Candida auris: The Fungus Among Us

Healthcare Safety Unit

Disease Surveillance and Epidemiology Section

Office of the Chief State Epidemiologist

Texas Department of State Health Services

July 16, 2024

Objectives

- Review *Candida auris* (*C. auris*) background.
- Discuss *C. auris* data trends in Texas from 2021 - 2024.
- Learn how to conduct a public health response to *C. auris* in a healthcare setting.
- Summarize an epidemiological response to *C. auris* in a correctional system.

C. auris Background

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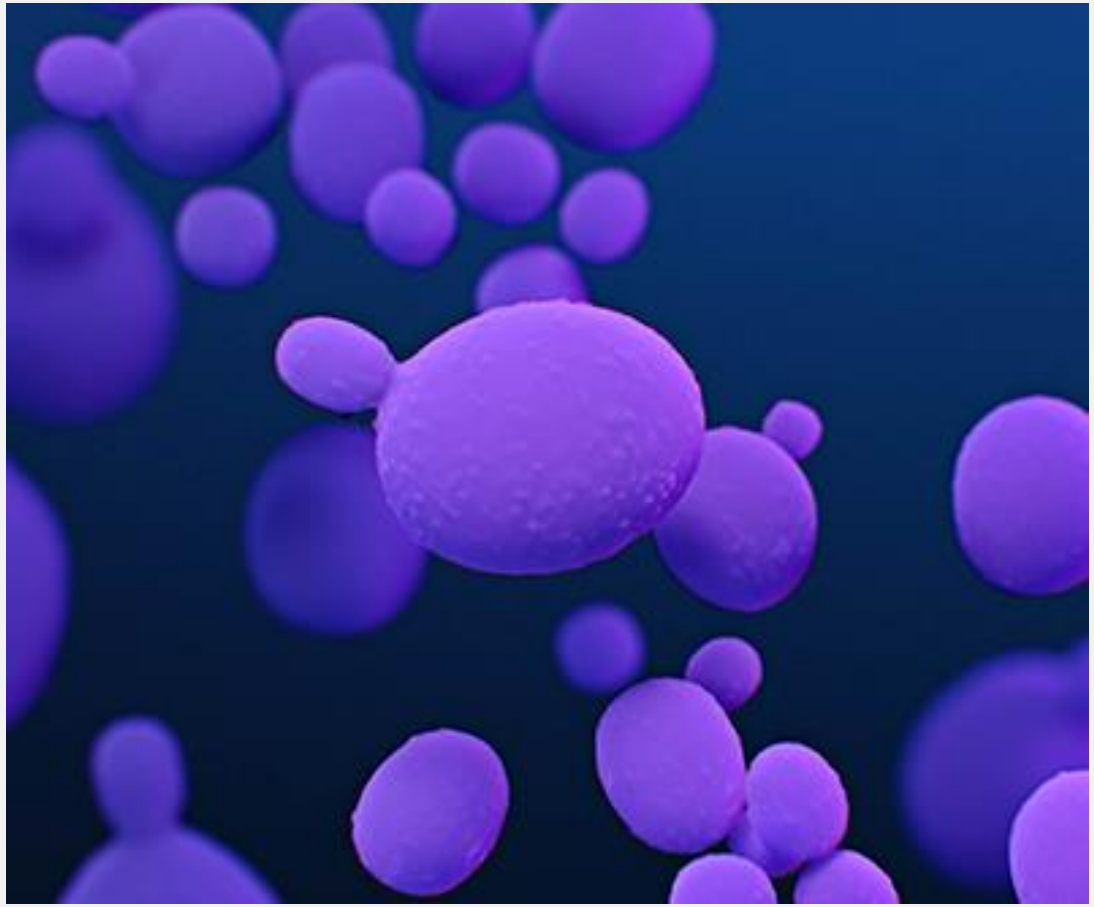
What is *C. auris*?

- *C. auris* is an emerging and often multidrug-resistant fungus.
- First discovered in 2009.
- Made nationally notifiable in 2018.
- Added to Texas Notifiable Conditions List in 2021.



Available at: https://www.cdc.gov/candida-auris/prevention/?CDC_AAref_Val=https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html, accessed on June 6, 2024.

Colonization vs. Infection

- Colonization
  - Organism found in or on the body, but not causing disease symptoms.
  - Frequently colonizes the axilla and groin.
- Infection
  - Organism causing clinical disease symptoms.

Available at: https://www.cdc.gov/candida-auris/screening/index.html, accessed June 6, 2024.

Why is *C. auris* a problem?

- Difficult to identify
  - Often misidentified as other types of fungi unless specialized laboratory technology used.
  - Misidentification might lead to patient getting wrong treatment.
- Easily spread in hospitals and nursing homes
  - Can live on surfaces for several weeks.
  - Causes outbreaks in healthcare facilities and can spread through contact with affected patients and contaminated surfaces or equipment.

Available at: https://www.cdc.gov/candida-auris/screening/index.html, accessed June 6, 2024.

Why is *C. auris* a problem?

- Resistant to medicines
  - Antifungal medicines commonly used to treat *Candida* infections often do not work for *C. auris.*
  - Some *C. auris* infections resistant to all three types of antifungal medicines.
- Causes dangerous infections
  - Can cause bloodstream infections and death, particularly hospital and nursing home patients with serious medical problems.

Available at: https://www.cdc.gov/candida-auris/about/index.html, accessed on June 6, 2024.

C. auris Morbidity and Mortality

5-10% of colonized patients develop bloodstream infections.

Mortality of invasive infections is ~40% within the first 30 days.

Available at: Adams E, Quinn M, Tsay S, et al. Candida auris in Healthcare Facilities, New York, USA, 2013–2017. *Emerg Infect Dis*. 2018;24(10):1816-1824, accessed on June 6, 2024.

