

Candida auris screening practices at healthcare facilities in the United States: A Survey of the Emerging Infections Network

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Background

Candida auris is an emerging threat in healthcare facilities

- Frequently drug resistant
- Spreads easily in healthcare settings
- Colonized patients can develop invasive infections with high mortality and can transmit to others

Screening in healthcare facilities can identify colonized patients so that infection control precautions can be implemented to prevent spread*

Screening is recommended based on local epidemiology, but practices and challenges are not well described

Objective: Describe current practices and challenges for *C. auris* screening

* CDC multi-drug resistant organism containment guidance: <https://www.cdc.gov/hai/containment/guidelines.html>

Methods

National Emerging Infections Network (EIN) survey

- August 2022, survey link sent to ~2,800 US-based infectious disease providers and public health personnel via EIN listserv

Survey: *C. auris* screening practices in healthcare facilities where EIN members work

- Is screening performed
- Types of screening done (e.g., admission, patients already in the facility)
- Laboratory tests performed in-house or by external labs
- Barriers to screening

Stratified results by regional *C. auris* prevalence*

- Tier 3: facilities in regions where *C. auris* is frequently identified
- Tier 2: facilities in regions where *C. auris* is not frequently identified

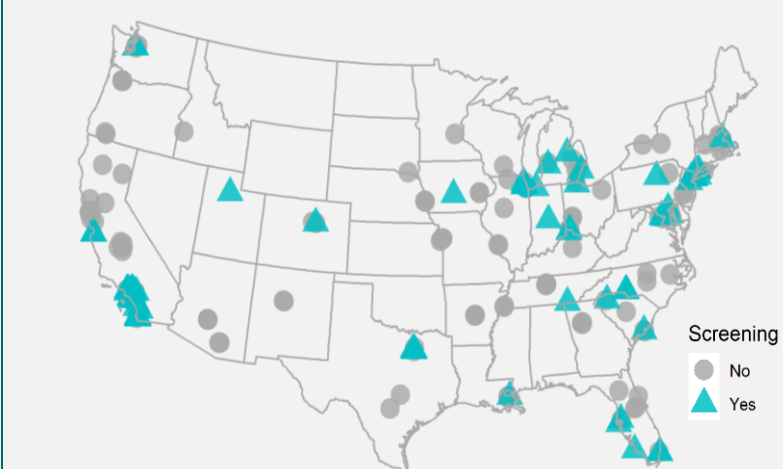
* Based on an informal assessment using CDC's multi-drug resistant organism containment guidance: <https://www.cdc.gov/hai/containment/guidelines.html>

Results

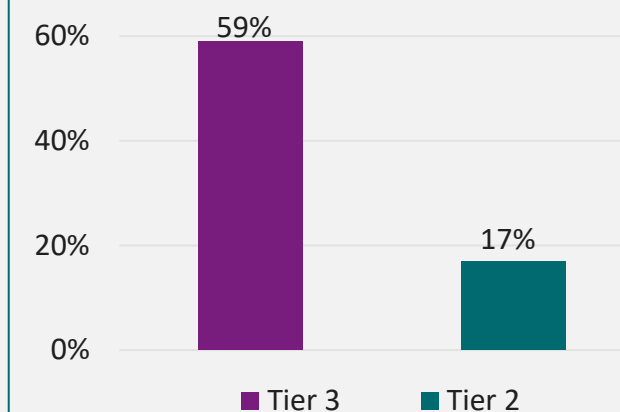
253 responses from 37 states and DC

- 119 respondents from tier 3 facilities
- 134 respondents from tier 2 facilities

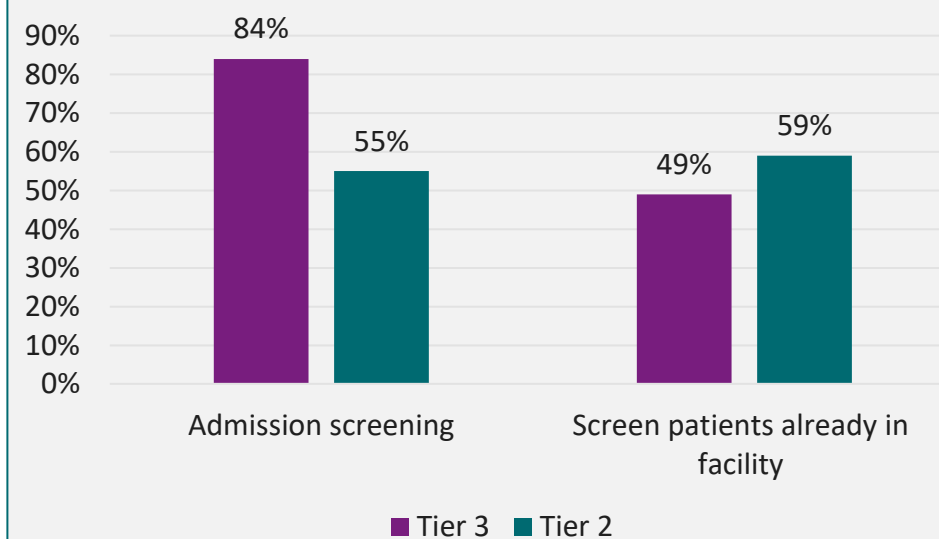
C. auris screening among EIN survey respondents



