**CMHDs should place this template on their department letterhead including**

**signature of the authorized CMHD representative.**

[DATE]

[Name, Title]

[Name of Facility]

[Address 1]

[Address 2]

Dear [Addressee],

The Pennsylvania Department of Health, Bureau of Epidemiology recently became aware of a report of a case of *Candida auris* in a patient at your facility (hereafter referred to as index case).

**Containment of resistant organisms such as *C. auris* is a national problem and requires that health care facilities and public health agencies work together to prevent transmission. *C. auris,* due to its highly resistant nature, is particularly important to track, monitor and prevent, due to high mortality rates among infected persons, difficulty in identifying the species, and high transmissibility.**

The Centers for Disease Control and Prevention (CDC) has published a [containment strategy](https://www.cdc.gov/hai/containment/index.html#:~:text=When%20launched%20at%20the%20first,existing%20detection%20and%20response%20structure.) specifically designed to reduce the transmission of *C. auris* and other multi-drug resistant organisms (MDRO) in the United States (2022. The state and local health departments support this strategy for the safety of Pennsylvania patients and residents. The containment strategy guides public health and facility interventions by categorizing drug-resistant organisms into three different Tiers. *C. auris* is a [Tier 2](https://www.cdc.gov/hai/containment/index.html) organism in Pennsylvania. Organisms in this tier include MDRO that are primarily associated with healthcare settings and are not commonly identified in the region but may be found more commonly in other geographic regions.

The purpose of this letter is to provide you with recommended actions your facility should take in response to the identification of *C. auris* in a patient at your facility. We jointly emphasize the importance of infection control practices and other prevention activities to reduce the spread of *C. auris* which are based on [CDC Guidelines for Infection Prevention and Control of *Candida auris*](https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html). **Please see the attached facility-level recommendation checklist.** These recommendations apply to the identification of a single clinical case of *C. auris* at your facility.

Identification of colonized persons can prevent the spread of antimicrobial resistance through routine facility-level actions such as flagging the patient chart, communicating the MDRO status at the time of patient transfer, and managing the patient with the appropriate precautions. Both colonized and infected persons can spread *C. auris*, and colonization can persist for months, perhaps indefinitely. Therefore, it is important to maintain infection prevention and control measures, including Enhanced Barrier Precautions (i.e., gown and gloves) for high contact resident care activities for the duration of a person’s stay. There is no evidence that treatment will eradicate *C. auris* colonization, and persons who are colonized should not receive treatment.

We appreciate your commitment to infection control and prevention and your dedication to the well-being of your patients and staff. If you have any questions regarding this information, your primary contact is [insert name, email, phone and role for public health point-of-contact].

Thank you for your cooperation during this investigation.