C. *auris* Trends in Texas (2021-2024)

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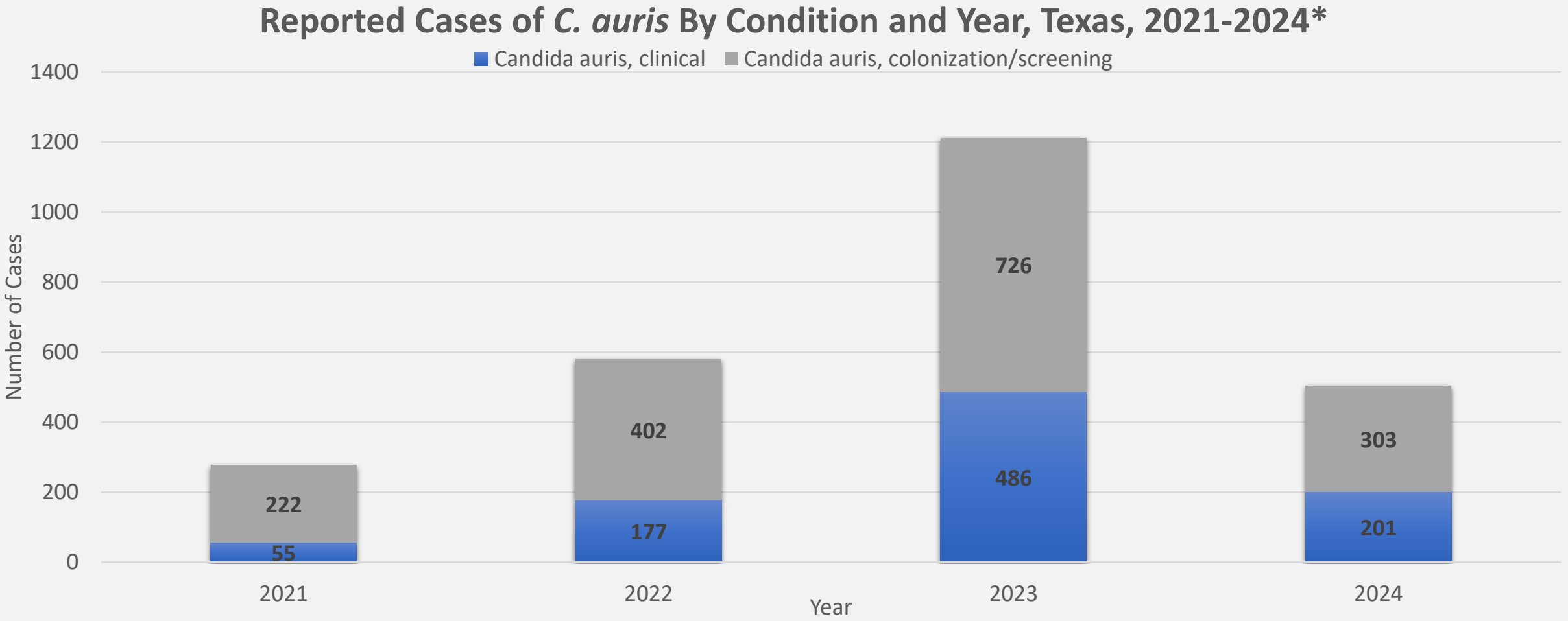
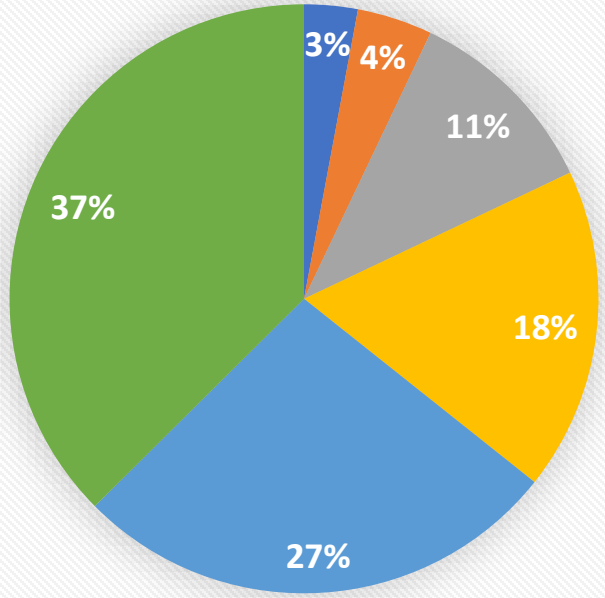
C. *auris* Trends in Texas (2021-2024)



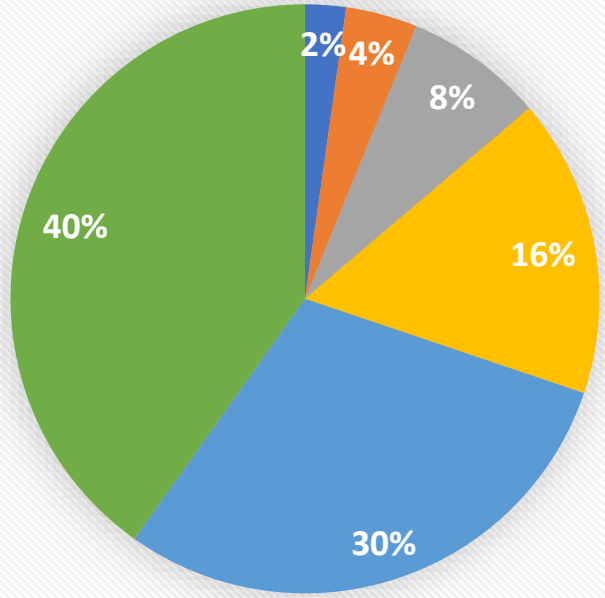
Source: Texas National Electronic Disease Surveillance System Based System, accessed 05/17/2024.
*2024 data includes cases reported through 04/30/2024. 2023 and 2024 data is preliminary and subject to change.

C. *auris* Trends in Texas (2021-2024)

Age Distribution of Clinical Cases of *C. auris*, 2021-2024*



Age Distribution of Colonized Cases of *C. auris*, 2021-2024*



Source: Texas National Electronic Disease Surveillance System Based System, accessed 05/17/2024.
*2024 data includes cases reported through 04/30/2024. 2023 and 2024 data is preliminary and subject to change.

C. *auris* Trends in Texas (2021-2024*)

Sex	Clinical	Colonization/screening	Grand Total
Female	388	702	1090
Male	531	949	1480
Unknown	0	2	2
Grand Total	**919**	**1653**	**2572**

Source: Texas National Electronic Disease Surveillance System Based System, accessed 05/17/2024.
*2024 data includes cases reported through 04/30/2024. 2023 and 2024 data is preliminary and subject to change.

