

***Candida auris* and Carbapenemase-Producing Organism (CPO) Interim Admission Screening Recommendations**

The Oregon Health Authority (OHA) has new interim recommendations for admission screening to identify patients colonized with *Candida auris* and carbapenemase-producing organisms (CPOs).

These extensively antimicrobial resistant organisms are uncommon in Oregon. Efforts to detect *Candida auris* (*C. auris*) and CPOs upon admission of high-risk patients will allow healthcare organizations to take early action and prevent spread in healthcare settings. We *must* work collaboratively to prevent or slow these highly resistant and transmissible organisms from establishing endemicity in Oregon which would result in lives lost and increased costs to medical systems. Prompt detection of colonized individuals and institution of transmission-based precautions can prevent healthcare-associated infections.

The Antibiotic Resistance Laboratory Network ([ARLN](#)) continues to offer free testing to support facilities in conducting admission screening.

Interim Admission Screening Recommendations Summary

OHA recommends that Oregon hospitals, long-term acute care hospitals, and ventilator-capable skilled nursing facilities (vSNFs) implement admission screening programs to identify *C. auris* and CPOs among patients with risk factors.

The approach to admission screening will depend on facility characteristics, available resources, and regional epidemiology. Suggested screening criteria are provided on page four of this document.

How to Get Started

Contact the Oregon Healthcare-Associated Infections (HAI) Program:
HAI@odhsoha.oregon.gov.

Background

Candida auris is a globally emerging, difficult to identify, and often multidrug-resistant yeast that can cause serious difficult to treat invasive infections. To date, though only eight cases of *C. auris* infection or colonization have been detected among Oregon residents, case counts continue to rise rapidly elsewhere in the U.S. Strains of *C. auris* in recent Texas and Washington D.C. outbreaks have been resistant to all classes of antifungal agents.

Carbapenemase-producing organisms (CPOs) are highly antibiotic-resistant organisms that can cause difficult-to-treat infections. Some CPOs are resistant to all classes of available antibiotics. Carbapenemases (e.g., KPC, NDM, VIM, IMP, OXA-48) are enzymes that break down carbapenems and other antibiotics. The genes encoding for carbapenemases are readily transferred between bacteria, contributing to the spread of antibiotic-resistant infections. CPOs are often acquired in healthcare settings.

Though CPOs are currently rare in Oregon they are common or endemic in the healthcare systems of other countries and U.S. states. Oregon surveillance data from 2022 and 2023 indicates that approximately 60% of hospitalized CPO cases had recent healthcare outside of Oregon.

Both *C. auris* and CPOs can colonize and co-colonize patients, which can lead to transmission within a healthcare facility, particularly if infection control measures are inadequate. Colonized patients are more likely to develop infections, including invasive infections with poor outcomes.

Screening programs may allow for earlier identification of these organisms and prevention of their transmission.

Links to additional information about *C. auris* and CPOs, including CDC's summary of the evidence for prevention interventions, can be found on page 4 of this document.

Behind These Recommendations

The recommendations in this document are a culmination of efforts related to these emerging pathogen threats, including current research, CDC guidance, the experience of facilities and jurisdictions outside of Oregon, feedback solicited from healthcare partners within Oregon, and Oregon-specific data. Many factors were considered in development of this document, including sensitivity and specificity of screening criteria, ease of implementation for facilities, and the evolving epidemiology of these organisms in Oregon.

CDC continues to recommend testing for colonization of individuals with recent history of overnight stays or invasive procedures in healthcare facilities outside the United States. *C. auris* and CPOs such as KPC have reached stages of advanced spread or endemicity in many regions of the U.S. but fortunately thus far remain rare in Oregon. For this reason, all screening criteria recommended in this document augment the CDC minimum recommendation by additionally recommending screening for certain healthcare encounters in other U.S. states.

The admission screening criteria below are intended to be simple to facilitate implementation. Healthcare facilities in other states report that more complex, targeted screening criteria can be challenging to operationalize.

