



The Antimicrobial Stewardship and Resistance Update

Quarterly newsletter providing updates on news, reports, research, policies, and events related to antimicrobial stewardship and resistance in California.

IN THIS ISSUE

- Action Against Antimicrobial Resistance: The Threat of Candida auris
- Addressing the Increasing Threat of C. auris in California
 - Early Detection to Prevent
 Widespread Transmission
 - Supportive IPC Activities and Guidance to Complement Enhanced Detection
- Multistate Outbreak of Extensively
 Drug-Resistant Pseudomonas
 aeruginosa Associated with Artificial
 Tears
- Spotlight On...
 - Laboratories
 - Local Health Departments
 - Facilities: Antimicrobial
 Stewardship Program Honor Roll
- Upcoming Deadlines and Webinars
- Stay Connected with CDPH

ACTION Against Antimicrobial Resistance: Facing the Threat of Candida auris

"C. auris, emerging fungus that can cause severe, deadly infections, on the rise in California." – Fox News

"CDC [Centers for Disease Control and Prevention] warns of 'alarming' rise of potentially deadly fungal threat in hospitals." – CBS News

Headlines like these emerged following <u>publication of CDC</u> <u>data</u> (www.cdc.gov/media/releases/2023/p0320-cauris.html) showing the increasing threat of *C. auris* in healthcare facilities. In part due to challenges identifying cases and preventing spread across healthcare networks with extensive patient sharing, as well as antimicrobial resistance (AR) associated with this fungal pathogen. According to <u>CDC</u> (www.cdc.gov/fungal/candida-auris/c-auris-antifungal.html), 90% of isolates are resistant to fluconazole, 30% to amphotericin B, and 5% to echinocandins. Further, CDC data show a rise in echinocandin- and pan-resistant cases between 2019 and 2021, which is particularly concerning because echinocandins are the recommended first-line therapy for *C. auris* infections.

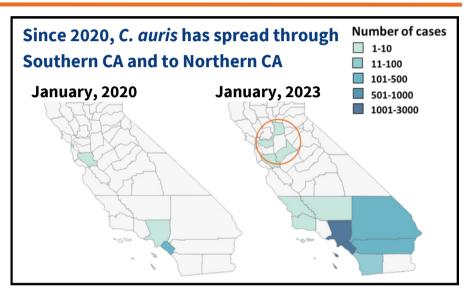
Preventing and containing C. auris calls for a multi-pronged



approach, including antimicrobial stewardship (AS) to optimize therapy (considering the <u>five Ds</u> - diagnosis, drug, dose, duration, and de-escalation (PDF)) (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20 Document%20Library/AntimicrobialStewardship_Five_Ds_Updated_ADA.pdf) and other proactive activities described in this newsletter. Action against emerging multidrug-resistant organisms (MDROs) such as *C. auris* works best through collaborative and coordinated efforts. This includes partnerships between infection control and AS that go beyond a single healthcare facility or system, and between healthcare facilities and public health across counties and regions with the common goal to mitigate and prevent AR in California.

Addressing the Increasing Threat of C. auris in California

As in the rest of the country, we saw an increase in *C. auris* and echinocandinresistant *C. auris* cases in Southern California from the start of the pandemic. Since September 2022, we also identified the first *C. auris* cases in Stanislaus, Sacramento, and Contra Costa Counties (PDF) (www.cdph.ca.gov/Programs /CHCQ/HAI/CDPH%20Document%20Libr ary/CAHAN_Cauris_Surveillance_NorCal_Feb2023.pdf), likely indicating underlying, undetected transmission in that region. Almost all *C. auris* tested



in California is fluconazole-resistant; in 2021, we began identifying cases of echinocandin- and pan-resistant *C. auris* in the state. The CDPH HAI Program is working with local public health and healthcare facility partners to provide education, guidance, and testing services across Northern and Central California to prevent further spread of this drug-resistant fungus.

Early Detection to Prevent Widespread Transmission

Our February 2023 health advisory (<u>CAHAN</u> (PDF)) (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20 Document%20Library/CAHAN_Cauris_Surveillance_NorCal_Feb2023.pdf) includes updated recommendations aligned with our <u>Regional C. auris Prevention and Response Strategy</u> (PDF) (www.cdph.ca.gov/Programs/CHCQ /HAI/CDPH%20Document%20Library/Cauris_Phases.pdf) to:

- 1) screen patients transferring from any long-term acute care hospital (LTACH), ventilator-equipped skilled nursing facilities (vSNF) vent unit, known outbreak facility, or Nevada state facility; and
- 2) conduct regular C. auris point prevalence surveys and admission screening in LTACHs and vSNFs.