C. auris Public Health Response

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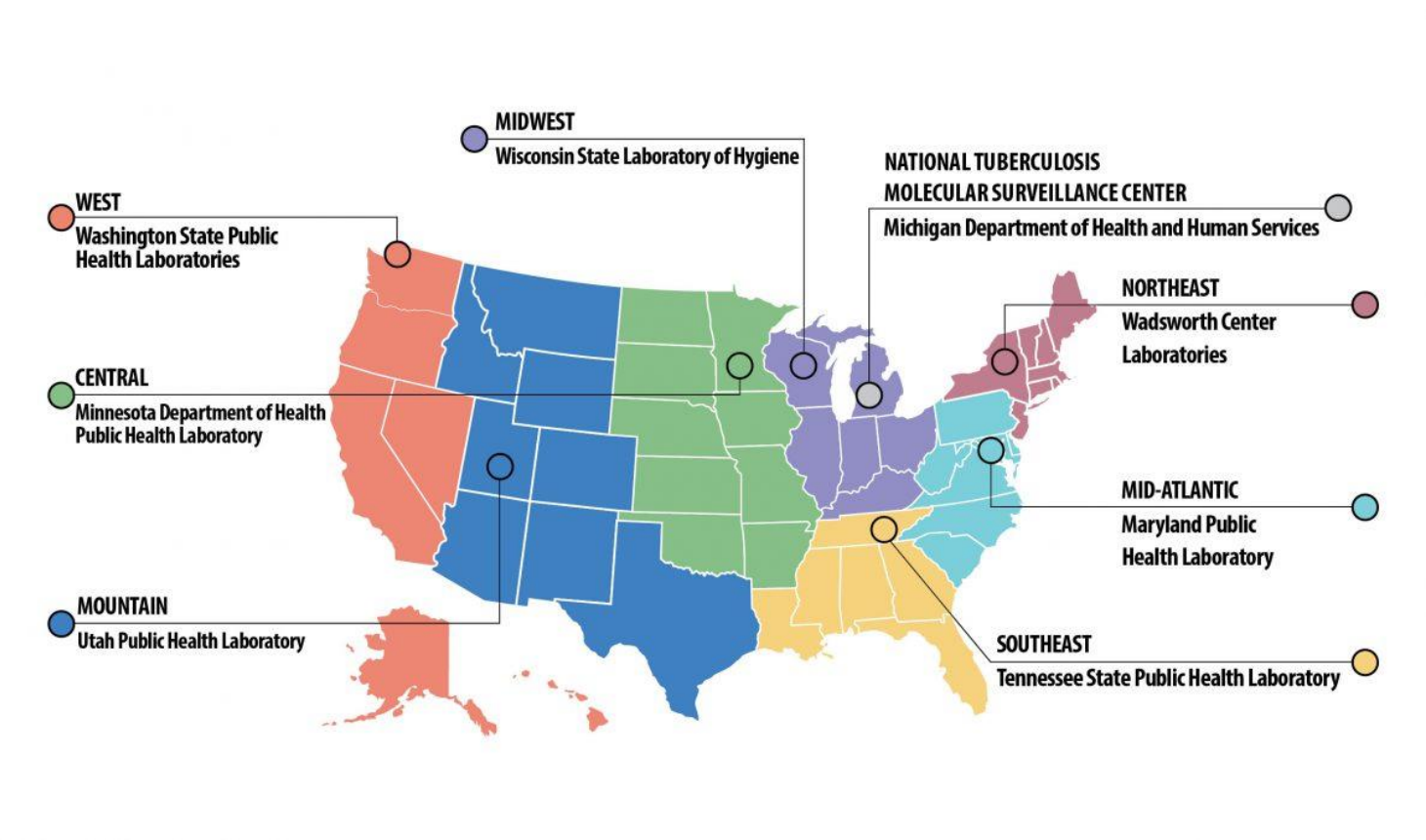
Antimicrobial Resistance Laboratory Network (ARLN) Laboratories and Coverage Areas



Available at: https://www.cdc.gov/antimicrobial-resistance-laboratory-networks/php/about/domestic.html, accessed June 4, 2024.

ARLN: Laboratories Roles

Clinical/ reference labs

Sends isolates of targeted AR organisms to Texas DSHS lab.

DSHS lab

Testing to identify novel and targeted resistance patterns.

Isolates sent to Utah lab for further testing when needed.

Utah Regional AR lab

Further resistance testing and sends unusual isolates to CDC lab.

CDC lab

Further testing, including confirmation of unusual resistance patterns.

Investigation Guidance

- Texas Antimicrobial Resistance Laboratory Network Response Plan
    - Follows CDC guidance on responding to novel or targeted multidrug-resistant organisms.
    - Based on epidemiology of drug-resistant organisms in Texas.
- DSHS Emerging and Acute Infectious Disease Guidelines – *C. auris* chapter

C. auris Containment

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C. auris Prevention and Control Measures

- Hand hygiene
- Setting-specific Transmission-Based Precautions.
- Environmental disinfection with a product effective against *C. auris.*
- Communication when a patient is transferred.
- Colonization screening for newly identified cases' contacts.

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Available at Infection Control Guidance: Candida auris, accessed June 6, 2024.

Hand Hygiene

- Alcohol-based hand sanitizer is effective against *C. auris.*
  - Alcohol-based hand sanitizer is the preferred hand hygiene method when hands are not visibly soiled.
  - Use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- When using alcohol-based hand sanitizer:
  - Put product on hands and rub hands together.
  - Cover all surfaces until hands feel dry.
  - This should take around 20 seconds.
- Glove use is not a substitute for hand hygiene!

Available at: https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html, accessed April 25, 2024.

Hand Hygiene

Available at: https://www.foodnavigator.com/Article/2013/08/21/Program-helps-processors-maximize-hand-hygiene accessed April 25, 2024.

Transmission-Based Precautions

- Patients colonized or infected with *C. auris* should be on transmission-based precautions for the duration of their stay.
  - Contact Precautions
  - Enhanced Barrier Precautions
- There is currently no data to support ending transmission-based precautions for those colonized or infected with *C. auris.*

Available at Infection Control Guidance: Candida auris, accessed June 6, 2024.

Different Types of Precautions

- Standard Precautions
  - Based on the “anticipated exposure” to blood, body fluids, secretions, or excretions.
- Contact Precautions
    - Require gown and gloves on every entry into a resident’s room, regardless of the level of care provided.
        - Targeted gown and glove use during high contact resident care activities, designed to reduce transmission of **Multi-Drug Resistant Organisms (MDROs).**

Available at https://www.cdc.gov/candida-auris/hcp/infection-control/?CDC_AAref_Val=https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html, accessed June 6, 2024.

Different Types of Precautions, continued

- Enhanced Barrier Precautions
  - Only require gown and gloves for high-contact care activities (unless otherwise indicated as part of Standard Precautions).
  - Enhanced Barrier Precautions may be applied (when Contact Precautions do not otherwise apply) to residents with:
    - Wounds or indwelling medical devices, regardless of MDRO colonization status; or
    - MDRO infection or colonization.

Available at https://www.cdc.gov/candida-auris/hcp/infection-control/?CDC_AAref_Val=https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html, accessed June 6, 2024.

Examples of Appropriate Signage

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Available at: https://www.cdc.gov/infection-control/media/pdfs/contact-precautions-sign-P.pdf and https://www.cdc.gov/long-term-care-facilities/media/pdfs/enhanced-barrier-precautions-sign-P.pdf, accessed June 06, 2024.

