

Reported Perioperative Practices for *Candida auris* Colonization among Surgical and Transplant Patients

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BACKGROUND

- *Candida auris* is an emerging multidrug-resistant pathogen that can cause healthcare-associated infections and outbreaks.
- Despite its increasing prevalence in healthcare settings, there is limited data or guidance related to perioperative infection prevention in patients colonized with *C. auris*.
- CDC guidelines do not address perioperative screening or management of *C. auris* in surgical patients, including solid organ transplant donors and recipients.
- This study examines the reported experiences and approaches infectious diseases professionals take in managing *C. auris* colonization perioperatively.

METHODS

- Emerging Infections Network (EIN) Quick Queries are a unique tool that utilize focused rapidly-deployable polls to ascertain members' opinions/approaches to emerging infectious diseases with limited data, allowing for hypothesis generation or identifying areas of need.
- An online "Quick Query" poll was distributed to members of the EIN.
- Our poll included 6 questions assessing perioperative prevention of *C. auris* infection.
- Descriptive analysis was used to evaluate responses.

Key Points:

- ❖ Only 18% of respondents reported presence of *C. auris* perioperative management institutional guidelines.
- ❖ 19% of poll respondents encountered postoperative invasive *C. auris* infections in previously colonized surgical and transplant patients.

RESULTS

- 84 EIN members completed the poll, representing 29 U.S. states and 3 other countries/territories. California accounted for the largest share of responses (17%), followed by Massachusetts (7%), and Florida (6%).
- Institutional protocols for *C. auris* prevention/management in surgical patients were reported by 18% (15/84) respondents; 17% (14/84) respondents reported having a general surgical guideline and only one respondent reported having a transplant-specific guideline (Figure 1).
- Preoperative screening for *C. auris* was reported by 8% (7/84) of respondents, predominantly from California (5/7) (Figure 2).
- Among the 44 respondents who encountered colonized surgical patients, only 9% (4/44) used antifungal prophylaxis (Figure 3), with micafungin as the preferred agent.
- *C. auris* colonization in transplant recipients prior to transplantation was reported by 13% of respondents (11/84), while only 2% (2/84) reported encounters involving transplants from colonized donors.
- 15% of respondents (13/84) encountered postoperative invasive *C. auris* infections in colonized surgical patients and 4% (3/84) in colonized transplant recipients. 3 additional cases were described among transplant recipients without known donor or recipient colonization pre-transplant.