We also recommend **identification of** *Candida* **isolates to the species level**; this applies to both sterile site as well as non-sterile site specimens (laboratories may opt to focus on mono-microbial yeast identification to reduce testing burden).



Take Action

- Take advantage of free *C. auris* colonization testing services through the AR Lab Network (including our regional, state, and some local public health labs).
- The AR Lab Network regional lab also offers a <u>free targeted surveillance program</u> (PDF)(www.cdph.ca. gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CDPH_ARLN_TargetedSurveillanceDescription Sept2020.pdf) for ID confirmation and susceptibility testing for any non-albicans Candida isolates.
- Contact your local health department or the HAI Program to access public health testing services.
- Use commercial labs or develop your own capacity for *C. auris* colonization and isolate testing.
 - <u>C. auris labs with testing capacity</u> (PDF) (publichealth.lacounty.gov/acd/docs/List_C.aurisLabs. pdf)
 - C. auris testing strategies webinar <u>slides</u> (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20 Document%20Library/CDPH_HAIProgram_LAPH_C-aurisWebinar_051922_ADA.pdf) (PDF) and <u>recording</u> (www.youtube.com/watch?v=wB9zNkVL16E&t=100s).

Supportive Infection Prevention and Control (IPC) Activities and Guidance to Complement Enhanced Detection

In addition to testing resources, we offer free, consultative onsite IPC assessments by our experienced HAI Program infection preventionists. New IPC guidance documents include:

Enhanced Standard Precautions (ESP) for skilled nursing facilities (SNFs)

- ESP is California's interpretation of the CDC's Enhanced Barrier Precautions – a resident-centered and activity-based approach for preventing MDRO transmission in SNFs.
- The use of gowns and gloves by healthcare personnel during specific high-contact care activities is based on periodic assessments of a resident's risk of MDRO colonization and transmission (presence of indwelling devices or unhealed wounds), whether or not the resident is known to be MDRO-colonized or -infected.
- ESP complements our proactive testing activities by supporting SNFs to confidently accept residents with *C. auris*. We are rolling out trainings and educational materials, holding office hours, and providing onsite support to implement ESP in SNFs.
- Find more information on our <u>Enhanced Standard</u> <u>Precautions webpage</u> (www.cdph.ca.gov/Programs/ CHCQ/HAI/Pages/ESP.aspx).

Cohorting patients and residents colonized or infected with MDROs

- When a facility has more than one resident or patient with *C. auris* or another MDRO, introducing within-room or multi-room cohorts can be another way of physically preventing spread. Our new cohorting guidance (PDF) (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%2 OLibrary/MDROCohorting.pdf), and specific cohorting.guidance for SNFs (PDF) (www.cdph.ca. gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDROCohortingSNF.pdf) provides recommendations for best practices and complements ESP.
- Reach out to your local health department for support with cohorting at your facility.
- For more resources on *C. auris* IPC activities, visit our *C. auris* webpage (www.cdph.ca.gov/ Programs/ CHCQ/HAI/Pages/Candidaauris.aspx).





Multistate Outbreak of Extensively Drug-Resistant *Pseudomonas aeruginosa* Associated with Artificial Tears

As of May 15, 2023, 81 patients in 18 states have been identified with an extensively drug-resistant and rare strain of Verona integron mediated metallo-β-lactamase (VIM) and Guianaextended-spectrum-β-lactamase (GES)-producing carbapenemresistant Pseudomonas aeruginosa (VIM-GES-CRPA). Dates of specimen collection range from May 2022 to April 2023. There have been four deaths, 14 reports of vision loss, and four reports of enucleation (surgical removal of eyeball). California has identified five confirmed cases, including four associated with one outpatient eye clinic. For current information on the national outbreak, see CDC's Summary of Recent Updates webpage (www.cdc.gov/hai/outbreaks/crpa-artificial-tears.html). For CDPH isolate submission guidance, see the November 2022 <u>CAHAN</u> (PDF)(www.cdph.ca.gov/Programs/ CHCQ/HAI/CDPH%20Document%20Library/CAHAN_VIMCRPA_ Multistate_Cluster_Nov2022_ADA.pdf).



Clinicians and patients should stop using EzriCare and Delsam Pharma's Artificial Tears and Artificial
Ointment products pending additional guidance (www.fda.gov/drugs/drug-safety-and-availability/fdawarns-consumers-not-purchase-or-use-ezricare-artificial-tears-due-potential-contamination).

Spotlight On...

Laboratories

The CDPH HAI Program and the West Region AR Lab Network are grateful for laboratories that participate in targeted AR pathogen surveillance.

The goal of targeted surveillance is to:

- Assist facilities to rapidly identify epidemiologically important AR pathogens, including *C. auris* and carbapenemase-producing organisms and implement appropriate IPC measures.
- Enable healthcare providers and public health departments to determine the epidemiology of AR pathogens in their facilities and jurisdictions.
- Monitor the regional and national prevalence of these MDROs.