Clean and Disinfect Properly

- Select an appropriate product for *C. auris* from EPA List P.
  - EPA List P: Antimicrobial Products Registered with EPA for Claims Against *Candida auris.*
- Clean equipment and surfaces first to remove visible soil, like dirt or blood.
- Disinfect equipment and surfaces after cleaning.
- Ensure staff using disinfects are aware of correct contact time.
  - Contact time - the amount of time a disinfectant needs to sit on a surface, without being wiped away or disturbed, to effectively kill germs.

Available at https://www.cdc.gov/candida-auris/hcp/infection-control/?CDC_AAref_Val=https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html, accessed June 6, 2024.

EPA Registered Disinfectants

- EPA's Registered Antimicrobial Products Effective as Sterilizers [List A]
- EPA's Registered Antimicrobial Prod… [List B]
- EPA's Registered Antimicrobial Prod… G]
- EPA's Registered Antimicrobial Prod… *aureus* (MRSA) and/or Vancomycin R…
- EPA's Registered Antimicrobial Products for Medical Waste Treatment [List J]
- EPA's Registered Antimicrobial Products Effective Against *Clostridium difficile* Spores [List K]
- EPA's Registered Antimicrobial Products Effective Against Ebola Virus [List L]
- EPA's Registered Antimicrobial Products Effective Against Avian Influenza [List M]
- Disinfectants for Use Against SARS-CoV-2 [List N]
- Disinfectants for Use Against Rabbit Hemorrhagic Disease Virus (RHDV2) [List O]
- EPA's Registered Antimicrobial Products Effective Against *Candida auris* [List P]
- Disinfectants for Emerging Viral Pathogens (EVPs) [List Q]
- EPA's Registered Antimicrobial Products Effective Against Bloodborne Pathogens (HIV, Hepatitis B and Hepatitis C) [List S]

EPA United States Environmental Protection Agency

Environmental Topics | Laws & Regulations | Report a Violation | About EPA

Pesticide Registration

EPA's Registered Antimicrobial Products Effective Against Candida auris [List P]

On this page:

- Disinfectant Products for Claims Against *Candida auris*
- Products on EPA's Registered Antimicrobial Products Effective Against *Candida auris* [List P]

Available at https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-candida-auris-list, accessed June 6, 2024.

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How to Use List P?

Show 10 entries Export to PDF Export to CSV

Search:

EPA's Registered Antimicrobial Products Effective Against *Candida auris* [List P]

Registration	Active Ingredient	Product Brand Name	Company	Contact Time (minutes)	Formulation Type	Surface Types	Use sites
1234-12	Hydrogen Peroxide and Paracetic Acid	Disinfectant	Company	2	Dilutable	Hard Non-Porous (HN)	Hospital; Institutional; Residential

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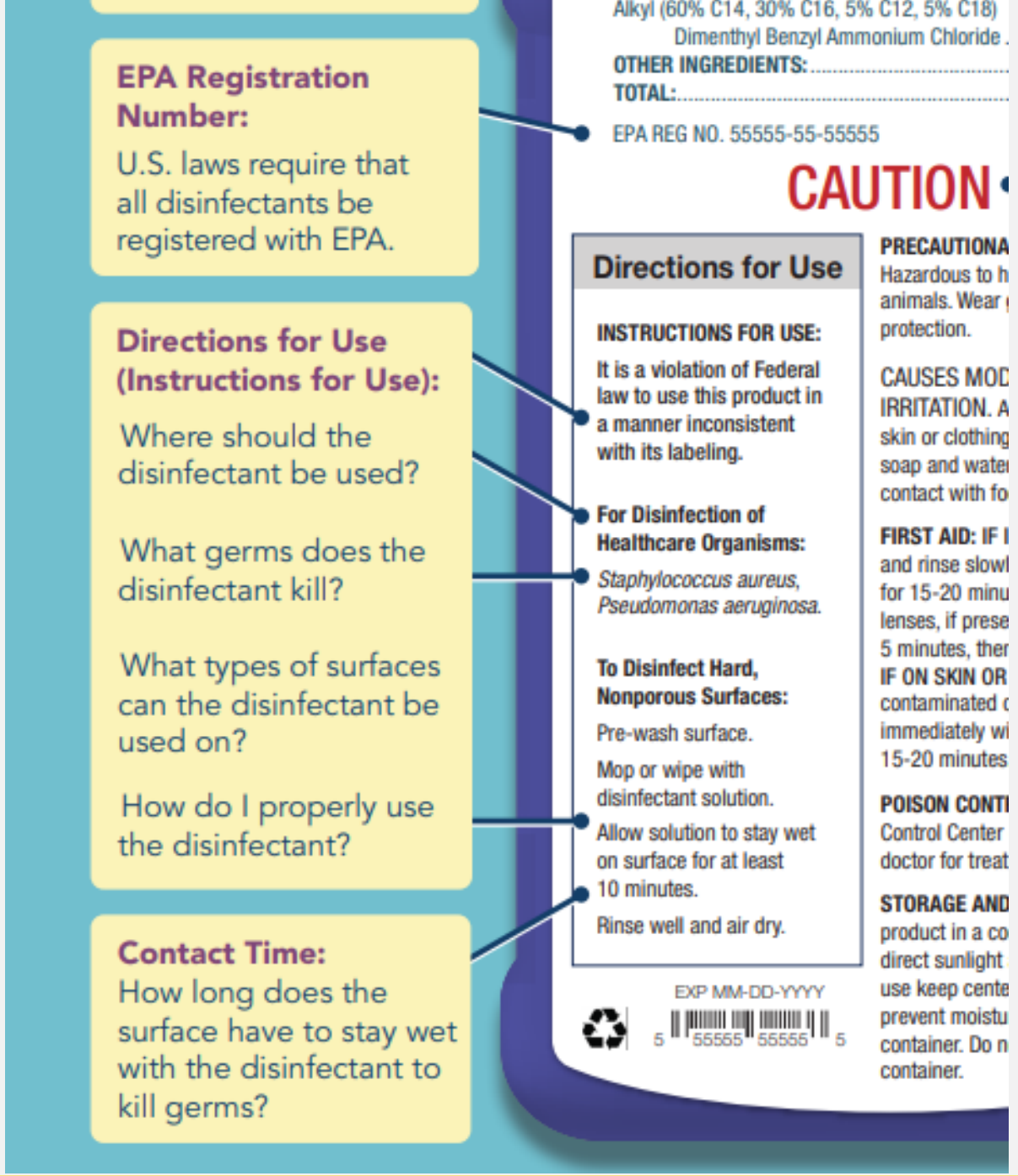
Available at https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-candida-auris-list, accessed June 6, 2024.