Admission screening is just one part of a broader prevention effort being employed by OHA and healthcare facilities across Oregon. In addition, OHA provides education and resources for improving infection prevention and control, supports interfacility communication, and improves case detection through expanded routine surveillance at facilities that care for high-acuity patients for long lengths of stay and have been shown to disproportionately influence regional MDRO prevalence. Such facilities include ventilator-capable skilled nursing facilities (vSNFs) and long-term acute care hospitals (LTACHs). In collaboration with the regional ARLN laboratory, OHA also offers testing of clinical isolates and colonization specimens to identify and characterize *C. auris* and CPOs.

For more information about these activities, contact the Oregon HAI Program (HAI@odhsoha.oregon.gov)

OHA *C. auris* and CPO Interim Admission Screening Recommendations

OHA recommends that Oregon hospitals, long-term acute care hospitals (LTACHs), and ventilator-capable skilled nursing facilities (vSNFs) test selected patients for *C. auris* and CPO colonization using one of the following strategies.

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| Strategy #1 | Perform colonization testing on patients with the following exposures in the past 12 months: <ul style="list-style-type: none">spent the night in a healthcare facility (hospital or long-term care) outside Oregon (including outside the United States), oroutpatient surgery outside the United States and Canada, orhemodialysis outside the United States and Canada |
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*Designed to capture the highest number of cases while balancing simplicity and specificity. Ideal when pairing *C. auris* and CPO admission screening.*

While strategy #1 is recommended, other screening criteria may be considered based on facility location, goals, and resources. Strategies #2 and #3 are examples of alternatives that facilities could use if screening for *C. auris* only or depending on the resources available. Please contact OHA and the ARLN using the information provided on page 1 for more information and support.

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| Strategy #2 | Perform colonization testing on patients who spent the night in a healthcare facility (hospital or long-term care) outside of Oregon, Washington, or Idaho (including outside the United States) in the past 12 months. |
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Consider if: your facility's primary catchment includes one or more of the above states; or if identification of patients based on more complex criteria in Strategy 1 is expected to be challenging.

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| Strategy #3 | Perform colonization testing on patients with the following exposures in the past 12 months: <ul style="list-style-type: none">spent the night in a healthcare facility (hospital or long-term care) outside the United States or in an area of high burden within the United States, ANDhave an invasive medical device (such as endotracheal tube, feeding tube, or central venous catheter) or chronic wound |
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Consider if your facility resources are available to support implementation of more complex (targeted) screening questions and you would like to reduce testing volume.

In addition, facilities should continue to strengthen infection prevention and control (IPC) practices and review current disinfectants to ensure that products effective against *C. auris* are readily available. OHA infection preventionists are available to

support healthcare facilities through MDRO-focused prevention-driven infection control assessments. See the next page for resources and request forms.

Specimen Collection and Laboratory Testing

Admission screening involves collecting an axilla-groin composite swab (for *C. auris*) and a rectal swab (for CPO) from newly admitted patients to determine if they are colonized with these organisms.

Currently, the recommended resource for colonization testing is the Washington State Public Health Laboratory (WSPHL), which serves as the West regional laboratory in CDC's Antibiotic Resistance Laboratory Network (ARLN).

WSPHL supports colonization testing for *C. auris* and CPOs in Oregon by providing healthcare facilities with the following at no cost:

- specimen collection swabs and accompanying instructions,
- pre-paid shipping and shipping supplies,
- laboratory testing of specimens, and
- prompt reporting of results so that facilities can take action.

Screening specimens are sent directly to WSPHL. Contact OHA using the information provided on page 1 for more information and support.

More Information about *C. auris* and CPOs:

- [CDC Summary of Evidence for Prevention Interventions](#)
- [CDC *Candida auris* website](#)
- [CDC Antibiotic Resistance & Patient Safety Portal](#)
- [CDC Strategies for Prevention and Response to Novel & Targeted MDROs](#)
- [OHA Carbapenem-Resistant Organism \(CRO\) Toolkit](#)
- [OHA Prevention-Driven Infection Control Assessment Request Form](#)
- Antimicrobial products effective against *C. auris* can be found on the Environmental Protection Agency (EPA)'s List P or List K:
 - [EPA List P: Products effective against *Candida auris*](#)
 - [EPA List K: Products effective against *C. difficile* spores](#)

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