Targeted *Candida auris* Surveillance to Reduce Transmission from Long Term Acute Care Hospitals

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Background

- *Candida auris (C. auris),* a multidrug-resistant fungus, is increasingly prevalent in the U.S>
- *C. auris* can colonize patients' skin and contaminate the environment, leading to healthcare transmission.
- Locally, many cases of C. auris have been reported in Long-Term Acute Care Hospitals (LTACHs).
- Following our acute care hospital's first case, the Infection Prevention and Hospital Epidemiology team implemented strategies to reduce the likelihood of transmission within our facility, including auditing room cleaning and collecting targeted environmental surface and patient cultures.

Objectives

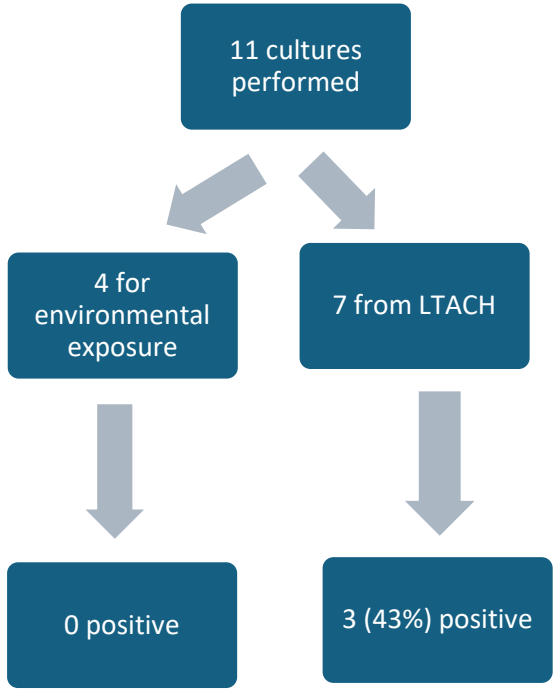
- Understand the current situation with *C. auris* colonization and the need for active surveillance.
- Describe active surveillance strategies to prevent transmission from LTACHs.
- Describe success strategies and potential barriers to performing an active surveillance program for *C. auris*.

Methods

- In 3/2023, our hospital started performing surveillance skin cultures (axilla and groin) for *C. auris* in patients at high risk of *C. auris* colonization.
- We included those with reported environmental exposure and those with recent admissions to an LTACH, as most early cases of *C. auris* in our region were reported at these facilities.
- We created several reports within our electronic medical record system to identify these patients, capturing bed tracing, hospital transfers, and patients' primary residencies.

Results

- From 3/2023–11/2023, 11 surveillance cultures for *C. auris* were conducted.
- 4 were due to environmental exposures and 7 were from patients with recent admissions at an LTACH.
- All 4 cultures performed for environmental exposures were negative.
- 3 of the 7 (43%) cultures performed from patients from LTACHs were positive.
    - All 3 positive cultures were from patients transferred from the same LTACH.



Conclusion

- Targeted surveillance for *C. auris* colonization has proven to be a successful approach at our facility, in particular on patients transferring from LTACHs.
- As more data is collected the team will reassess this approach to determine whether to narrow or broaden our surveillance efforts.

Next Steps

- Routine identification and isolation of high-risk patients admitted from LTACHs as part of daily standard work.
- Consider isolation during testing for rule-out status.