



County of Santa Cruz



HEALTH SERVICES AGENCY

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PUBLIC HEALTH ALERT

To:	Santa Cruz County Healthcare Providers
From:	Lisa Hernandez, MD, MPH, County Health Officer
Subject:	First case of <i>Candida auris</i> in Santa Cruz County
Date:	December 20, 2023

Situational Update:

The first patient with *Candida auris* (*C. auris*) has been identified in Santa Cruz County. The local disease control program is currently investigating if this case is linked to other *C. auris* outbreaks outside the county or if transmission occurred in a Santa Cruz County facility. *C. auris* can cause serious infections, including in blood and wounds, with mortality rates as high as 60% for invasive infections.

In September 2022, the California Department of Public Health alerted healthcare providers of the continued identification of *C. auris* cases in Southern California, in addition to cases linked to acute care hospitals (ACH) in Kern, Santa Barbara, and San Luis Obispo counties since September 2021. These patients had prolonged (>1 month) intensive care unit (ICU) stays (including two dedicated COVID-19 ICUs), and did not have recent prior acute or long-term healthcare exposures.

ACTIONS REQUESTED OF HEALTHCARE PROVIDERS

Active Surveillance

- Assess *C. auris* status for all patients and residents upon admission, by reviewing medical records and following up with the transferring facility as necessary.
- Conduct screening through colonization testing for individuals at highest risk for *C. auris*, whose status is unknown.
 - Screen patients transferring from any long term acute care hospitals (LTACH) regardless of location, SNF ventilator unit in jurisdictions with *C. auris* transmission, or other facility with known *C. auris* transmission, and place on empiric Contact Precautions while awaiting results.
 - Screen patients transferring from any long-term acute care hospitals (LTACH) and ventilator-equipped skilled nursing facilities (vSNF),
 - Consider screening patients with other known risk factors.
 - If *C. auris* is identified on admission, notify the transferring facility and local health department of the patient's status.

Environmental Cleaning and Disinfection

- In acute care hospitals high-acuity units (e.g., ICU and SDU), 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](#).
 - If a List P disinfectant is unavailable, a [disinfectant from List K](#) or an appropriately-prepared bleach solution may be used.
 - Bleach, and List P and List K disinfectants are also effective against SARS-CoV-2.

In addition, the Healthcare Associated Infections (HAI) Program continues to recommend the following routine IPC and containment practices for *C. auris*:

Infection Prevention and Control

- In ACHs and LTACHs, place any patient with *C. auris* on Contact precautions, and if possible, in a single room.
 - In SNFs, [Enhanced Standard Precautions](#) (ESP) 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 personal protective equipment (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.
- For Technical Assistance and resources around isolation and ESP please contact the Santa Cruz County Infection Prevention program at HSAInfectionPrevention@santacruzcountyca.gov.

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.

Communication

- Communicate a patient's *C. auris* and other MDRO status to any receiving healthcare facility prior to transfer; use an [interfacility transfer form](#). Receiving facilities should proactively ask about the patient's status if not included in the accompanying medical records.

Antimicrobial Stewardship

- Implement antimicrobial stewardship for broad-spectrum antibacterial and antifungal agents to limit the emergence of *C. auris*, especially multidrug- or pan-resistant *C. auris*, and other MDROs.

Reporting Requirements

- Report any cases of *C. auris*, carbapenemase-producing organisms, or other unusual or highly resistant organisms to your Santa Cruz County Communicable Disease Unit at HSACD@santacruzcountyca.gov and the CDPH HAI Program at HAIPROGRAM@CDPH.CA.GOV.

Public Health Testing

- *C. auris* identification and confirmatory testing are available at some local public health laboratories, the CDPH Microbial Diseases Laboratory (MDL), and the CDC Antibiotic Resistance Laboratory Network (AR Lab Network).
- Colonization testing (screening) for *C. auris* is available at no cost through the AR Lab Network.
- These services can be accessed through your local health department in consultation with the CDPH HAI Program by contacting HAIProgram@cdph.ca.gov.

ADDITIONAL RESOURCES

- [CDPH *C. auris* Quicksheet \(PDF\)](#)
- [CDC/CDPH *C. auris* and other MDRO Prevention Webinar Recording](#)
- [CDC/CDPH *C. auris* and other MDRO Prevention Webinar Slides \(PDF\)](#)
- [CDPH Additional MDRO Resources](#)

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.