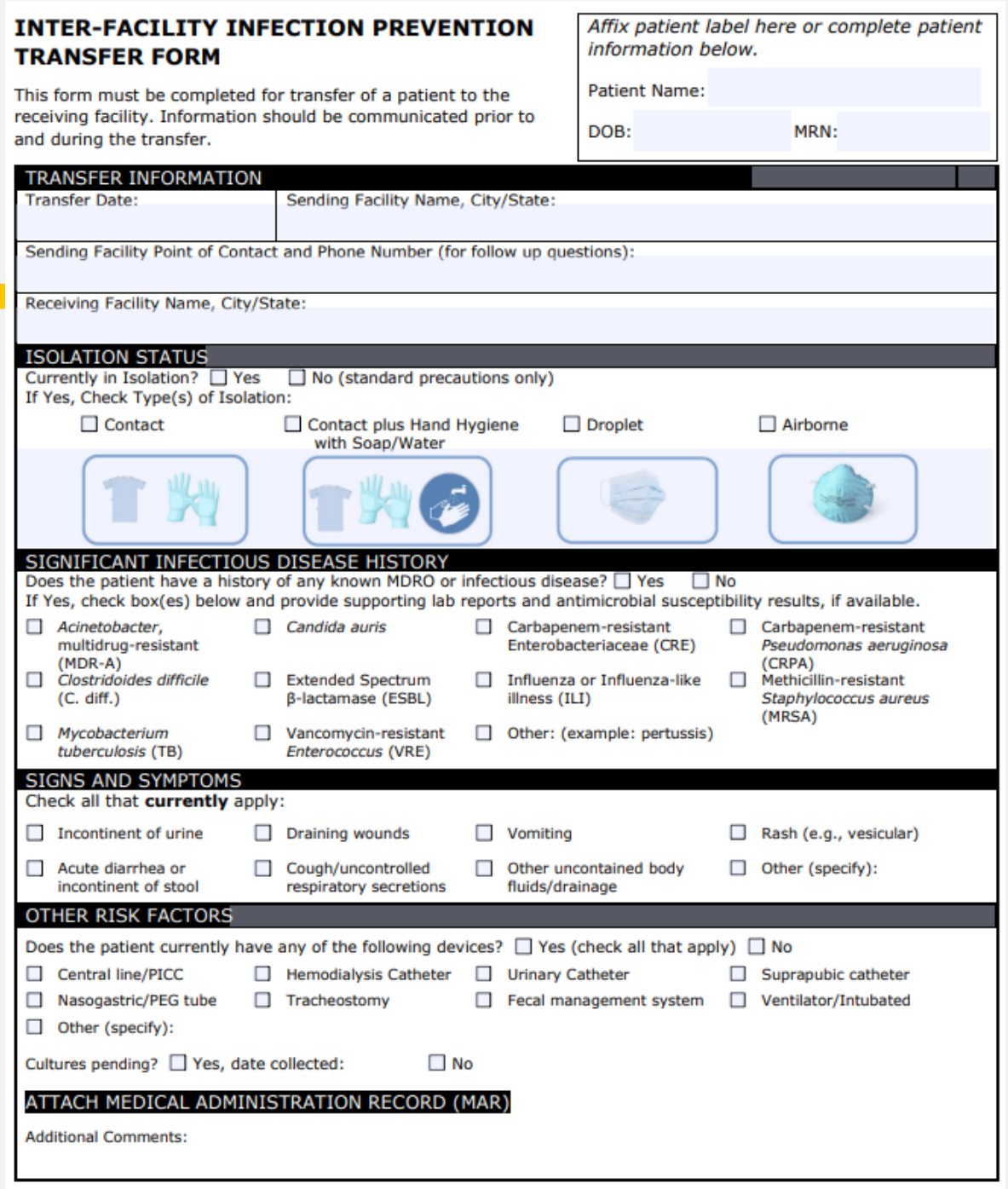
Reading a Disinfectant Label

- EPA Registration Number
  - Find the registration number on the product label.
  - Look for “EPA Reg. No.” followed by two or three sets of numbers.
- Directions for Use
  - What organisms is it effective against?
- Contact Time
  - Products have different contact times for specific organisms.



Available at: https://www.cdc.gov/hai/pdfs/howtoreadalabel-infographic-508.pdf, accessed June 6, 2024.

Communication of Infection and Isolation Status



INTER-FACILITY INFECTION PREVENTION TRANSFER FORM

This form must be completed for transfer of a patient to the receiving facility. Information should be communicated prior to and during the transfer.

Affix patient label here or complete patient information below.

Patient Name:

DOB: MRN:

TRANSFER INFORMATION

Transfer Date: | Sending Facility Name, City/State:

Sending Facility Point of Contact and Phone Number (for follow up questions):

Receiving Facility Name, City/State:

ISOLATION STATUS

Currently in Isolation? ☐ Yes ☐ No (standard precautions only)

If Yes, Check Type(s) of Isolation:

☐ Contact ☐ Contact plus Hand Hygiene with Soap/Water ☐ Droplet ☐ Airborne

SIGNIFICANT INFECTIOUS DISEASE HISTORY

Does the patient have a history of any known MDRO or infectious disease? ☐ Yes ☐ No

If Yes, check box(es) below and provide supporting lab reports and antimicrobial susceptibility results, if available.

☐ *Acinetobacter*, multidrug-resistant (MDR-A)
☐ *Candida auris*
☐ Carbapenem-resistant Enterobacteriaceae (CRE)
☐ Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
☐ *Clostridoides difficile* (C. diff.)
☐ Extended Spectrum β-lactamase (ESBL)
☐ Influenza or Influenza-like illness (ILI)
☐ Methicillin-resistant *Staphylococcus aureus* (MRSA)
☐ *Mycobacterium tuberculosis* (TB)
☐ Vancomycin-resistant *Enterococcus* (VRE)
☐ Other: (example: pertussis)

SIGNS AND SYMPTOMS

Check all that **currently** apply:

☐ Incontinent of urine
☐ Draining wounds
☐ Vomiting
☐ Rash (e.g., vesicular)
☐ Acute diarrhea or incontinent of stool
☐ Cough/uncontrolled respiratory secretions
☐ Other uncontained body fluids/drainage
☐ Other (specify):

OTHER RISK FACTORS

Does the patient currently have any of the following devices? ☐ Yes (check all that apply) ☐ No

☐ Central line/PICC
☐ Hemodialysis Catheter
☐ Urinary Catheter
☐ Suprapubic catheter
☐ Nasogastric/PEG tube
☐ Tracheostomy
☐ Fecal management system
☐ Ventilator/Intubated
☐ Other (specify):

Cultures pending? ☐ Yes, date collected: ☐ No

ATTACH MEDICAL ADMINISTRATION RECORD (MAR)

Additional Comments:

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Available at: https://www.dshs.texas.gov/sites/default/files/IDCU/health/Healthcare-Safety/Interfacility-Transfer-Form-final-Revised-AM-111221.pdf, accessed June 6, 2024.

