



July 2, 2024

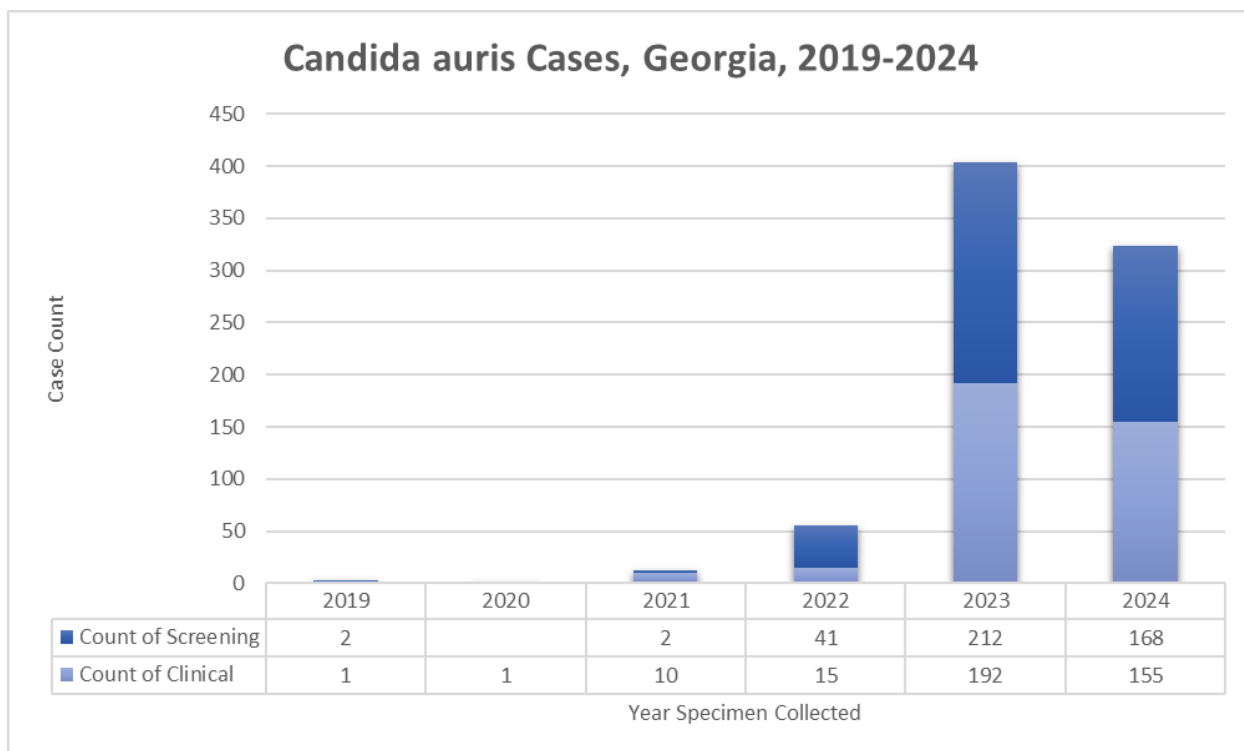
Dear colleagues,

This letter is intended to update Georgia long-term care facilities (LTCF) about current *Candida auris* (*C. auris*) activity in Georgia and provide information about reducing the risk of transmission in the long-term care setting. **LTCF should admit hospitalized residents who are no longer acutely ill back to their long-term care residence, regardless of *C. auris* status. The decision to admit to a LTCF should be based on clinical care needs, not on multi-drug resistant organism (MDRO) status. LTCF should not require hospitals to perform *C. auris* testing as a condition for LTCF admission.**

C. auris Background in Georgia

C. auris is a multidrug-resistant fungus that spreads easily in healthcare settings and can cause invasive infections with mortality rates of up to 60%. *C. auris* can also cause prolonged asymptomatic colonization, during which time it can still be transmitted to others. Over 90% of isolates are resistant to at least one class of antifungal, and reports of pan-resistant strains are increasing. *C. auris* can spread from person to person via touch and through contact with contaminated medical equipment or environmental surfaces.

- Georgia identified its first case of *C. auris* infection in July 2019. Since then, there has been an increase in the number of clinical and screening cases reported in Georgia, most notably since 2023. Screening cases are identified when a person is tested for *C. auris* colonization (presence of *C. auris* on the skin). Clinical cases are identified when a culture reveals the presence of *C. auris* and the person has signs/symptoms of an infection. When the Georgia Department of Public Health (DPH) investigates a *C. auris* case, to evaluate spread, we often test (screen) other people in the same area where the case was in the facility (e.g., roommate, hallway, or unit). Between 2019 and June 2024, 425 screening cases and 374 clinical *C. auris* cases have been reported in Georgia (data are preliminary), but most have occurred recently since 2023 (380 screening cases and 347 clinical *C. auris* cases). All cases occurred in individuals with serious comorbid health conditions and/or a history of prolonged hospitalization. *C. auris* became reportable by law in Georgia on July 1, 2024. Report suspected or confirmed *C. auris* cases to DPH by emailing the Healthcare Associated Infections Antimicrobial Resistance (HAI AR) Team at hai@dph.ga.gov or call 404-657-2588 and ask for a member of the Healthcare-Associated Infections Team.



