## Containment of *Candida auris* and other Multidrug-resistant Organisms (MDRO) in the Context of COVID-19

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**Presented via Webinar** 

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#### **Objectives**

- Describe emerging MDRO of concern in California, including *Candida auris*
- Understand principles of MDRO containment in individual healthcare facilities as well as regional healthcare facility networks
- Discuss how COVID-19 mitigation strategies might be contributing to the spread of *C. auris* and other MDRO
- Provide recommendations for limiting emergence and transmission of *C. auris* and other MDRO



#### **Emerging Healthcare-Associated MDRO**

• Few treatment options, higher morbidity and mortality

• Highly transmissible within and between healthcare facilities

• Early and aggressive facility and public-health containment efforts can limit spread

- Efforts currently hampered by the COVID-19 pandemic



#### **California Health Alerts**



State of California—Health and Human Services Agency California Department of Public Health



Governor

Health Advisory: Resurgence of Candida auris in Healthcare Facilities in the Setting of COVID-19

August 2020



Orange County Candida auris Update

August 05, 2020



LAC DPH Health Advisory: Resurgence of Candida auris in Los Angeles County

July 17, 2020





#### C. auris Cases Reported in CA through August 30, 2020 (N=466)



Month and Vear Specimen Collected

## C. auris, COVID-19 Cases in CA through August 30, 2020 (N=466)



Early detection, infection control and public healthcoordinated responses needed to contain spread





#### **C.** auris causes outbreaks in health care settings



Highly drug-resistant Patients can become colonized and develop invasive infections





#### **C.** auris causes outbreaks in health care settings





#### Spreads in healthcare settings



## **Risk Factors for C. auris**

- Tracheostomies
- Ventilator-dependent
- Colonized with other multidrugresistant organisms
- Recently received antibiotics and antifungals
- Overnight hospitalization outside U.S.
- Long-term acute care (LTAC) hospital or ventilator-equipped skilled nursing facility (vSNF) stay





# Factors associated with colonization with *C. auris* after controlling for confounders\*:



\*Each characteristic was assessed with its own multivariable model, with potential confounders selected using DAGs and *a priori* information

Slide courtesy of John Rossow, CDC Epidemic Intelligence Service



#### C. auris in acute care hospitals

- Outbreaks in hospital ICU
  - UK 2015-2016: 50 cases; 22 developed infections
  - UK 2015-2017: 70 cases; 7 invasive infections (reusable axillary temperature probes)
  - Colombia 2015-2016 (4 hospitals): 40 candidemia cases (12 in NICU)

Sources:

Schelenz S, Hagen F, Rhodes JL, et al. First hospital outbreak of the globally emerging *Candida auris* in a European hospital. Antimicrob Resist Infect Control. 2016;5:35–41.

Eyre DW, Sheppard AE, Madder H, et al. A *Candida auris* outbreak and its control in an intensive care setting. N Engl J Med. 2018; 379:1322-1331.

Armstrong PA, Rivera SM, Escandon P, et al. Hospital-associated multicenter outbreak of emerging fungus *Candida auris*, Colombia, 2016. Emerg Infect Dis. 2019;25(7):1339-1346



#### *C. auris* clinical cases reported by state — United States, May 2013 – February 2019



Mew York New Jersey Maryland Illinois California Massachusetts Oklahoma Indiana Florida Connecticut Texas Virginia Solid: Confirmed case In August 2018, a lab serving majority of California's longterm acute care facilities began determining species of *Candida* on <u>all</u> yeast isolated from urine specimens.



In February 2019, *C. auris* identified in a urine culture from a patient at a long-term acute care hospital in Orange County

![](_page_13_Picture_4.jpeg)

# Public health launched a rapid, county-wide *C. auris* containment response in <u>all</u> high-risk facilities

#### 14 <u>vSNF</u> + 3 LTACH

![](_page_14_Picture_2.jpeg)

Conduct case finding through point prevalence surveys at high-risk healthcare facilities

![](_page_14_Picture_4.jpeg)

Assess and make recommendations to improve infection prevention practices

![](_page_14_Picture_6.jpeg)

# Point prevalence surveys (PPS) help to determine the burden of *C. auris* colonization in facilities and risk of transmission.