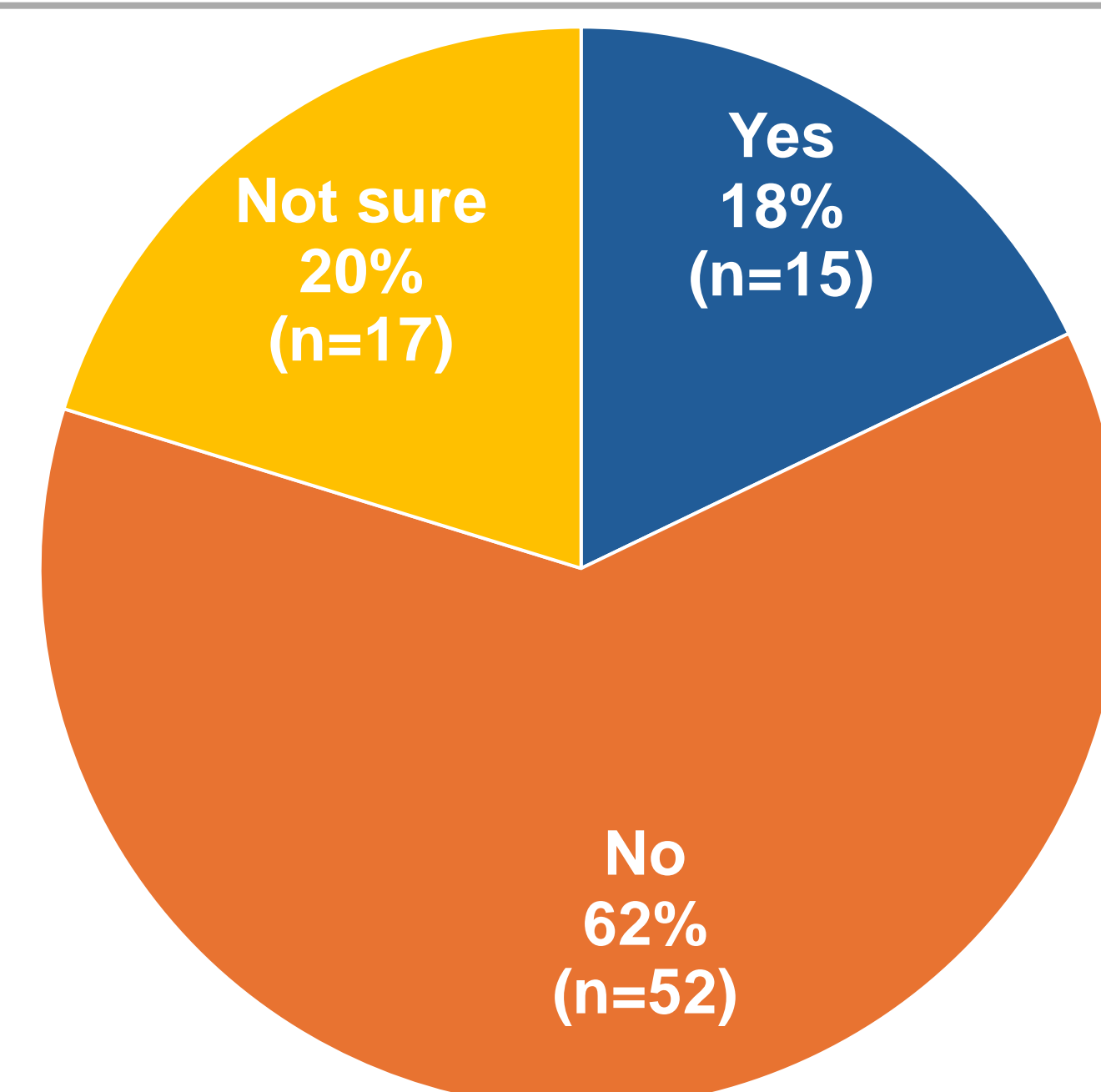


Figure 1: Respondents reporting institutional *C. auris* perioperative guidelines

