

UCSF *Candida auris* (*C. auris*) Control Plan

I. Patient risks and potential for healthcare-associated transmission

- *C. auris* is a fungus that can be resistant to antifungal antimicrobial agents and difficult to treat. Infections due to *C. auris* can be associated with high morbidity and mortality.
- *C. auris* can colonize skin and other body parts months after active infection has resolved. It is spread through contact with infected or colonized people, especially during contact with skin, wounds, or devices. Because it is shed into the healthcare environment by colonized or infected patients and can persist for weeks, many *C. auris* outbreaks have been reported in acute care and long-term care facilities.
- Risk factors for *C. auris* include:
 - Prolonged exposure to healthcare settings (especially long-term acute hospitals (LTACHs) and skilled nursing facilities with ventilator units (vSNFs))
 - Exposure to broad spectrum antibiotics
 - Serious chronic medical conditions
 - Indwelling medical devices (e.g., Foley catheters, central lines, ventilators)

II. Active surveillance cultures for patients transferred to UCSF from high-risk settings

- Because *C. auris* cases have been identified in California. The California Department of Public Health (CDPH) recommends that all healthcare facilities conduct active screening of patients at highest risk for *C. auris* in order to identify patients with *C. auris* so that appropriate isolation precautions can be implemented. High-risk patients include those transferred to UCSF from:
 1. any long-term acute care hospital (LTACH) or skilled nursing facility with a ventilator unit (vSNF) regardless of geographic location;
 2. any facility with known *C. auris* transmission; and
 3. any acute care hospital (in addition to any LTACH or vSNF ventilator unit) in Nevada state.
- The workflows for active surveillance including identification of these target populations are currently being developed for UCSF.

III. Microbiology Testing Methodology

- Routine microbiologic testing: For all patient specimens obtained from sterile sites with growth of *Candida* species are evaluated for *C. auris* using MALDI-TOF
- Active surveillance screening swabs:
 - Obtain one E-swab for combined bilateral axilla and groin swab collected on arrival/admission.
 - Ideally hold CHG bathing until after swab screening has

been performed.

- Label E-swabs with collection sites: “Axilla and Groin”
 - [Single swab for bilateral axilla and groin composite collection:](#)
 - **Swab axillae (armpits):** Firmly rub soft end of collection swabs across the crease in the skin where the arm meets the body. Firmly swipe back and forth at least 3-5 times per armpit.
 - **Swab groin:** With same swab used on the axilla, firmly rub soft end of collection swab across the crease in the skin where the leg meets the pelvic region. Firmly swipe back and forth at least 3-5 times per groin.
- Place swabs in liquid transport media all the way to the bottom of the tube.
- Hold swab shaft close to the rim of the tube and break the applicator shaft at the breakpoint.

IV. Infection Prevention Strategies

- A. Transmission based precautions: Place patients with a positive culture or PCR or history of ***C. auris*** **immediately** on Contact Isolation while at UCSF Health.
 - 1. Duration of Contact Isolation: At this time, CDC/CDPH does not provide recommendations for discontinuing Contact Isolation for a patient who has tested positive for *C. auris*. Patients can remain colonized for extended time periods.
 - 2. Place patient on Contact Isolation for subsequent hospitalizations unless:
 - a. The Hospital Epidemiology and Infection Prevention team in consultation with San Francisco Department of Health (SFDPH) and California Department of Health (CDPH) has determined Contact Isolation may be discontinued.
- B. Core Measures for Interrupting Transmission of *C. auris*
 - 1. Hand hygiene: Follow all UCSF instructions for cleaning hands (IC Policy 1.2) with every encounter with a patient with *C. auris*
 - a) Monitor compliance with hand hygiene instructions.
 - b) Provide immediate coaching for lapses
 - 2. Place patients with *C. auris* or history of *C. auris* in Contact Isolation, and continue Contact Isolation until discharge and for future encounters at UCSF Health
 - 3. If inpatient, place the patient in a single room. If in the ambulatory setting, place the patient in a private exam room and recovery area.
 - 4. Health care personnel education:
 - a) Hand Hygiene
 - b) Properly putting on and removing PPE
 - c) Reuse or extended use of gowns or gloves is NOT permitted
 - 5. Minimize use of indwelling devices (e.g., central lines, urinary catheters,

endotracheal tubes)