C. auris Colonization Screening

- Performed to identify healthcare contacts who may be colonized with *C. auris.*
- Conducted by swabbing areas of the body that are commonly colonized.
- Always recommended for high-risk contacts (i.e., roommates).
- Screening can be expanded to other patients.

Available at: C. auris: How to Screen, accessed June 6, 2024.

Thank you!

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There’s a Fungus Among Us

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utmb Health

Objectives

Summarize an epidemiological response to *C.auris* in a correctional system

Overview

- UTMB's *C.auris* screening program
- TDCJ-Hospital Galveston (HG)
- 2022 Outbreak
- 2023 Outbreak
- Current status
- Summary

UTMB-University of Texas Medical Branch

- 6 campuses (~1,000 beds)
  - Hospital Galveston (TDCJ)
  - Jennie Sealy
  - John Sealy
  - Clear Lake
  - League City
  - Angleton
- ~90 offsite clinics
- TDCJ-HG
  - 164 inpatient beds
  - 85 infirmary beds

UTMB's *Candida auris* Screening, Isolation and Decontamination Protocol in 2022

- First patient, November 2021 from LTAC
- February 2022, all patients from long-term facilities (SNF, assisted living, nursing homes, long term acute care, rehab center) are tested and placed in isolation precautions (XDR) until cleared by Infection Control.
- Utilized EMR system
  - Admission screening
  - Best Practice Alerts (BPAs)
- Testing
  - Culture-based testing
  - 48-72 hour results (in-house)
- Environmental services(EVS) -daily cleanings with bleach-based products. Upon discharge, bleach cleaning and IC performs environmental sampling
- Education and Fact Flashes for all staff

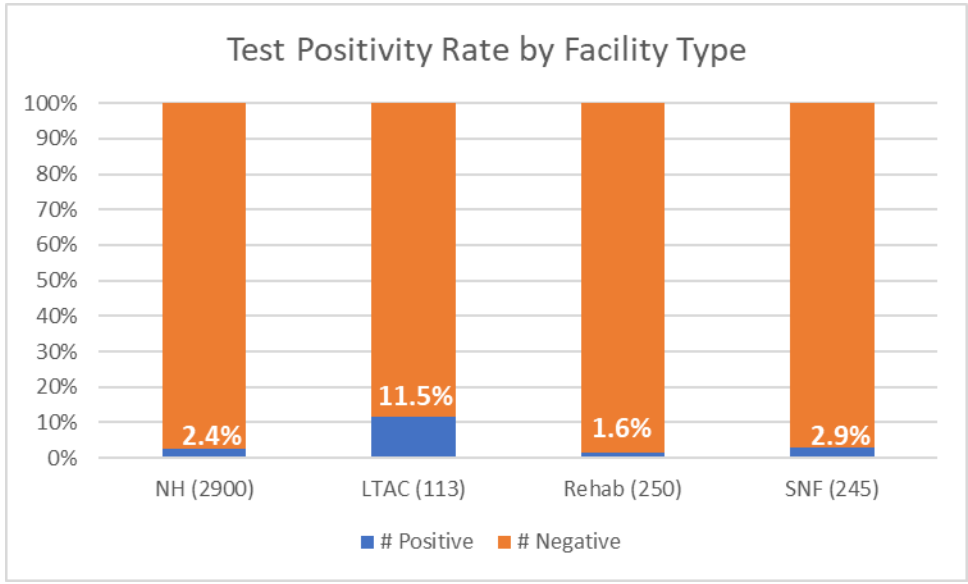
Identifying High-Risk Patients

Who should you screen?

- Long-term acute care, nursing facilities, rehab centers, and facilities with known patients
- Contact tracing for exposed patients

- No prisoners included

UTMB experience



Excludes prison population

Centers for Disease Control and Prevention. (2023, March 20).

Everything happens on a holiday weekend or Friday afternoon

- July 4th on-call IP receives notification of a patient with *Candida auris* in the blood
  - Patient was in our prison hospital
  - Shared spaces
    - 2-3 patients per room
  - Holiday so limited staffing all around

TDCJ-Hospital Galveston -July 2022

Positive Blood Culture

- First patient identified at HG-July 2022
- Contact tracing, patient and environmental screening
- Education and emphasis on hand hygiene and cleanliness

Contact Tracing and Hospital Wide Testing

- 9 unique patients identified (including initial patient-blood)
- 8 surveillance only
- 5 from similar outside infirmaries

