

HAN Alert: *Candida auris* reported in Washington: Local Transmission Suspected 07/18/2023 (cont'd page 2)

Action Requested:

- Be aware that [Candida auris](#) (*C. auris*) has been identified in a patient in Washington.
- Be aware that *C. auris*, an emerging often multi-drug-resistant fungal pathogen, has caused outbreaks that are difficult to control in healthcare facilities outside of Washington.
- Be aware that strict adherence to routine healthcare infection prevention activities is effective in preventing spread of *C. auris* in healthcare facilities.
- 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 with suspected or confirmed *C. auris* in healthcare facilities should be managed using contact precautions and placed in a single room whenever possible.
- 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 preap-
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Practice Guidelines

The following practice guidelines have been developed by the Clinical Laboratory Advisory Council. They can be accessed at the [LQA website](#).

Acute Diarrhea	Lipid Screening
Anemia	PAP Smear Referral
ANA	Point-of-Care Testing
Bioterrorism Event Mgmt	PSA
Bleeding Disorders	Rash Illness
Chlamydia	Red Cell Transfusion
Diabetes	Renal Disease
Group A Strep Pharyngitis	STD
Group B Streptococcus	Thyroid
Hepatitis	Tuberculosis
HIV	Urinalysis
Infectious Diarrhea	Wellness
Intestinal Parasites	

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- proval from your [local health jurisdiction](#) (LHJ).
- **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.**
- **Consider 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 [Public Health](#).
- *C. auris* is a [notifiable condition](#) in WA as of January 1, 2023.

Background

A patient in a Washington healthcare facility with was recently reported to have *C. auris*. Based on known details, we believe that this case of *C. auris* was acquired in Washington. Information may change as the investigation proceeds. Washington State Department of Health (WA DOH) is also aware of one other unrelated state resident who tested positive for *C. auris* during a hospitalization in

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another state. WA DOH and partner local 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. Public Health is making this announcement to 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*.

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 WA 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 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

- [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

Calendar of Events

Training Classes:

- 2023 Northwest Laboratory Symposium (NWMLS)
October 26, 27 (Virtual)**
- 2023 30th Annual Clinical Laboratory Conference
November 13 (Virtual)**

Contact information for the events listed above can be found on page 2. The Calendar of Events is a list of upcoming conferences, deadlines, and other dates of interest to the clinical laboratory community. If you have events that you would like to have included, please mail them to ELABORATIONS at the address on page 2. Information must be received at least one month before the scheduled event. The editor reserves the right to make final decisions on inclusion.



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