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

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

Results

253 responses from 37 states and DC

C. auris screening among EIN survey respondents

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

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

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

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

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

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Limitations

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

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

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

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