- Inmates not high-risk patients, per CDC

Stakeholder Meeting

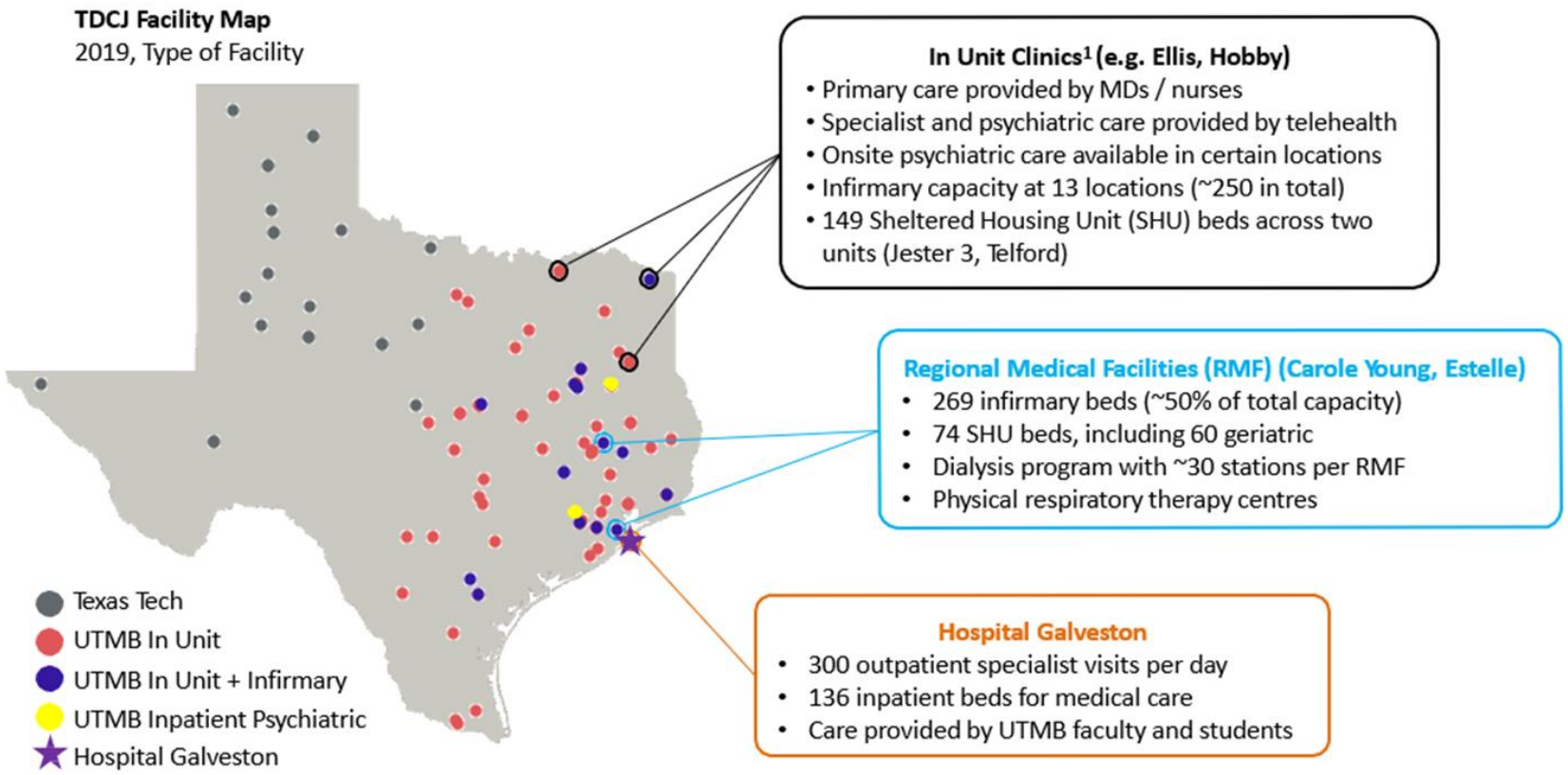
Representation

- Texas Department of State Health Services (DSHS)-Healthcare Safety Unit (HSU)
- UTMB Infection Control & Healthcare Epidemiology (ICHE)
- Hospital Galveston (HG) Leadership
- Correctional Managed Care (CMC)

Correctional Managed Care (CMC)

- Contract originated September 1994
- Inmate Service Population: 108,069
- Healthcare Encounters: 11,674,248 annually
- There are 79 facilities within TDCJ
- Infirmaries: 16 infirmaries, 539 total infirmary beds within TDCJ
  - Estelle

UTMB Provides Care to ~80% of Texas Inmates Across ~98 Correctional Facilities, Including Inpatient Care at Hospital Galveston



In Unit Clinics[1] (e.g. Ellis, Hobby)

- Primary care provided by MDs / nurses
- Specialist and psychiatric care provided by telehealth
- Onsite psychiatric care available in certain locations
- Infirmary capacity at 13 locations (~250 in total)
- 149 Sheltered Housing Unit (SHU) beds across two units (Jester 3, Telford)

Regional Medical Facilities (RMF) (Carole Young, Estelle)

- 269 infirmary beds (~50% of total capacity)
- 74 SHU beds, including 60 geriatric
- Dialysis program with ~30 stations per RMF
- Physical respiratory therapy centres

Hospital Galveston

- 300 outpatient specialist visits per day
- 136 inpatient beds for medical care
- Care provided by UTMB faculty and students

TDCJ-Hospital Galveston -July 2022

Positive Blood Culture

- First patient identified at HG-July 2022
- Contact tracing, patient and environmental screening
- Education and emphasis on hand hygiene and cleanliness

Hospital Wide Testing

- 9 unique patients identified (including initial patient-blood)
- 8 surveillance only
- 5 from similar outside infirmaries

Testing Results

- Testing all patients from Estelle infirmary
- 344 patients tested (HG and outside unit)
- Culture to PCR testing

Collaboration

- DSHS assisted with case review and testing of Estelle patients
- Whole genome sequencing (WGS)
  - Clade III closely clustered
- Education with CMC unit
  - EPA approved cleaning
  - Hand hygiene
  - Isolation

UTMB Surveillance Program and HG in 2022

Plan

- CMC Admissions to HG from Estelle tested
- Cohort positive patients at HG
  - Implement transmission-based precautions
- Conduct contact tracing for positive and exposed patients
  - Test all patients on the same unit, including roommates
- Electronic medical record (EMR) flagging for positive patients

EVERYTHING WAS GREAT AND THE PLAN WAS WORKING AMAZINGLY

UNTIL IT DIDN’T …

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Gaps in Practice

- New HG ICU patient positive blood culture with *C.auris* identified April 23, 2023
- Patient was not part of the Estelle group
- Review Estelle admission testing
  - Not all patients were consistently captured

Immediate Actions Taken by ICHE and HG

- Implemented transmission-based precautions
- Conducted contact tracing of patients and environments
- **Increased screening protocols**
  - **All HG screened (baseline)**
  - **All admissions to HG screened**
- Co-horted positive and exposed incarcerated patients
- Enhanced environmental disinfection efforts
  - Blacklight cleaning checks
  - UV light disinfection
  - Environmental testing
- Meet with stakeholders

Stakeholder Meeting- May 2, 2023

Representation

- **Texas Department of Criminal Justice (TDCJ)**
- Texas Department of State Health Services (DSHS)
- UTMB Infection Control & Healthcare Epidemiology (ICHE)
- Hospital Galveston leadership
- Correctional Managed Care (CMC)

Topics of Discussion

- 4/23/23 Positive patient with *C.auris*
- 4/26/23-4/30/23
  - 258 total admits
    - 60 new admits
  - Tested 62 patients
  - 7 positives (11.2% positive)

Things to Consider

- No published guidance for how to manage *C.auris* in a prison setting
- Patients from various units
- More confirmed patients may be present outside of HG within the prison settings

Collaboration

- DSHS assisted with case review and testing of outside TDCJ infirmaries
  - Estelle
  - Jester 3
  - Carole Young
- 6/2023 Whole genome sequencing (WGS)
  - Clade III (20 isolates)
  - Clade I (4 isolates)
- As of 8/2023, 900 patients tested and14 outside positives were identified
- As of 10/2023 HG, 3,000 tests performed and 45 unique patients identified