■ Yes ■ No ■ Not sure

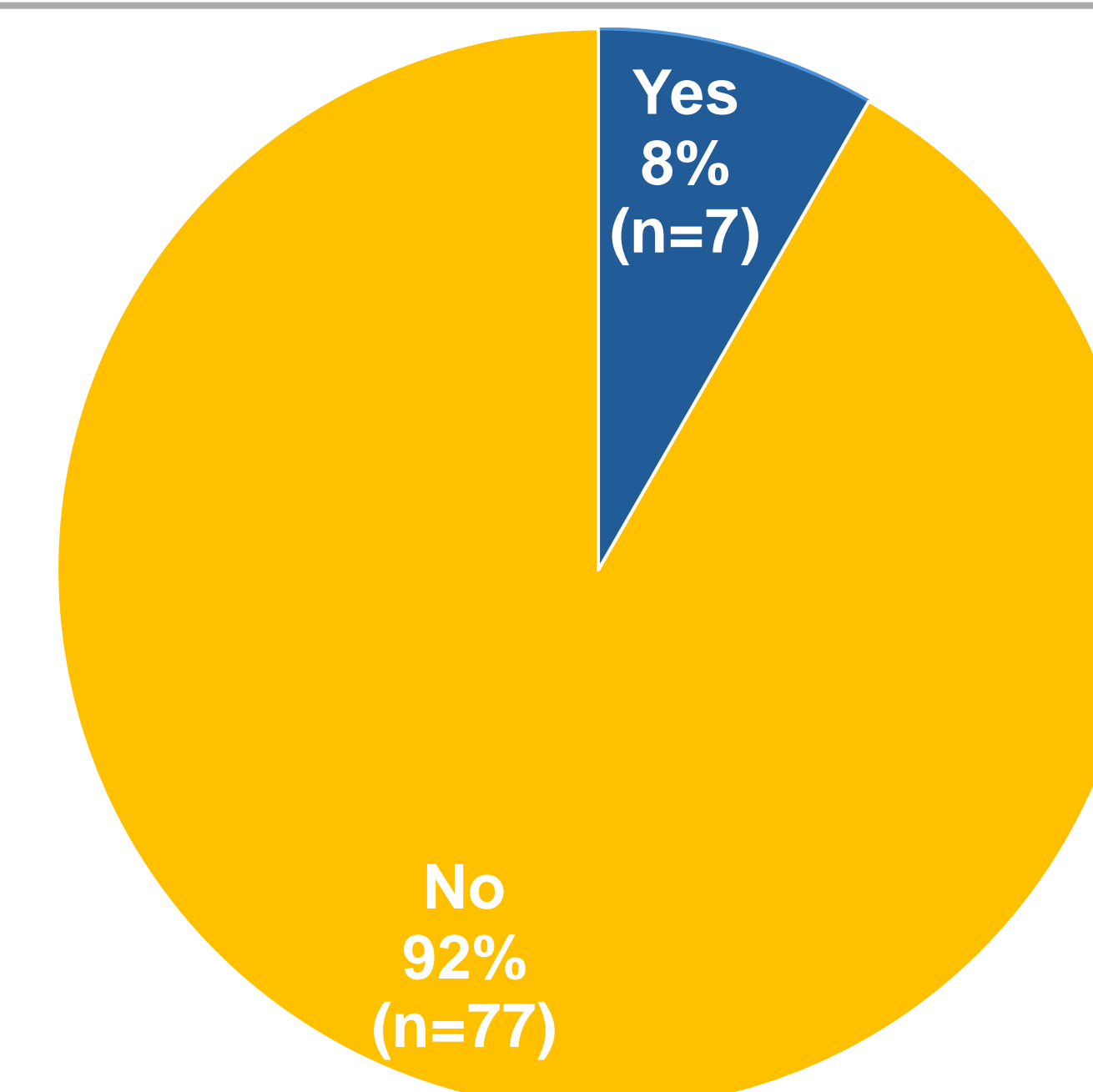


Figure 2: Respondents reporting preoperative *C. auris* screening

■ Yes ■ No

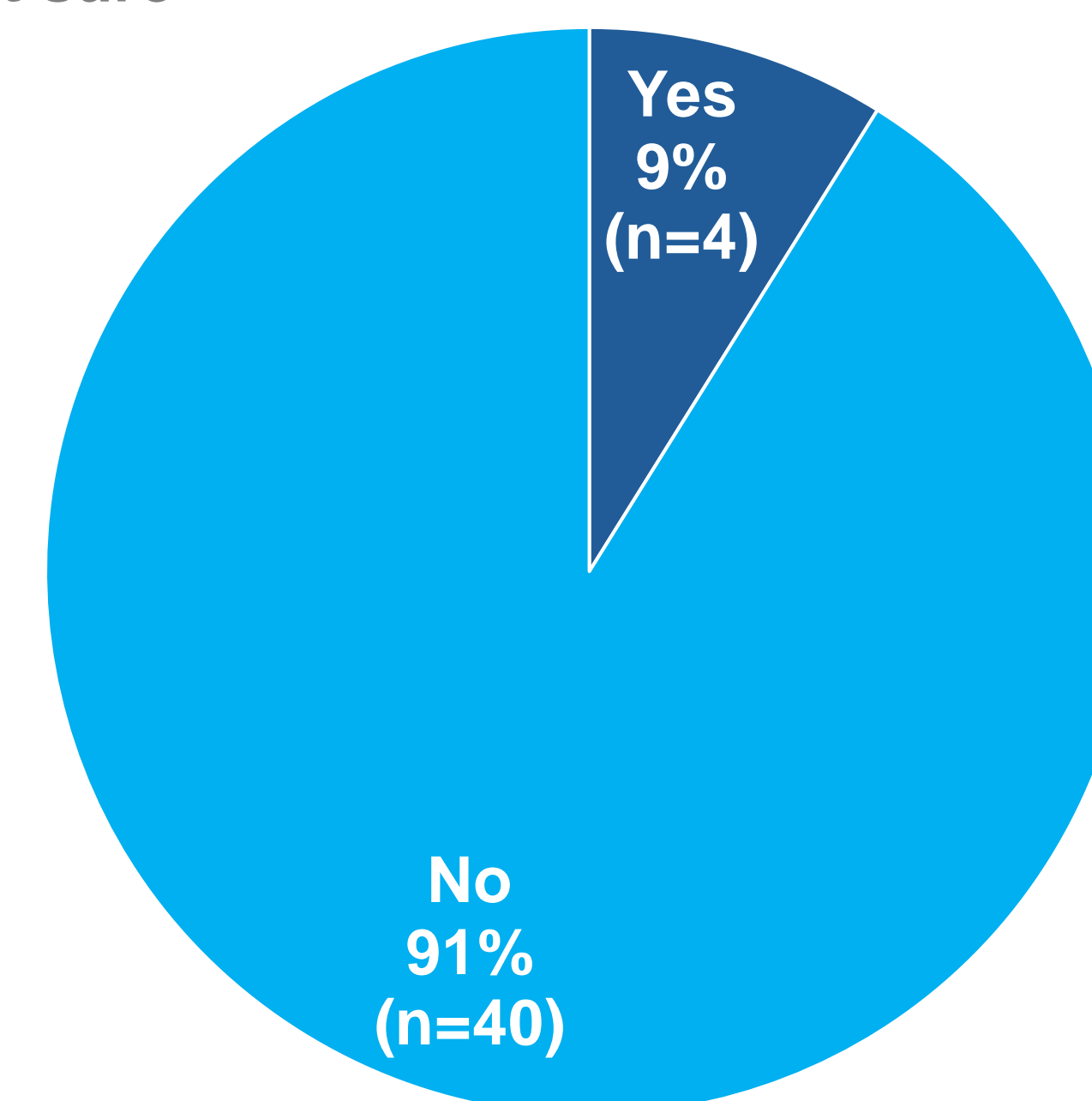


Figure 3: Respondents reporting routine perioperative antifungal prophylaxis for *C. auris* colonized patients

■ Yes ■ No

*3 of the 4 respondents who used perioperative antifungal prophylaxis also reported encountering postoperative *C. auris* infections in colonized surgical patients.

CONCLUSION

- The survey highlights the lack of institutional guidelines for *C. auris* prevention in perioperative settings, including among solid-organ transplant patients.
- Postoperative *C. auris* infections are being encountered, although uncommon, underscoring the need for further research and standardized guidelines to address perioperative prevention of this emerging pathogen.

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