Indiana Department of Health

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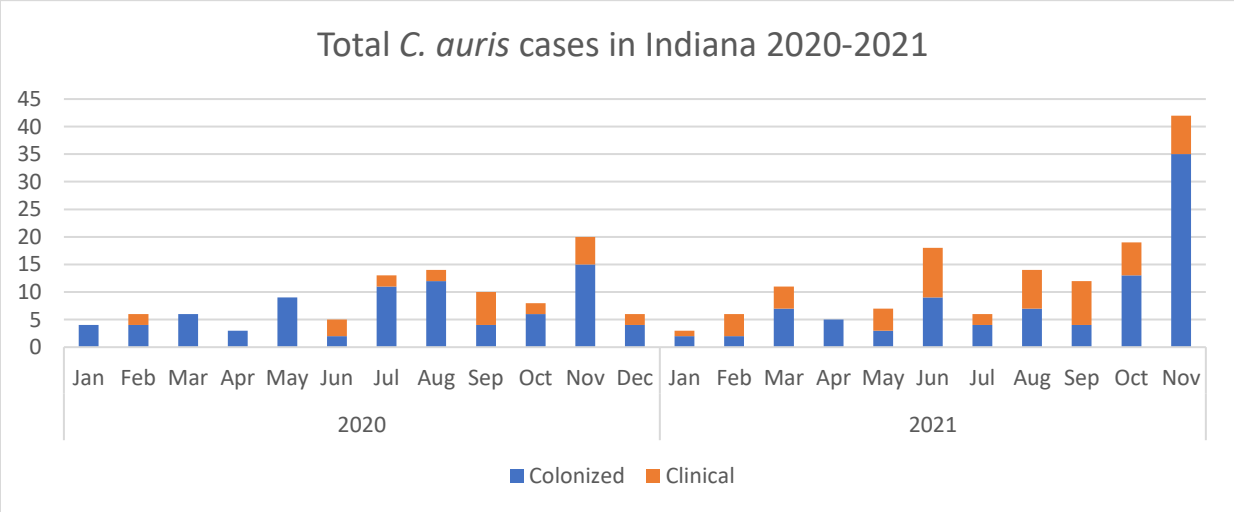
Guidance on Interfacility Transfer of Individuals with *Candida auris*- Hospital to Post Acute Care Key Points

Background

This guidance is consistent with the recommendations of the Centers for Disease Control and Prevention (CDC). The purpose of this document is to provide guidance to long-term care facilities (LTCFs), including nursing facilities and skilled nursing facilities, about discharging, admitting, and readmitting a resident from a hospital who has a confirmed colonized or clinical infection from *Candida auris (C. auris)*.

Basics

Candida auris is a yeast that has demonstrated resistance to one or more antifungal medications, with some infections resistant to all three types of antifungal medicines. It can cause serious infections, and more than one in three patients with invasive *C. auris* infection die. It was first discovered in 2009 and has quickly spread to more than a dozen countries. Because it is so new, some laboratories may have difficulty identifying it, and there is still much to learn about it.



To promote, protect, and improve the health and safety of all Hoosiers.

Spread

C. auris outbreaks have been documented in healthcare facilities and can spread through contact with affected patients and contaminated surfaces or equipment. The first documented case in Indiana occurred in 2017, but it wasn't until 2019 that cases started occurring with regularity. The number of clinical cases of *C. auris* in Indiana has more than doubled from 2020 to 2021, and the total number of cases has increased by 50%.

Prevention

Primary infection control measures for *C. auris* include:

- Use of contact precautions in the acute and long-term care setting for patients/residents who have positive clinical cases, i.e., urine, blood, sputum, etc. cultures.
- Use of Enhanced Barrier Precautions in the long-term care setting for those who are colonized, i.e., skin swabs positive for *C. auris*.
- Performing hand hygiene frequently; use of alcohol-based hand sanitizers and hand washing are both acceptable.
- Cleaning and disinfecting the resident's environment (daily and terminal cleaning) and reusable equipment with a cleaner from EPA's List P.
- Inter-facility communication with regard to a resident's *C. auris* status.
- Screening contacts of newly identified cases with skin swabs for *C. auris*.
- Support by laboratory surveillance to identify new cases.

Interfacility Transfer

It is important for proper communication to occur during handoff to the next facility on the status of colonization or positive clinical cultures for *C. auris* to ensure the patient/resident is placed in proper transmission precautions, either contact (clinical case) or enhanced barrier precautions (colonized case). Some long-term acute care hospitals (LTACHs) and acute care facilities have implemented widespread screening processes to identify colonization early due to an increased number of clinical cases in certain regions of our state. This is why it is important to ask on every transfer about the status of any novel pathogen such as, but not limited to, *C. auris*. Our Inter-Facility Infection Control Transfer form has been designed to help with this process.

Resources:

CDC *C. auris* Fact Sheets
Interfacility Transfer Form
HAI-AR Webinar Recordings 2021