Sincerely,

Authorized Representative Name

Title/Position



**Facility-Level Recommendation Checklist**

1. **Communication strategies**
* Promptly notify positive cases’ primary caregivers and other health care staff per facility policies/procedures. Inform the case-patient and their family. Share the [CDC’s fact sheet for colonized patients](https://www.cdc.gov/fungal/candida-auris/pdf/Candida_auris_Colonization_H.pdf) if appropriate.
* Consider engaging communications staff and be prepared to answer questions from patients and their family members. Resources are available from the CDC: <https://www.cdc.gov/fungal/candida-auris/patients-qa.html>
* Flag the medical chart with the patient’s *C. auris* status. If possible, choose an MDRO or other flag that indicates the patient should be on contact precautions or Enhanced Barrier Precautions (depending on healthcare setting).
* If the *C. auris* is suspected to have been present on admission, notify the transferring facility so that appropriate review can occur at that facility.
* When transferring a case-patient to another facility, notify the receiving facility of the patient’s *C. auris* status verbally and in writing so that they may implement infection control measures. Use the facility transfer letter provided by the Pennsylvania Department of Health as a cover sheet to communicate infection prevention and control measures for *C. auris*: <https://www.health.pa.gov/topics/programs/HAIP-AS/Pages/Healthcare.aspx>. Use of an Inter-Facility Transfer Form will also assist in this effort. Examples are provided by CDC: <https://www.cdc.gov/hai/prevent/prevention_tools.html>
* When transferring a case-patient to another facility, notify your public health contacts. This allows us to work with the receiving facility to assure they are prepared with appropriate infection prevention and control measures.
1. **Detection protocols**
* Work with your laboratory to understand the fungal identification methods used to identify *C. auris.* *C. auris* can be misidentified as a number of other different organisms when using traditional phenotypic methods for yeast identification such as VITEK 2 YST, API 20C, BP Phoenix yeast identification system or Microscan. Use the [*Candida auris* laboratory resource](https://www.cdc.gov/fungal/candida-auris/identification.html) available on the CDC’s website to identify targets for surveillance based on the laboratory methods in use.
* Conduct a retrospective microbiology review to identify any signal for potential *Candida auris* from a patient of the facility. Retrospective microbiology review should span the original index case’s admission time frame through the start date of prospective surveillance.
* Conduct prospective surveillance for three months from today (or from the date of the last positive case if cases were to be identified in the future). Track and report *any* specimens suspicious for *C. auris* from a patient of the facility. Instruct the laboratory to save any isolates for potential advanced testing at the public health laboratory.
* Request that the laboratory perform speciation for all yeast identified from patients of your facility including from both normally sterile and nonsterile body sites, even if that is not the typical practice. If the volume of this request is not feasible, speciate all yeast from patients in the affected unit(s).
	+ Discuss options for yeast speciation with public health if your laboratory does not have this capability.
1. **Targeted screening practices**
* Determine if the index case, at any time during their stay at your facility, had a roommate or shared a bathroom with another patient. Screening to look for *Candida auris* colonization in roommates and other close contacts, including sexual partners, is recommended. Screening specimens will be collected and sent to the public health laboratory, at no cost to the patient or facility. Screening will be facilitated by public health.
* Determine if the index case was on contact or Enhanced Barrier Precautions during his or her stay at your facility. Report this information to the Department. Additional colonization screening may be indicated.
1. **Prevention activities**
* Place case-patients in a private room. It is acceptable for more than one patient with *C. auris* to share a room, if they do not have any other infectious diseases requiring transmission-based precautions, such as *C. difficile*.
* Use standard and contact precautions at all times for case-patients in acute care settings. [Enhanced Barrier Precautions](https://www.cdc.gov/hicpac/pdf/EnhancedBarrierPrecautions-H.pdf) may be applied to residents in a nursing home. Cohort case-patients in the same area of the facility to decrease movement of healthcare workers and equipment.
* Consider cohorting healthcare personnel who provide the most regular care to positive patients (e.g., nurses; nursing assistants) during a shift.
* Dedicate equipment to case-patients or use disposable equipment wherever possible. Any shared reusable equipment must be thoroughly cleaned and disinfected after each contact with a case-patient or their environment. C. auris has been identified on mobile equipment that is shared between patients, such as glucometers, temperature probes, blood pressure cuffs, ultrasound machines, nursing carts, and crash carts.
* If out-of-room therapy is essential to the patient’s medical treatment plan, arrange to have the case-patients receive therapy at the end of the day or before a lunch break so that terminal cleaning of the therapy room and equipment can occur.
* Provide formal re-education *to all staff* to include hand hygiene according to [CDC’s Clean Hands Count for Healthcare Providers](https://www.cdc.gov/handhygiene/providers/index.html), as well as proper use of Personal Protective Equipment (PPE)/contact precautions and how to manage patients with MDRO to reduce the likelihood of transmission. To aid in education effort, utilize the [DOH Alcohol-Based Hand Rub (ABHR) memo](https://www.health.pa.gov/topics/Documents/Programs/HAIP-AS/ABHRmemo%20FINAL%20Approved%20Updated%20FINAL%207%209%2019.pdf) to emphasize that ABHR is the preferred method for routine hand hygiene in health care settings.
* Ensure adequate opportunities exist to conduct hand hygiene (i.e., clean sinks that are not used for wastewater are available for hand washing and alcohol-based hand rubs) and adequate supplies (e.g., towels, soap, etc.). Regular inventory of supplies is critical.
* Perform hand hygiene audits at least monthly on each floor or unit. If possible, consider a “secret shopper” approach so that staff do not necessarily know they are being observed. Audits should occur during day, night, and weekend shifts. Refer to the [DOH Hand Hygiene Audit Toolkit](https://www.health.pa.gov/topics/programs/HAIP-AS/Pages/Healthcare.aspx) for additional resources.
* Provide formal education to environmental health staff to emphasize their critical role in disinfecting the environment and preventing transmission of drug-resistant organisms.
* Perform thorough daily and terminal environmental cleaning of patients’ rooms and other areas where they receive care (e.g., radiology; physical therapy) using an EPA-registered [disinfectant with label claims against *C. auris*](https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html#disinfection) or at a minimum, an EPA-registered hospital-grade disinfectant effective against *C. difficile* spores ([List K](https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium)). A 30-minute training on how to choose the proper EPA-registered disinfectant is available on [TRAIN PA](https://pa.train.org/pa/welcome) Course number [1102420](https://pa.train.org/pa/course/1102420/).
* Frequently disinfect all high-touch surface areas (e.g., bed rails, phone or call bell, bathroom) to decrease the burden of organisms using an effective disinfectant (as above). It is critical to follow the manufacturer’s instructions of each product and to observe the appropriate contact time for the product to work effectively.
* A cleaning schedule should be available to ensure that all environmental health staff are aware of which persons are responsible for which items or areas and with what frequency items and areas are to be cleaned and disinfected.
	+ Waste containers may require more frequent disposal due to the amount of PPE that may be required during patient care.
* Perform regular environmental cleaning audits on each floor or unit. Audits should occur during all shifts and include observation of routine and terminal cleaning. CDC has created an Environmental Cleaning Checklist to assist with the auditing process for terminal cleaning: <https://www.cdc.gov/HAI/toolkits/Environmental-Cleaning-Checklist-10-6-2010.pdf>