6. Use disposable or dedicated patient care equipment when possible (e.g., stethoscope, glucometer, blood pressure cuff).
 - a) When this is not possible, a hospital-approved disinfectant should be used with the recommended contact time as listed [here](#). The Clorox Hydrogen Peroxide cleaner disinfectant wipes have a 2-minute contact time (i.e., items and surfaces cleaned with disinfectant wipes should remain wet for at least 2 minutes).
7. Careful adherence to routine environmental cleaning and disinfection is critically important including daily cleaning.
8. Hospitality
 - a) For inpatients
 - Will perform daily cleaning as per protocol using Oxycide with a minimum 3-minute contact time
 - Will perform a high clean (terminal clean) at the time of discharge
 - b) For ambulatory areas
 - Will perform a high clean using Oxycide
9. Practice antimicrobial stewardship -- please contact the Adult or Pediatric Antimicrobial Stewardship Programs (ASP) for guidance on antibiotic selection and duration.

C. Testing of other patients with epidemiologic links

1. If the patient(s) with *C. auris* has not been on Contact Isolation, Enteric Contact Isolation, or Novel Respiratory Isolation during the entire inpatient hospitalization, obtain active surveillance screening swabs for all current inpatients who resided on the same nursing unit as the patient with *C. auris* prior to initiation of Contact Isolation.
2. If additional patients are found to be positive for *C. auris*, place these patients on Contact Isolation and perform weekly unit-wide *C. auris* surveillance screening swabs until at least 2 weeks have passed without identification of any additional *C. auris*-positive patients
3. A surveillance

V. UCSF Internal Reporting

- A. UCSF Microbiology will report all *C. auris* microbiologic results to the SFDPH as well as submission of the isolate, if requested.
- B. HEIP will notify:
 1. The transferring facility
 2. Inpatient unit where the patient with *C. auris* is located to ensure that the patient is placed into Contact Isolation until discharge.
 3. SFDPH and CDPH
 4. Case Management, if the patient is currently an inpatient

a. Send email communication including Healthcare Facility Transfer Form (Abbreviated)- See below

- C. Prior to discharge, Case Management will:
 - 1. Notify the receiving facility, if patient identified with *C. auris* is transferred to another facility, using the Healthcare Facility Transfer Form (Abbreviated), below
- D. As needed, HEIP will communicate with Infection Prevention of the receiving facility to review the patient's *C. auris* history and status.
- E. SFDPH will communicate with the local jurisdiction of the patient's destination as necessary.
- F. Local jurisdictions have varying reporting requirements; if CMR is requested, requesting jurisdiction will be directed to communicate with the patient's provider.

VI. Documentation

- A. HEIP will document in the patient's medical record:
 - 1. Consult note (if the patient is currently an inpatient) identifying the pathogen(s) as *C. auris* and the need for Contact Isolation.
 - 2. On the Infection tab, complete the Infection portion of the record to indicate *C. auris* (if appropriate). This will identify the patient as *C. auris*-positive upon future admissions and healthcare encounters at UCSF Health.
- B. Case Management will complete the Healthcare Facility Transfer Form (Abbreviated), below.
 - 1. SFDPH may be contacted to assist a facility without experience caring for a patient with *C. auris*.

VII. Departments of Public Health required reporting:

- A. Per Title 17, California Code of Regulations (CCR), Section 2505, laboratories are required to report test results consistent with *C. auris*.
- B. All counties in the State of California require reporting cases of *C. auris*; SFDPH will communicate with those counties, should patients with *C. auris* be transferred to or from those jurisdictions.

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- C. HEIP will monitor reporting requirements and adhere to evolving reporting requirements.

VIII. Additional Resources

CDPH

[CDPH *C.auris* Health Advisory 3/2023](#)

[CDPH *C.auris* Quicksheet 7/2020](#)

[CDPH *C.auris* webpage](#)

CDC

[CDC *C. auris* Infection Prevention and Control guidance](#)

[CDC *C. auris* webpage](#)

CDC Patient-facing information (including in different languages)

[General](#)

[Screening FAQ](#)

[Colonization FAQ](#)

[CDC Healthcare personnel-facing FAQ](#)