

ELABORATIONS

News and Issues for Washington's Clinical Laboratories

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Laboratories encouraged to increase detection of *Candida Auris*

Candida auris is an [urgent antimicrobial resistant threat](#) now causing healthcare outbreaks in Washington. The first locally acquired case of *Candida auris* in



Washington was reported in July 2023 and the first healthcare outbreak occurred in January 2024. [Candida auris has been notifiable](#) in Washington since January 2023. Laboratories have an important role in the early detection of *Candida auris* so that healthcare providers and facilities can take action to prevent its transmission to other patients.

Since *Candida* is so common in and on the human body, it is expected to occasionally appear in cultures from non-sterile sites. In such cases, any *Candida* may be attributed to “normal flora” with no further action taken.

Unfortunately, when *Candida* is due to *Candida auris*, these silently colonized patients can transmit *Candida auris* in healthcare settings causing widespread outbreaks. Speciating *Candida* from non-sterile sites is one way labs can aid in the early detection of *Candida auris* in patients whose colonization would otherwise remain undetected.

Because speciation of *Candida* in cultures from non-sterile sites can add a significant burden to a laboratory's workload, we propose the following prioritization.

- Labs should consider speciating *Candida* from urine cultures when *Candida* is the predominant organism.
 - If speciating *Candida* from all these cultures would be too burdensome, consider speciating a subset, for example, urine cultures collected in the intensive care unit or another high-acuity unit.
- *Candida* from skin and respiratory sources can be considered for speciation only if labs are already able to perform speciation of *Candida* from all urine cultures.

In addition to speciation, we urge all hospitals and nursing homes to perform admission screening for *Candida auris* in admitted patients with the following risk factors:

- Close contact in a healthcare setting with someone diagnosed with *Candida auris* infection or colonization
- An admission of 24 hours or more in any healthcare facility that is experiencing transmission of *Candida auris*
- An overnight stay in the prior year in a healthcare facility;
 - Outside the U.S.
 - In a [region of the U.S. with a high burden of *Candida auris* cases](#)
- Direct admission from a ventilator-capable skilled nursing facility or a long-term acute care hospital
- Presence of a tracheostomy
- Colonization or infection with a carbapenemase-producing organism

The Antimicrobial Resistance Laboratory Network (AR Lab Network) West Regional Lab at the Washington State Public Health Laboratories can provide some *Candida auris* screening free of charge. To learn more about how to access admission screening for *Candida auris* through the PHL, contact [your local health jurisdiction](#) or ARLN@doh.wa.gov. *Candida auris* testing is also available through commercial labs (e.g., LabCorp, Quest, University of Washington).

We encourage laboratory leaders to propose to the hospitals they serve to begin *Candida auris* screening. Laboratories play an important role in identifying and reporting notifiable conditions. Increasing detection of *Candida auris* by speciating *Candida* in cultures from non-sterile sources and increasing screening for *Candida auris* are important ways laboratories can protect patients' health in Washington.

Washington DOH launches newborn screening outreach campaign

The Washington State Department of Health (DOH) Newborn Screening Program (NBS) is implementing a targeted outreach campaign to bring quick and accurate blood screenings to all newborn babies in Washington state. These efforts will include on-site presentations to health care professionals, partnerships with local communities, and resources for individuals in rural and urban areas.

The NBS program tests about 119,000 newborns every year for 32 serious but treatable conditions. For the infants with NBS conditions, early detection and treatment can prevent permanent disability or even death. All infants, regardless of geographic location or racial background, should be screened quickly and accurately – and this new campaign addresses barriers to that care. Lack of transportation in rural areas, access to health care, and mistrust of government stemming from systemic racism impact some families' ability to participate in the newborn screening program. Additionally, when a blood specimen is collected improperly or the accompanying demographic information cards are filled out incorrectly, the classification of results and the timeframe of the screening process are impacted.

