



## Health Alert Network Broadcast

Message ID: 11152024 14:45

From: CO-CDPHE

Subject: Health Advisory - *Candida auris* outbreak in a long-term acute care hospital

Recipients: Local Public Health Agencies / Infection Preventionists / Clinical Labs / Emergency Departments / Health Care Providers / Coroners

Recipient Instructions: Local Public Health Agencies - for your information

**Health Advisory** | *Candida auris* outbreak in a long-term acute care hospital | November 15, 2024

Health care providers: Distribute widely in your office

**This information is for the public health and health care community. Do not post this document on a public web or social media site.**

---

### Key points

- The Colorado Department of Public Health and Environment (CDPHE) is investigating an outbreak of *Candida auris* in a long-term acute care hospital, including four screening cases. A screening case is defined as laboratory evidence from a swab collected for the purpose of screening for *C. auris* colonization of the skin or other external body site.
- The hospital is working with CDPHE to implement infection control precautions and screen all admitted patients.
- CDPHE will contact other health care facilities that may have provided care to patients that have screened positive for, or had infection with, *C. auris* in the prior 30 days, or longer if *C. auris* may have been acquired in Colorado. CDPHE will notify local public health agencies of *C. auris* cases detected in their jurisdiction.

- This is the first time healthcare transmission of *C. auris* has been suspected in Colorado since 2019, when *C. auris* transmission occurred between two residents of a skilled nursing facility.
- Health care providers and facilities should implement guidance from the [April 6, 2023, Health Advisory](#), including risk-based admission screening, isolation, transmission-based precautions, environmental disinfection, and communication about *C. auris* at the time of patient transfer.
- Per the [April 6, 2023 Health Advisory](#), health care providers should conduct admission screening tests for *Candida auris* and carbapenemase-producing organism (CPOs: KPC-, NDM-, VIM-, IMP-, OXA-48-producing carbapenem-resistant Enterobacterales, *Acinetobacter spp.*, and *Pseudomonas aeruginosa*) colonization in patients with the following exposures:
  - Patients who have had an overnight stay or invasive medical or surgical procedure in a health care facility outside the U.S. in the previous year.
  - Patients who have had an overnight stay in a long-term acute care hospital (LTACH) or ventilator-capable skilled nursing facility (vSNF) anywhere in the U.S. in the previous year.
- Health care providers should work with CDPHE to conduct broader colonization screening of patients who are health care contacts to a patient with *C. auris* during admission.
- All cases of *C. auris* are currently immediately reportable to CDPHE by labs and providers. CDPHE responds to single cases, investigates outbreaks, provides infection prevention support, and coordinates screening with the Regional Antimicrobial Resistance Laboratory.
- Long-term acute care hospitals and skilled nursing facilities with ventilated patients are at risk for *C. auris* outbreaks and are encouraged to participate in prevention activities with CDPHE.

---

## Background information

[Candida auris](#) is an emerging, antifungal-resistant yeast that can cause outbreaks in healthcare settings. *C. auris* is highly transmissible between patients through contact with contaminated surfaces or objects in health care facilities, often via the hands of health care personnel. While

some patients can become severely ill with *C. auris*, others can have milder symptoms or have *C. auris* on their skin and show no symptoms at all. Risk factors for *C. auris* infection include complex medical care, invasive medical devices such as ventilators or central lines, and frequent or prolonged stays in health care facilities within and outside of the U.S. The abilities of *C. auris* to colonize the skin of patients for a long time, spread to objects, persist on surfaces in healthcare environments such as door knobs, bed rails, and medical equipment, and travel with asymptomatic patients between health care facilities makes it possible for *C. auris* to cause complex outbreaks that can go undetected. Large outbreaks in other states have been reported in long-term acute care hospitals (LTACHs) and skilled nursing facilities that care for ventilated patients (vSNFs).

*C. auris* cases have increased in number and geographic distribution in the U.S. within recent years. In 2022, there were 2,377 [clinical cases](#) and 5,754 [screening cases](#) of [C. auris reported to CDC](#). A clinical case of *C. auris* is defined as laboratory evidence from a clinical specimen collected for the purpose of diagnosing or treating disease in the normal course of care. A screening case is defined as laboratory evidence from a swab collected for the purpose of screening for *C. auris* colonization of the skin or other external body site. Since 2019, there have been 20 cases of *C. auris* reported in Colorado, including 11 clinical and nine screening cases. Most of these cases have been associated with healthcare exposures to *C. auris* outside of Colorado. However, since late 2022, there have been several cases in persons that did not report out-of-state exposure. Prior to 2024, the only documented healthcare transmission in Colorado occurred in 2019 and involved a single secondary screening case in a resident of a vSNF.

The Colorado Department of Public Health and Environment (CDPHE) is currently investigating an outbreak of *C. auris* in a LTACH. Four screening cases of *C. auris* were detected in asymptomatic patients during a containment response to a clinical case of *C. auris* in a patient that had been admitted to the facility five months prior. That patient had no healthcare exposure outside of Colorado and had previously received care at a vSNF and the LTACH. Preliminary test results indicate that the clinical case and at least one of the screening cases of *C. auris* are different clades, and so, likely unrelated. The LTACH is working with CDPHE to implement infection prevention precautions and screen all patients for *C. auris*. No additional *C. auris* cases have been detected at the acute care hospital or vSNF related to this outbreak at this time.