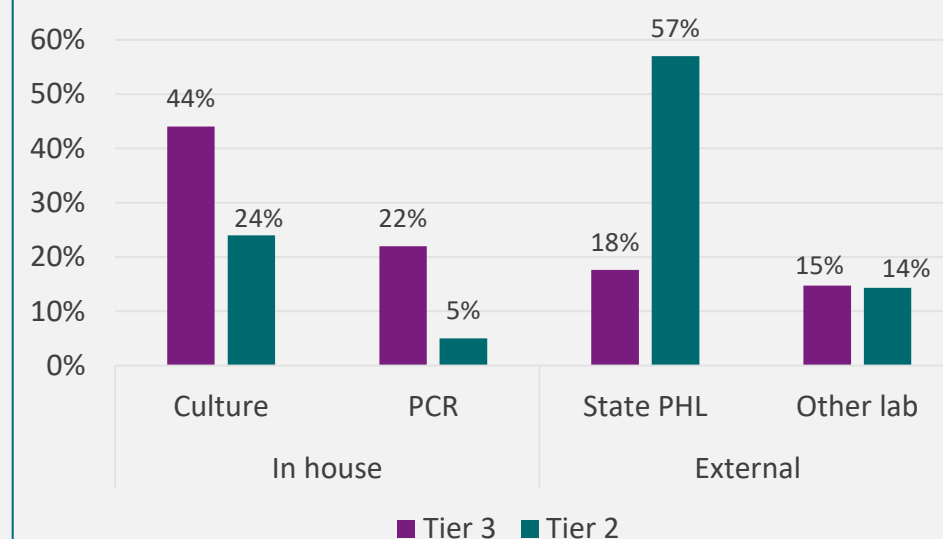
Overall, 37% of respondents reported *C. auris* screening.



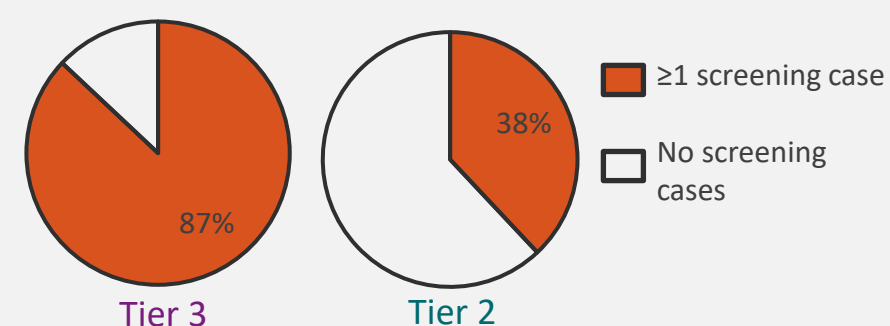
Among facilities reporting screening, admission screening was more common in tier 3 facilities



In-house laboratory testing was more common in tier 3 facilities vs. at external labs for tier 2



Overall, 75% of facilities reporting screening identified ≥ 1 *C. auris* case in last year



Among 44 facilities that screened >25 patients, 55% detected ≥ 6 cases

- Tier 3: 51%
- Tier 2: 80%

Frequently cited challenges to screening:

- Limited lab capacity (n=6)
- Long testing turnaround times (n=6)
- Identifying which patients to screen (n=6)

Limitations

Limitations:

- Missing facility type (e.g., acute care hospital, long-term care, etc.)
- Convenience sample, potential for duplicated responses

Conclusions & next steps

C. auris screening is low overall

- But most facilities that did report screening detected ≥ 1 case in last year

Findings indicate potential gaps in *C. auris* detection in United States. Gaps in screening could affect:

- Ability to mitigate spread in high-prevalence areas
- Detection of new introductions in low-prevalence areas and implementation of actions to limit spread

Next steps

- Promote improved access to in-house laboratory testing with fast turnaround times to facilitate screening uptake
- Undertake additional research on the most effective screening strategies based on local epidemiology
- Encourage increased *C. auris* screening based on findings

Acknowledgements

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