We are always interested in speaking with new laboratories about joining targeted surveillance efforts! We would also like to thank the labs that participate in our targeted surveillance program:

- College Medical Center
- Doctors Medical Center
- HealthCare Clinical Lab
- Kindred Central Lab
- LabCorp

- Adventist Health Lodi Memorial
- Riverside County Public Health Lab/ Hemet Valley Medical Center
- Saddleback Medical Center
- San Diego Public Health Lab

- Santa Clara Public Health Lab
- UC Davis Health





Local Health Department



The CDPH HAI Program and Sacramento County Public Health are creating a regional MDRO prevention collaborative in Sacramento County. All hospitals and SNFs are invited to participate. The goal of the collaborative is to improve MDRO prevention measures by increasing surveillance, and strengthening interfacility communication, antimicrobial stewardship, and core IPC practices, including safely caring for residents with MDROs.

CDPH AS Program (ASP) Honor Roll Gold Designations



In each newsletter, we will spotlight some gold status <u>ASP Honor Roll members</u> (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Honor_Roll.aspx). This quarter, we would like to highlight facilities from our 2021 inaugural Honor Roll enrollment period when 22 facilities received gold designations. Each exemplified community engagement in different areas, and some in multiple areas.

Mentoring or Supporting Less Resourced Facilities

- Alta Bates Summit Medical Center Alta Bates Campus
- Alta Bates Summit Medical Center Summit Campus
- AHMC Seton Medical Center
- California Pacific Medical Center Davies Campus
- California Pacific Medical Center Mission Bernal Campus
- California Pacific Medical Center Van Ness Campus
- Children's Hospital of Orange County
- French Hospital Medical Center
- Kaiser Permanente West Los Angeles Medical Center
- Providence Saint John's Hospital
- St. Joseph Hospital of Orange
- UCSF Benioff Children's Hospital Oakland

Direct Engagement with Outpatient Partners in the Community

- Riverside University Health System
- Santa Barbara Cottage Hospital
- St. Elizabeth Community Hospital
- Sutter Maternity & Surgery Center of Santa Cruz

Collaborations to Improve Antimicrobial Stewardship

- Dominican Hospital
- Mercy Medical Center Redding
- Sharp Coronado Hospital
- Sierra View District Hospital
- St. Joseph Hospital of Orange
- UC Davis Health



(www.cdph.ca.gov/Programs/CHCQ/HAI/P ages/HonorRoll_InteractiveMap.aspx)



Upcoming



CDPH ASP Honor Roll

- Deadline: September 1, 2023; as a reminder, designations are for 3 years.
- Visit the <u>ASP Honor Roll webpage</u> (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ Honor_Roll.aspx) in July 2023 for more information on updated application requirements.



Acute Care Hospital (ACH) IPC Online Training:

- Every Tuesday at 10 AM; <u>ACH IPC online course registration link</u> (reg.learningstream.com/view/view_month.aspxas= 76&wp=908&aid=HAIP)
- Weekly office hour Zoom webinar (us06web.zoom.us/j/82184471305)



Local Health Department IP Education & Support Forum

- Every 3rd Thursday at 2 PM
- <u>Zoom webinar link</u> (us06web.zoom.us/webinar/register/WN_9JaE_OWGSYK7aNvpneFAOQ)



Enhanced Standard Precautions for SNFs Webinar, Series 1 and 2

 <u>Registration link</u> (reg.learningstream.com/reg/event_page.aspx?ek=0076-0013-cfe98cfaa02 14f2e9f853a94b2757b9d)



Stay Connected with CDPH

CDPH HAI Websites

Visit the CDPH webpages for more information and resources.

- CDPH <u>HAI Program</u> page (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAI/ProgramHome.aspx)
- CDPH <u>Antimicrobial Stewardship</u> page (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Antimicrobial StewardshipLandingPage.aspx)
- CDPH <u>Antimicrobial Resistance</u> page (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Antimicrobial ResistanceLandingPage.aspx)

CDPH HAI Newsletters

Subscribe to our <u>HAI Program quarterly newsletters</u> (cdph-marketing.powerapps portals.com/HAI/HAI-Registration/) to receive updates on our initiatives and education opportunities.

CDPH Listserv

To stay connected with all things AS at CDPH, join the <u>California Antimicrobial Stewardship</u> <u>Collaborative Network (ASCN)</u> (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ASCN.aspx).



HAI Program LinkedIn

(www.linkedin.com/in/hai-healthcare-associated-infections-program-7ba7ab178)

HAIProgram@cdph.ca.gov