The public health response to *C. auris* in Colorado is multifaceted. Components of the response include 1) public health surveillance, 2) [containment](#) through rapid response to case identification

and infection control, 3) outbreak response, and 4) [multidrug resistant organism prevention strategies](#). CDPHE works with the [Regional Antimicrobial Resistance Laboratory](#) for species confirmation, antimicrobial susceptibility testing, screening tests, and whole genome sequencing. Health care providers are critical to the early detection of *C. auris*, implementation of infection prevention measures, treatment of patients with clinical infection, and communication to public health and health care providers.

## Recommendations/guidance

Health care providers should implement recommendations from the [April 6, 2023 Health Advisory](#) from CDPHE and [CDC](#):

- Conduct admission screening tests for *Candida auris* and carbapenemase-producing organism (CPOs: KPC-, NDM-, VIM-, IMP-, OXA-48-producing carbapenem-resistant Enterobacterales, *Acinetobacter spp.*, and *Pseudomonas aeruginosa*) colonization in:
  - Patients who have had an overnight stay or invasive medical or surgical procedure in a health care facility outside the U.S. in the previous year.
  - Patients who have had an overnight stay in a long-term acute care hospital (LTACH) or ventilator-capable skilled nursing facility (vSNF) anywhere in the U.S. in the previous year.
- Implement [contact precautions](#) (or [enhanced barrier precautions](#) in skilled nursing facilities) for all cases and contacts of cases until infection or colonization can be ruled out.
- [Disinfect](#) environmental surfaces and mobile and reusable equipment with an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris* ([List P](#)).
- Follow guidelines for [C. auris treatment](#).
- Contact CDPHE for containment, including infection prevention and colonization screening of patients.
- CDPHE can coordinate testing with the [Regional Antimicrobial Resistance Laboratory](#) free of charge. Health care facilities can also conduct screening tests at a CLIA-certified clinical laboratory with appropriate testing options:

- *C. auris*: skin swab screening of the bilateral axilla and groin tested by PCR or culture to identify *C. auris*.
- CPO screening: rectal or stool swab specimen tested by PCR method to identify carbapenemases (KPC, NDM, VIM, IMP, OXA-48); culture testing to identify carbapenem-resistant Enterobacterales, *Acinetobacter spp.*, or *Pseudeomonas aeruginosa* may be conducted in addition to PCR testing.
- Long-term acute care hospitals and skilled nursing facilities with ventilated patients are at risk for *C. auris* outbreaks and are encouraged to participate in [prevention strategies](#) with CDPHE. Strategies include periodic assessment of infection prevention practices, periodic screening of admitted patients, and/or admission screening for *C. auris* and CPOs.
- Screening and clinical cases of *C. auris* are currently immediately reportable to CDPHE by laboratories and providers. However, because *C. auris* response work has become more routine in recent years, CDPHE is proposing to the Board of Health to make *C. auris* reportable within one business day in the future.
- For non-urgent issues, call the CDPHE Disease Reporting Line below or e-mail [cdphe\\_hai\\_ar@state.co.us](mailto:cdphe_hai_ar@state.co.us) during business hours for support with *C. auris* response and prevention.

CDPHE will contact other health care facilities that may have provided care to patients that have screened positive for, or had infection with, *C. auris* in the prior 30 days, or longer if *C. auris* may have been acquired in Colorado. CDPHE will notify local public health agencies of *C. auris* cases detected in their jurisdiction.

### More information

- CDPHE Health Advisory | Updated guidance for screening and containment of Candida auris and carbapenemases | [April 6, 2023](#)
- CDC. Clinical Overview of Candida auris: <https://www.cdc.gov/candida-auris/hcp/clinical-overview/index.html>
- National Notifiable Diseases Surveillance System (NDSS). *Candida auris* 2023 Case Definition: <https://ndc.services.cdc.gov/case-definitions/candida-auris-2023/>

- CDC. Tracking *C. auris*: <https://www.cdc.gov/candida-auris/tracking-c-auris/index.html>
- CDC. MDRO Containment Strategy: <https://www.cdc.gov/healthcare-associated-infections/php/preventing-mdros/mdro-containment-strategy.html>
- CDC. MDRO Prevention Strategies: <https://www.cdc.gov/healthcare-associated-infections/php/preventing-mdros/mdro-prevention-strategies.html>
- Utah Department of Health and Human Services. AR Lab Network Mountain Region: <https://uphl.utah.gov/arln-utah/>
- CDC. *C. auris*: <https://www.cdc.gov/candida-auris/hcp/index.html>
- CDC. Isolations Precautions Guideline: <https://www.cdc.gov/infection-control/hcp/isolation-precautions/index.html>
- CDC. Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs): [https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html?CDC\\_AAref\\_Val=https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html](https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html?CDC_AAref_Val=https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html)
- CDC. Infection Control Guidance: *Candida auris*: <https://www.cdc.gov/candida-auris/hcp/infection-control/index.html>
- United States Environmental Protection Agency. EPA's Registered Antimicrobial Products Effective Against *Candida auris* [List P]: <https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-candida-auris-list>
- CDC. Clinical Treatment of *C. auris* Infections: <https://www.cdc.gov/candida-auris/hcp/clinical-care/index.html>

CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)