

Healthcare Facility Framework for *Candida auris* Admission Screening

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Purpose

The purpose of this document is to provide guidance for healthcare facilities who wish to establish policies and procedures for routine *C. auris* admission screening in conjunction with public health partners.

Rationale for Screening

A receiving facility may not know if a patient is colonized with *C. auris* at admission, which allows for potential transmission within the health system and throughout the region. While coordination and communication are widely promoted during patient transfers, there are still gaps in communication between healthcare facilities. These communication failures may occur because of a facility miscommunication, the *C. auris* status is not known, or a facility is unaware of the importance to notify. Also, it is important to note that a registry for *C. auris* does not exist.

A patient entering a facility with a recent negative *C. auris* colonization test does not exclude the possibility of colonization. Colonization persists for a long time and the results of repeat colonization swabs may fluctuate between *C. auris* being detected and not detected.

Identifying Patients for Screening

Healthcare facilities should consider *C. auris* admission screening for inpatients who meet one or more of the following:

- A patient with a recent healthcare admission to a high-acuity, long-term facility (i.e., long-term acute care hospitals known as LTACHs, or ventilator-capable skilled nursing facilities known as vSNFs);
- A patient with clinical risk factors for *C. auris* acquisition, which include one or more of the following:
 - Mechanical ventilation or tracheostomy;
 - Enteral feeding tube;
 - Central venous catheter;
 - History of infection or colonization with carbapenemase-producing organisms:

Carbapenemases are typically found in Enterobacterales but can also be found in non-Enterobacterales. Examples of bacteria in the Enterobacterales Order include *Klebsiella*, *Enterobacter*, and *Escherichia coli* (*E. coli*), among others. *Acinetobacter* and *Pseudomonas* are not in the Enterobacterales order; however, they are frequent causes of healthcare-associated infections and may also produce carbapenemases. Co-colonization of *C. auris* with carbapenemase-producing organisms has been observed.
 - Additional risk factors may include recent surgery, diabetes, and broad-spectrum antimicrobial therapy including antifungals.

Healthcare facilities might also implement admission screening to distinguish importation from ongoing transmission within a facility or unit experiencing an outbreak.

Routine travel to countries with documented *C. auris* infections is not likely to increase the chance of someone getting sick from *C. auris*. Persons who travel to these countries to seek medical care or who are hospitalized there for a long time may have an increased risk for *C. auris* infection or colonization; however, most new cases of *C. auris* in the U.S. are thought to be domestically acquired.

Patients with previous history of *C. auris* colonization or infection should not be rescreened.

Patients with a positive *C. auris* test should be managed as colonized indefinitely as there is no decolonization protocol currently available for this organism.

Patient Management

Patients who are candidates for *C. auris* admission screening must be placed on empiric [transmission-based precautions](#) pending results. Healthcare providers should use contact precautions in acute care hospitals and long-term acute care hospitals. Residents of nursing homes need [enhanced barrier precautions](#) or contact precautions depending on the situation. More information on managing residents in nursing homes is available [here](#).

- Patients will remain on transmission-based precautions until the screening result is obtained. Transmission-based precautions may be discontinued when a negative *C. auris* result is received unless the patient has another disease or condition that warrants precautions.
- When transferring a *C. auris* patient to another facility, a *C. auris* transfer letter from the DOH [Healthcare Facility Toolkit for Response to *Candida auris*](#) should be shared and an [Inter-Facility Transfer Form](#) should be completed to notify the receiving facility of the resident's *C. auris* status. Proper communication and coordination empower the receiving facility to implement *C. auris* infection prevention and control measures for *C. auris*.

Resources

- [PA DOH Healthcare Facility Toolkit for Response to *Candida auris*](#)
- [CDC Infection Prevention and Control for *Candida auris*](#)
- [Public Health Strategies to Prevent the Spread of Novel and Targeted Multidrug-resistant Organisms \(MDROs\)](#)
- [Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms \(MDROs\)](#)

Contact Us

The Division of Healthcare Associated Infection Prevention at the Pennsylvania Department of Health, Bureau of Epidemiology is available to provide technical assistance on *C. auris* admission screening as needed. We may be reached at 717-425-5422 or by emailing RA-DHHAI@pa.gov.

A planning checklist for *C. auris* admission screening is available on the next page to walk facilities through the necessary steps for implementation.

Healthcare Facility Planning Checklist for *C. auris* Admission Screening

Progress Notes (Completed, In Progress, Needs Discussion)	Action items
	Review the PA DOH <i>C. auris</i> Response toolkit.
	Explore capabilities both internally and externally to determine a laboratory (e.g., in-house, reference lab, state, or regional public health laboratory) that is well-suited to process <i>C. auris</i> screening tests.
	Identify which high-acuity, long-term healthcare facilities are regularly sending patients to your facility. Care coordinators and case management have a vital role in helping to identify healthcare partners in the region and the frequency in which patients move back and forth.
	Determine the volume of patients that are identified weekly or monthly that are high-risk for <i>C. auris</i> .
	Inquire if the weekly or monthly volume of high-risk patients is feasible for the selected laboratory, or if a more targeted approach will be necessary. For example, if there are multiple acute care hospitals within the health system, start to screen at the sites that have the most shared patients with influential or highly connected facilities.
	Assess how patients will be identified as high-risk and if a screening questionnaire will be created or modified to recognize risk factors. Determine who is responsible for screening.
	Evaluate how a high-risk patient's chart can be flagged; this may require working with the clinical informatics team as well as analysts from your electronic medical record system.
	Review the facility plans for patient management and ensure there is adequate personal protective equipment (i.e., gowns and gloves) to implement empiric contact precautions or enhanced barrier precautions for patients being screened.
	Determine who will develop and sign the standing order for <i>C. auris</i> colonization screening.
	Review the screening process including number of days a specimen is viable, turnaround time for results, and plans for indeterminate results.
	Establish a process for obtaining assent (or verbal agreement) from the patients to be screened.
	Develop a plan for educating and training staff on <i>C. auris</i> , the procedure for specimen collection, and the necessary infection prevention and control measures required for persons with pending or positive <i>C. auris</i> test results.
	Determine how test orders/lab slips will be generated for the selected laboratory and provide training for any lab-web portals as needed.
	Produce instructions for healthcare personnel on how specimens will be managed, packaged, and transported, especially if testing will be outsourced.
	Create a reporting process to local or state public health for when a positive is identified, including entry of the report into PA-NEDSS. The protocol should also include how to conduct a healthcare traceback to identify other facilities this patient recently stayed at due to long-term colonization.
	Develop and maintain <i>C. auris</i> action plans to assure containment measures are in place should a patient with <i>C. auris</i> be detected in, or transferred to, the facility.
	Work with the environmental services team to create and maintain protocols for <i>C. auris</i> environmental cleaning and disinfection, including access to EPA-registered List P disinfectants that have an effective claim against <i>C. auris</i> .
	Report the patient's MDRO/ <i>C. auris</i> status to a receiving facility by using the PA DOH <i>C. auris</i> transfer memo and the inter-facility transfer paperwork.
	Evaluate the implementation process, and the overall screening program at routine intervals including input from all stakeholders.