many steps to prevent transmission of *C. auris*, including pre-emptive point prevalence surveys (PPS) of high-risk facilities, education, and on-site infection control assessments. We are working closely with Orange County Healthcare Agency (OCHCA), the California Department of Public Health (CDPH) and Centers for Disease Control and Prevention (CDC) to protect our patients and residents.