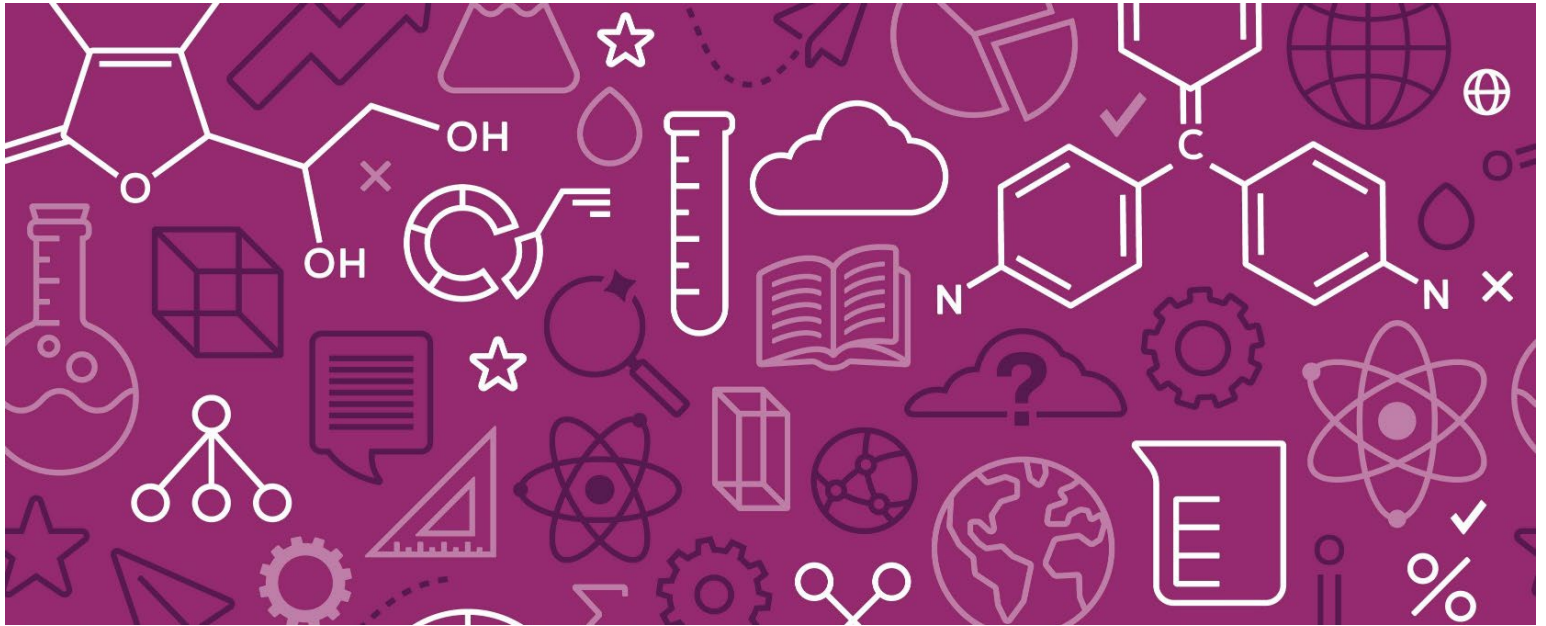
NBS will bring comprehensive tools to health care facilities for this outreach campaign, including:

- A binder of NBS resources personalized to each provider, including best practices, resources, and information on new disorders
- “Badge buddies”– small, laminated badges with important NBS reminders that health care workers can attach to their name badge
- Education on correct methods of collecting blood specimen and filling out demographic cards
- Quarterly statistic reports, which help health care providers measure their quality and compliance in accordance with state guidelines.

Through the continued use of outreach and innovation efforts, Washington state remains committed to ensuring that every Washingtonian grows up safe and healthy, starting at birth.

Newborn Screening Evolution

Newborn screening has been a mainstay of public health since the 1960s, with early research by Dr. Robert Guthrie at the forefront of this incredible public health initiative. Since its creation over 50 years ago, the WA DOH Newborn Screening Program has evolved consistently to better fit the needs of the state's population. The state reviews and updates the lab's screening panel regularly to add new conditions as screening technology advances. The state incorporates improvements to make follow up care easier for families and providers. Additionally, to understand and address issues of equity in NBS service delivery, the NBS program created a team of epidemiologists and quality improvement specialists.



Practice Guidelines

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

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



2024 Virtual Northwest Laboratory Symposium (NWMLS), October 24-25, 2024

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 chuck.talburt@doh.wa.gov. Information must be received at least one month prior to the scheduled event. The editor reserves the right to make final decisions on inclusion in ELABORATIONS.

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