Increasing Emergence of *Candida auris* in Multiple Healthcare Facilities in Southeast Michigan - May 2022

The Michigan Department of Health and Human Services (MDHHS) is alerting healthcare providers of the increasing emergence of *Candida auris* (*C. auris*) cases in Southeast Michigan, linked to acute care hospitals (ACH), Long-Term Acute Care (LTAC) Facilities, and Skilled Nursing Facilities (SNF). Michigan has reported 15 cases since May 2021, 13 of those detected in the last 4 months.

The *C. auris* patients detected in Michigan have moved frequently across the continuum of care. Ninety-three percent of the cases had ACH exposure in the 90 days prior, 53% reported LTAC exposure, and 25% SNF exposure. The presence of indwelling devices has been high with mechanical ventilation (73%), percutaneous gastrostomy tube (60%), tracheostomy (53%), and central venous catheter (40%) reported. Most cases have been detected via colonization screen/axilla-groin (53%), followed by urine (20%), wound (7%), respiratory (7%), other (7%) and blood (6%).

Detection by laboratories who have been speciating yeasts from non-sterile sites of high-risk patients have been instrumental in finding some of these early cases. Speciation of yeasts from only sterile sites will likely be insufficient for detecting and preventing spread of this pathogen.

C. auris containment continues to be an urgent public health priority. Patients and residents who have had prolonged admission in healthcare settings, high-acuity long-term care facilities including LTACs and ventilator skilled nursing facilities (vSNF), are at highest risk of *C. auris* and other multidrug-resistant organism (MDRO) colonization and infection. Additionally, epidemiological data from recent *C. auris* cases suggests that patients with long-term admissions in high-acuity ACH units (e.g., ICU and step-down units) can be at an increased risk for *C. auris* acquisition.

Only through heightened awareness, enhanced surveillance, and aggressive mitigation from all facilities across the continuum of care, can we slow *C. auris* transmission and prevent it from becoming endemic in the region and in the State. **This is a call to action.** If you are contacted by MDHHS or a local health department about a *C. auris* case, we request your full support in the investigation and response.

To aggressively prevent further spread of *C. auris* in Michigan, MDHHS strongly recommends the following to prepare healthcare facilities:

Ensure good baseline IPC practices

- Review and update policies and procedures on hand hygiene, personal protective equipment (PPE), indwelling device use and maintenance
- Conduct ongoing education, audits/monitoring, and data feedback to staff

Use a disinfectant effective against *C. auris* (EPA List P)

- In LTACs facility-wide, vSNFs, and ACH high-acuity units (e.g., ICU and Step-down units), routinely clean and disinfect surfaces and shared medical equipment using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant with claims against *C. auris* from **List P** (EPA List P).

o If a List P disinfectant is unavailable, a disinfectant from **List K** (EPA List K) or an appropriately prepared bleach solution may be used.

o Bleach, and List P and List K disinfectants are also effective against SARS-CoV-2.

Ensure good communication practices for patient Multidrug Resistant Organism (MDRO) status when transferring patients

- Intra-facility and inter-facility
- Implementation of inter-facility transfer form and/or case management phone call
- Receiving facilities should proactively ask about the patient's status if not included in the accompanying medical records.
- *Examples of transfer forms:*

o Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives (cdc.gov)

o Healthcare Facility Transfer Form: Comprehensive ESP

o *Candida auris* Transfer Information Form

Work with your laboratory partners to develop a surveillance program for *C. auris* – *especially in ACHs, LTACs, and SNFs in Southeast Michigan*

- Conduct **species-level identification of yeast isolates*** (from non-sterile sites)

o When clinically indicated in the care of patient

o When the patient has a history of healthcare stay outside the US in the past 12 months

o When *C. auris* has been identified in the facility

- Consider species-level identification an **enhanced surveillance approach** for high-risk patient populations. Some examples for consideration may include:

o Patients presenting from LTAC facilities, vSNFs, ICUs, or rehabilitation facilities who have a history of:

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    - Current of recent mechanical ventilation or tracheostomy
    - MDROs
    - Chronic or non-healing wounds

o Patients with recent history of extended stays in states with high incidence of *C. auris*

o *Examples of this enhanced surveillance approach may be:*

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    - Speciate all yeasts from non-sterile sites in ICU patients or patients transferring from LTACs or vSNFs
    - Speciate all yeasts one week per month, facility-wide
    - Routinely speciate a proportion of yeasts from non-sterile sites (e.g. 25%)

***Commercial identification systems can misidentify *C. auris* as other *Candida* species requiring further workup. Visit CDC website for recommended phenotypic algorithms:** https://www.cdc.gov/fungal/candida-auris/pdf/Testing-algorithm_by-Method_508.pdf

In addition, MDHHS continues to recommend the following routine IPC and containment practices for *C. auris*:

Infection Prevention and Control

- In ACHs and LTACs, place any patient with *C. auris* on Contact precautions, and if possible, in a single occupancy room.

o In SNFs, Enhanced Barrier Precautions are recommended facility-wide in the absence of *C. auris* transmission

- When cohorting patients by COVID-19 status, consider *C. auris* and other MDRO status during room placement. *For example*, a patient with both COVID-19 and *C. auris* can only be placed in the same room as another patient with COVID-19 and *C. auris*.

- Do **NOT** reuse or extend use of gloves or gowns
- Perform hand hygiene before putting on PPE, after removing PPE, and before and after patient contact.
- Regularly monitor healthcare personnel (HCP) adherence to IPC practices
- Continue IPC measures for the duration of a *C. auris*-colonized or -infected patient's admission.
- **There is no 'clearance' for *C. auris* colonization**.

Routine Surveillance

- Identify all *Candida* isolates from normally sterile sites to the species level; for *Candida* isolated from non-sterile sites (e.g., urine), consider species-level identification of isolates from patients at highest risk for *C. auris*.
- Do not rescreen patients previously identified with *C. auris;* they can remain colonized indefinitely.

Reporting Requirements

- Detection of *Candida auris* is reportable in Michigan.
- Healthcare providers and laboratories must report any suspect or confirmed cases of *C. auris* into the Michigan Disease Surveillance System (MDSS) and notify the local health department or MDHHS within 24 hours of clinical or laboratory diagnosis.
- Laboratories should immediately submit suspect or confirmed isolates, subcultures, or specimens from the patient being tested to the MDHHS Bureau of Laboratories.

Public Health Testing

- *C. auris* identification and confirmatory testing are available at the MDHHS Bureau of Laboratories and the CDC Antibiotic Resistance Laboratory Network (ARLN) in Wisconsin.
- Colonization testing (screening) for *C. auris* is available at no cost through the ARLN.
- Testing can be arranged by contacting the Surveillance for Healthcare Associated and Resistant Pathogens (SHARP) Unit at (517)335-8165 or MDHHS-SHARP@michigan.gov

MDHHS Laboratory and Infection Prevention Support

- For questions regarding laboratory testing and isolate submission, please contact Angie Schooley at (517) 335-9637, schooleya@michigan.gov; or Dr. Kimberly McCullor at (517) 335-9641, mccullork@michigan.gov
- For questions regarding epidemiology and infection prevention, please contact the SHARP Unit at (517) 335-8165, MDHHS-SHARP@michigan.gov