Axilla-Groin Swab -Composite swab -R/L axilla and R/L groin -Polymerase chain reaction (PCR)

![](_page_15_Figure_2.jpeg)

![](_page_15_Figure_3.jpeg)

Case Status

![](_page_15_Figure_5.jpeg)

![](_page_15_Picture_6.jpeg)

#### **Repeated PPS help assess for ongoing transmission**

![](_page_16_Figure_1.jpeg)

#### Case Status

![](_page_16_Figure_3.jpeg)

![](_page_16_Picture_4.jpeg)

#### **Prevent further spread through infection prevention**

- Contact precautions
- Availability of hand sanitizer
- Hand hygiene practices
- Environmental cleaning practices

![](_page_17_Picture_5.jpeg)

![](_page_17_Picture_6.jpeg)

![](_page_17_Picture_7.jpeg)

#### C. auris Cases in Orange County February 2019 – April 2020

![](_page_18_Figure_1.jpeg)

#### C. auris Cases in CA by County through August 30, 2020 (N=466)

![](_page_19_Figure_1.jpeg)

Month and Year Specimen Collected

#### C. auris Cases in CA by County through August 30, 2020 (N=466)

![](_page_20_Figure_1.jpeg)

Month and Year Chasiman Collected

#### **Other MDRO Transmission**

- Since March 2020, we have identified other MDRO clusters/outbreaks
  - KPC-producing CRE in vSNF, ACH, LTACH
  - NDM+OXA-23-producing *Acinetobacter* in ACH
  - Other MDR-Acinetobacter in vSNF and ACH

![](_page_21_Picture_5.jpeg)

#### C. auris, COVID-19 Cases in CA through August 30, 2020 (N=466)

![](_page_22_Figure_1.jpeg)

## **C. auris and Other MDRO Spread in the Setting of** COVID-19

- COVID-19 might be contributing to *C. auris* and other MDRO spread in high-risk healthcare facilities
  - Personal protective equipment (PPE) shortages and conservation strategies, especially extended use and reuse of gowns, and HCP wearing gowns in clean areas (e.g., nurses' station, break room)
  - Cohorting and room placement on the basis of COVID-19 status alone (i.e., without considering *C. auris* or other MDRO status)

![](_page_23_Picture_4.jpeg)

#### Recommendations for *C. auris* and Other MDRO Containment in the Setting of COVID-19

- Cohort patients by COVID-19 <u>AND</u> C. auris or other MDRO status, wherever possible
- During PPE supply shortage only crisis conservation strategies
  - Extended use of gowns ONLY when patients are known to have the same *C. auris* or other MDRO AND COVID-19 status, and when housed in the same room; remove gown upon exiting room
  - Reserve gown use only for high-contact care activities
- Use an EPA-registered hospital-grade disinfectant effective against *C. auris* as well as COVID-19

![](_page_24_Picture_6.jpeg)

# Strategies to Facilitate Early Detection and Containment of *C. auris* and Other MDRO

- Identify all *Candida* isolates from normally sterile sites to the species level; for *Candida* isolated from non-sterile sites, perform species-level identification of isolates from individuals at highest risk for *C. auris*
- Report all cases of *C. auris,* carbapenemase-producing organisms, or other highlyresistant organisms to your local public health department and the CDPH HAI Program
- *C. auris* and carbapenemase testing available via public health labs

![](_page_25_Picture_4.jpeg)

# Strategies to Facilitate Early Detection and Containment of *C. auris* and Other MDRO

- Assess *C. auris* and other MDRO status for all patients and residents upon admission, by reviewing medical records and screening high-risk individuals
  - Place on pre-emptive Contact precautions individuals at highest risk of *C. auris* or other MDRO while awaiting screening results
  - *C. auris* and carbapenemase-producing bacteria screening resources available at no cost through CDC AR Lab
- Ensure communication of *C. auris*/MDRO status upon transfer
  - Work with facilities you commonly share patients with to develop a system
  - Include labs and any documentation (i.e., inter-facility transfer form)

![](_page_26_Picture_7.jpeg)

## Strategies to Limit *C. auris* and Other MDRO Emergence, Transmission, Increasing Resistance, and Invasive Infections

- Antimicrobial stewardship
  - Broad-spectrum antimicrobials (e.g., meropenem)
  - Antifungal treatment not recommended for *C. auris* isolated from noninvasive sites (respiratory, urine and skin colonization) without evidence of infection
  - Echinocandin resistance can emerge rapidly in *C. auris*
- Management of medical devices
  - Central venous catheter and urinary catheter insertion and maintenance practices

![](_page_27_Picture_7.jpeg)

### **Key Messages**

- Early and aggressive facility and public-health detection and containment efforts can limit emergence and spread of *C. auris* and other MDRO
- *C. auris* resurgence and concurrent outbreaks with COVID-19 present unique challenges, and will require focused attention to contain
  *C. auris* again
- Public health resources are available to support MDRO testing and containment

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#### **Resources**

• CDPH C. auris Quicksheet (PDF):

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/C%20auris%20Quicksheet\_Interim\_070720\_ADA.pdf)

CDPH CRE Quicksheet (PDF):

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CRE\_QuicksheetOct2019.pdf)

<u>CDPH Antimicrobial Resistance Resources</u>

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/AntimicrobialResistanceLandingPage.aspx)

#### CDPH Testing Resources

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CA\_ARLN.aspx)

• CDC C. auris Identification

(www.cdc.gov/fungal/candida-auris/identification.html)

#### • CDC Disinfectants Effective against *C. auris*

(www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html#disinfection)

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#### **California Department of Public Health HAI Program**

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