Recommendations to Safely Provide Care to *C. auris*-Positive Residents

DPH's HAI AR Team investigates each reported *C. auris* case and works with affiliated healthcare facilities to notify them and share recommendations for reducing the risk of *C. auris* transmission.

Surveillance:

- **Early Detection:** Identify MDROs promptly to prevent their spread within healthcare settings and the community.
- **Timely Reporting:** Ensure a system is in place to rapidly notify facility infection prevention and DPH of any suspected or confirmed *C. auris* cases.
- **Investigation:** Provide patient information such as demographics and risk factors (e.g., healthcare exposure history, antimicrobial use, procedures, and invasive devices) so that DPH can determine populations at greatest risk for *C. auris* acquisition/infection.

Infection Prevention for *C. auris* patients:

LTCFs can provide care for *C. auris* positive residents if they can provide care to residents with other MDROs (e.g., Carbapenem Resistant *Enterobacterales* or CRE, Vancomycin Resistant *Enterococcus* or VRE, Methicillin Resistant *Staphylococcus aureus* or MRSA). Compliance with core infection prevention measures such as hand hygiene, appropriate use of personal protective equipment, transmission-based precautions, environmental cleaning and disinfection, and sharing/obtaining MDRO status when transferring/admitting residents will significantly reduce the risk of transmission.

- **Precautions:** Place any residents with suspected or confirmed *C. auris* cases on **Contact Precautions** or **Enhanced Barrier Precautions (EBP)**, as indicated, in a single-resident room immediately. If a single-resident room is not available, LTCFs should determine who the “healthiest” residents are for cohorting. The healthiest residents include those who are not immunocompromised, do not have invasive devices, or wounds and would be at lower risk for acquiring *C. auris*. EBP falls between Standard and Contact Precautions and requires gown and glove use for certain residents during specific high-contact resident care activities that have been found to increase risk for MDRO transmission. High-contact resident care activities include dressing, showering/bathing, transferring, providing hygiene, wound care, changing linens, device care and/or use, and assisting with toileting. We strongly recommend that staff and family/visitors use EBP to reduce the risk of spreading this organism to other residents. In addition to standard precautions, including excellent hand hygiene, these precautions include:
 - Wearing gloves and gown for high-contact activities which increase the risk of MDRO transmission (see examples above).
 - Use of additional PPE as appropriate.
 - Enhanced attention to hand hygiene. The CDC promotes use of alcohol-based hand rub (ABHR) for hand hygiene. ABHR is appropriate in most clinical situations and is effective in killing *C. auris*.
 - Enhanced environmental cleaning using Environmental Protection Agency-registered (EPA registered) products appropriate to the organism. *C. auris* is known to widely contaminate the environment and can persist in the environment for several weeks. Conduct daily and terminal environmental cleaning using a disinfectant on [LIST P](#) provided by the EPA.

Should this resident be transferred to another healthcare facility, it is critical that the receiving facility and involved EMS or other transport staff be notified of the *C. auris* infection or colonization. The resident should be on contact precautions during transport and upon admission to the receiving facility to prevent transmission to other patients. We recommend use of an infection control transfer tool (or incorporation of the elements from the tool into your EMR Reporting template) to ensure that all relevant infection control information is received when accepting an admission and shared when transferring a resident. An infection control transfer tool can be found here: [Interfacility Infection Control Transfer Form](#).

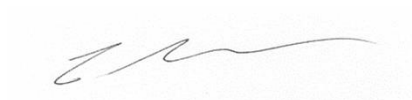
For more information on Enhanced Barrier Precautions, please visit the CDC’s website: <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html> and https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html?CDC_AAref_Val=https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

To monitor *C. auris* activity in Georgia and the United States, visit the CDC’s Tracking *C. auris* page: <https://www.cdc.gov/candida-auris/tracking-c-auris/index.html>

Please also refer to the Center for Disease Control’s (CDC) Infection control Guidance for *C. auris*: <https://www.cdc.gov/candida-auris/hcp/infection-control/index.html>

We greatly appreciate your efforts to keep residents safe and healthy in Georgia. If you have additional questions, please email the HAI AR Team at hai@dph.ga.gov or call 404-657-2588 and ask for a member of the Healthcare-Associated Infections Team.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cherie Drenzek', is centered on a light gray rectangular background.

Cherie Drenzek, DVM, MS
State Epidemiologist
Chief Science Officer
Georgia Department of Public Health