



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: May 5, 2017

TO: Hospitals, Nursing Homes, Diagnostic and Treatment Centers, Clinical Laboratories, Local Health Departments

FROM: NYSDOH Bureau of Healthcare Associated Infections (BHA1)

**Health Advisory:
Update to Healthcare Facilities Regarding
Multidrug-Resistant Yeast *Candida auris* in New York State**

Please distribute immediately to:
Hospital Epidemiologists, Infection Preventionists, Case Managers/Care Coordinators,
Laboratory Directors, Infectious Disease Physicians, Critical Care Medicine Physicians, Medical
Directors, Dialysis Unit Directors, Nursing Directors, Risk Managers, Administrators, Pharmacy
Directors and Directors of Environmental Services

The purpose of this advisory is to update healthcare facilities about the emergence of the multidrug-resistant yeast *Candida auris* (*C. auris*) in New York State. This advisory includes interim infection control guidance from the New York State Department of Health (NYSDOH) and the Centers for Disease Control and Prevention (CDC).

Updates:

As of May 5, 2017, 53 cases with clinical cultures positive for *C. auris* have been identified and reported to the NYSDOH. An additional 18 cases have been identified by collection of screening cultures from asymptomatic contacts. A total of 23 hospitals, 22 long term care facilities, and one long term acute care hospital have had affected patients. All but one case was identified in the New York City (NYC) metropolitan area; however, the patient identified elsewhere had previously been admitted to a hospital in NYC that had reported cases of *C. auris*. Several hospitals and nursing homes have had time-space clusters suggesting transmission within the facility.

The Department is requiring clinical staff of all hospitals and nursing homes located in New York City to participate in a webinar to review *C. auris* with a focus on infection control and environmental cleaning requirements. Clinical staff in facilities outside of New York City are also encouraged to view the webinar. The Department will send registration details for the webinar early next week.

Background:

CDC issued a Clinical Alert in June 2016 regarding *C. auris*:

- *C. auris* is an emerging multidrug-resistant yeast.
- Reports from healthcare facilities outside the United States (US) indicate that *C. auris* is causing healthcare associated infections with high mortality and that *C. auris* has a high potential to cause outbreaks in healthcare facilities.
- Infections caused by *C. auris* often do not respond to commonly used antifungal drugs, making them difficult to treat.

- Patients who have a long stay in an intensive care unit or who have a central venous catheter or other indwelling devices, and who have previously received antibiotics or antifungal medications, appear to be at highest risk of infection.
- Specialized laboratory methods are needed to accurately identify *C. auris*.

NYSDOH issued previous Health Advisories regarding *C. auris*:

- NYSDOH Health Advisory: Alert to New York State Healthcare Facilities regarding the Global Emergence of Invasive Infections Caused by the Multidrug-Resistant Yeast *Candida auris*
https://www.health.ny.gov/press/releases/2017/docs/2016-08_candida_auris_advisory.pdf issued 8/17/2016
- NYSDOH Health Advisory: Alert to New York State Clinical Laboratories Identification and Reporting of Suspected *Candida auris* Isolates
https://www.health.ny.gov/press/releases/2017/docs/2016-11_candida_auris_advisory.pdf issued 11/3/2016

Infection control recommendations:

Healthcare facilities should review all interim recommendations from the CDC regarding *C. auris* infection prevention and control and should monitor the CDC website for new information and revisions to current recommendations:

<https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html>. Key CDC recommendations are summarized below along with additional NYSDOH recommendations.