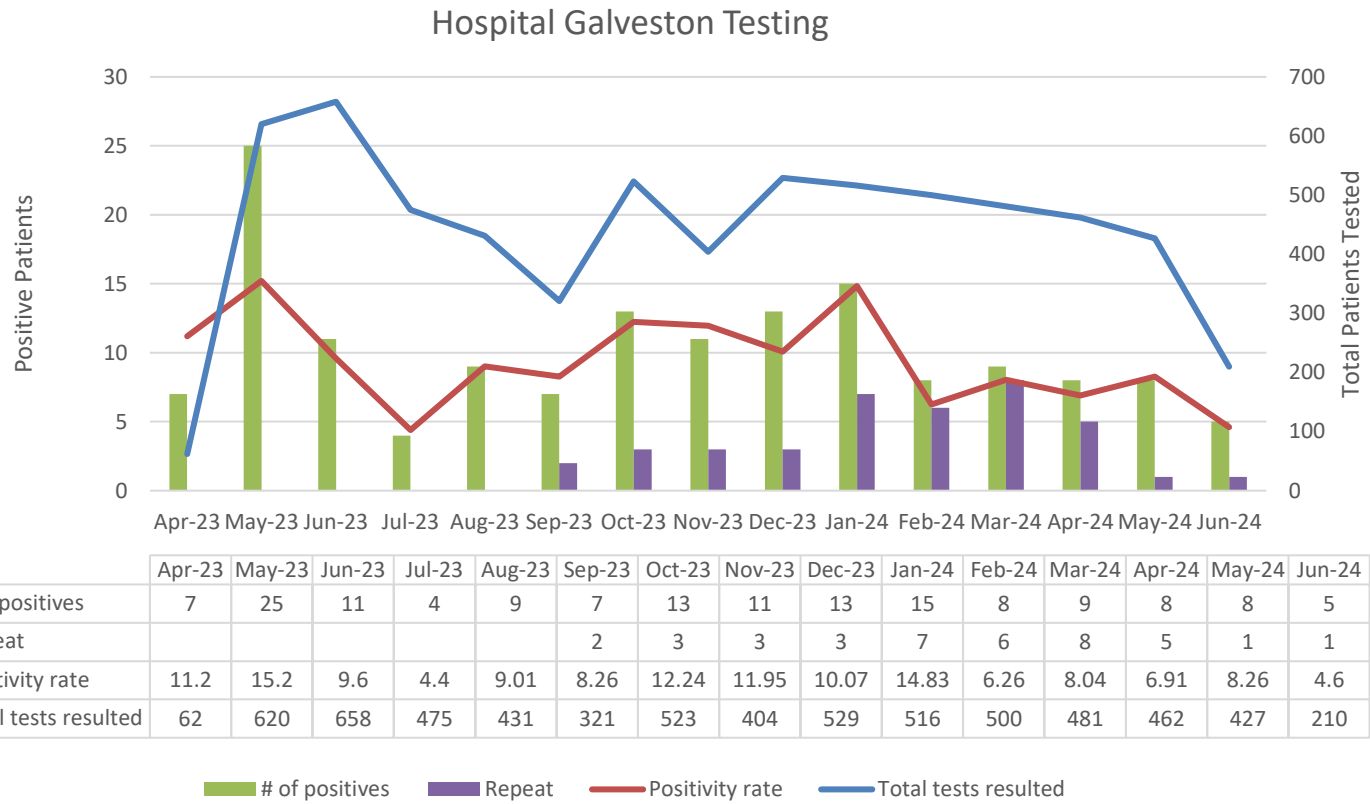
Standard Operating Practice for HG and CMC

Worked with CMC

- Create a policy on *C.auris* for CMC
- Enhanced cleaning
- Enhanced testing
- Stakeholder communication

Meeting with CDC to discuss gaps in guidance for prison settings

C. auris Prison Population Specific Testing



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
# of positives	7	25	11	4	9	7	13	11	13	15	8	9	8	8	5
Repeat						2	3	3	3	7	6	8	5	1	1
Positivity rate	11.2	15.2	9.6	4.4	9.01	8.26	12.24	11.95	10.07	14.83	6.26	8.04	6.91	8.26	4.6
Total tests resulted	62	620	658	475	431	321	523	404	529	516	500	481	462	427	210

Total Volume as of 6/21/24

- 11 positive *Candida auris* patients admitted to Hospital Galveston
- 1 exposed to positive patients
- 89 patients identified through surveillance *Candida auris* screening
  - Last positive identified through admission screening 6/17/24
  - Last transmission possibly 6/11/24
  - 5 out of 89 have clinical sites positives
  - 18 out of 89 patients are deceased, unrelated to *Candida auris*

Mitigation Strategies

- ✓Monthly meetings with stakeholders
  - ✓TDCJ
  - ✓DSHS
  - ✓CDC
  - ✓UTMB ICHE
  - ✓CMC
- ✓Unit screenings
- ✓Monthly HG infirmary testing, weekly unit testing with confirmed patients
- ✓Standard and Isolation Precautions
- ✓Cleaning protocols

UTMB's *Candida auris* Screening, Isolation and Decontamination Protocol

- First patient, November 2021 from LTAC
- February 2022, all patients from long-term facilities (SNF, assisted living, nursing homes, long term acute care, rehab center) are tested and placed in isolation precautions (XDR) until cleared by Infection Control.
- Utilized EMR system
  - Admission screening
  - Best Practice Alerts (BPAs)
- Testing
  - Previously culture-based testing (December 2021-December 2022)
  - **PCR testing (December 2022)**
- **TDCJ-HG cohort patients in rooms**
- Environmental services(EVS) -daily cleanings with bleach-based products. Upon discharge, bleach cleaning and **UV light disinfection.**
- IC performs environmental sampling

Key Takeaways

- Candida auris is a serious threat
- More facilities need to conduct active surveillance
- Break the chain of infection
- Identifying your patients
- Screening
- Communication between facilities
- Build relationships with other stakeholders
- TDCJ
- CMC
- DSHS
- Infection Prevention

How long do we isolate inmates outside of acute care setting?

Consequences of isolation can be very dire:

- Social isolation, stigma
- Reduced interaction with medical personnel leads to reduced quality of care
- High costs- reduced space utilization, increased use of PPE supplies
- Isolated patient has no direct benefit to the colonized inmate as there is no effective method of decontamination. The main benefits is to others who are protected from exposure

Factors Contributing to Success

- Collaboration between CMC, DSHS, ICHE and HG, TDCJ
- Creating a plan, forming a team, regular meetings
- Policy creation for CMC regarding C.auris management
- Weekly surveillance testing in high-risk units with C auris patients, Monthly testing in infirmary units
- EMR automated testing order at admission
- Enhanced environmental cleaning

Publication:

A cluster investigation of Candida auris among hospitalized incarcerated patients.

Published in Antimicrobial Stewardship and Healthcare Epidemiology

References

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- McDougal, A. N., DeMaet, M. A., Garcia, B., York, T., Iverson, T., Ojo, O., & Patel, J. (2023). A cluster investigation of Candida auris among hospitalized incarcerated patients. Antimicrobial stewardship & healthcare epidemiology : ASHE, 3(1), e244. https://doi.org/10.1017/ash.2023.520

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