Key recommendations:

- In **acute-care settings**, patients with *C. auris* infection or colonization should be housed in single rooms on Standard and Contact Precautions.
- Residents in **nursing homes** who are colonized or infected with *C. auris* should be placed on Standard and Contact Precautions and housed in single rooms. NYSDOH recommends that if single rooms are not available, colonized or infected residents may be cohorted with other residents colonized or infected with *C. auris*. Facilities should consult with the NYSDOH regional epidemiologist for guidance on acceptable ways to modify Contact Precautions for highly functional residents who can perform hand hygiene.
- In **dialysis settings**, disposable gowns and gloves should be worn when caring for patients or touching equipment at the dialysis station. Gowns and gloves should be removed and disposed of carefully, and hand hygiene should be performed when leaving the patient's station. If available, use a separate room that is **not** a hepatitis B isolation room for patient treatment. If a separate room is not available, dialyze the patient at a station with as few adjacent stations as possible (e.g., at the end or corner of the unit). Items brought to the dialysis station should be disinfected after use. Items not able to be disinfected should be discarded. Thoroughly disinfect the dialysis station (e.g., chairs, beds, tables, machines) between patients. Information specific to disinfection in dialysis facilities is available at http://www.cdc.gov/dialysis/PDFs/collaborative/Env_notes_Feb13.pdf and http://www.cdc.gov/dialysis/PDFs/collaborative/Env_checklist-508.pdf. Educate and inform the appropriate personnel about the presence of a patient with *C. auris* and the need for Contact Precautions.
- All healthcare facilities as well as outpatient healthcare settings should ensure that thorough daily and terminal cleaning and disinfection is performed in rooms, units, and

procedure/treatment areas where patients or residents with *C. auris* are located or have been present. **Facilities and practices should verify that they are using an EPA-registered hospital grade disinfectant effective against *Clostridium difficile* spores for disinfection related to *C. auris*.** (<https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>)

- Infection preventionists are strongly encouraged to directly monitor compliance with hand hygiene, personal protective equipment, and environmental cleaning and disinfection.
- Before patients or residents are transferred to another healthcare facility, notify the NYSDOH regional epidemiologist. The transferring facility also should notify the receiving facility **by telephone** of the patient's *C. auris* infection or colonization and the level of precautions required. **Facilities should include the *C. auris* diagnosis and infection control measures prominently in the patient's or resident's discharge or transfer documentation.**
- Once a case of *C. auris* infection or colonization is identified in a facility, NYSDOH regional epidemiologists will provide recommendations for collecting surveillance cultures from close contacts and environmental surfaces. At the direction of regional epidemiologists, NYSDOH Wadsworth Center can provide supplies and shipping as well as process primary samples from both patient and environmental samples.
- Healthcare facilities in New York State should be watchful for cases of *C. auris* infection or colonization. Laboratories should forward clinical isolates to the Mycology Laboratory at Wadsworth Center for further characterization as directed in the November 3, 2016 advisory: *NYSDOH Health Advisory. Alert to New York State Clinical Laboratories Identification and Reporting of Suspected Candida auris Isolates* https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/Notification_21320.pdf.
- Requests for specimen submission to Wadsworth Center should be coordinated through your regional epidemiologist.
- Healthcare facilities, including nursing homes, should have infection control procedures and competencies for implementing Standard and Contact Precautions. It is expected that healthcare facilities, including nursing homes, maintain the capacity to manage patients or residents infected or colonized with *C. auris* or any multidrug-resistant organism.

Reporting

C. auris is considered an emerging multidrug-resistant pathogen, and cases of *C. auris* infection or colonization that occur in hospitals, nursing homes and other healthcare facilities licensed under Article 28 of the NYS Public Health Law should be reported to your NYSDOH regional epidemiologist or to the NYSDOH Bureau of Healthcare Associated Infections, Healthcare Epidemiology and Infection Control Program Central Office:

NYSDOH Regional and Central Office Contact Information:

Western Regional Office	(716) 847-4503
Central New York Regional Office	(315) 477-8166
Metropolitan Area Regional Office	(914) 654-7149
Capital District Regional Office	(518) 474-1142
Central Office	(518) 474-1142

Reporting requirements and instructions for NYSDOH facilities licensed under Article 28 of the Public Health Law are available at:

<http://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/reporting.htm>

General questions or comments about this advisory can be sent to icp@health.ny.gov.