

MARCH 2024 HIPC NEWSLETTER

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CANDIDA AURIS

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Important Dates

- | World Hand Hygiene
Day- May 5th
- | Global Handwashing Day-
October 15th
- | AMR awareness
week-18-24 November

- | International Infection
Prevention Week –Every
3rd Week of October

Guideline Updates Quick Links

<https://www.cdc.gov/hai/vap/vap.html>

<https://www.cdc.gov/nhsn/pdfs/pscmanual/6pscvcapcurrent.pdf>

•<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9163435/#:~:text=Batra%20P.%2C%20Soni,Google%20Scholar%5D>

www.ncbi.nlm.nih.gov
pubmed.ncbi.nlm.nih.gov

CANDIDA AURIS

Candida auris is a type of yeast that can cause severe illness and spreads easily among patients in healthcare facilities. It is often resistant to antifungal treatments, which means that the medications that are designed to kill the fungus and stop infections do not work.



SYMPTOMS

C. auris can cause infections in different parts of the body such as in the bloodstream, open wounds, and ears. The symptoms depend on the location and severity of C. auris infection. Symptoms may be similar to symptoms of an infection caused by bacteria. There is not a common set of symptoms specific for C. auris infections.

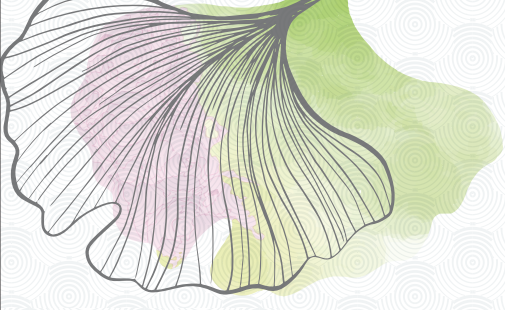
COLONIZATION

People can get C. auris on their skin and other body sites without getting sick or having an infection. Someone who is colonized can still transmit C. auris onto surfaces or objects that they contact, which can then spread it to other patients.

Diagnosis (TESTING AND SCREENING)

- ◆ Colonization screening– a healthcare provider swabs the patient's skin by rubbing a swab near the armpits and groin and sends the swab to a laboratory for testing.
- ◆ Clinical specimen testing– If a patient is showing symptoms of an infection of unknown cause, a healthcare provider may collect blood or urine. They usually test for many types of infections including those caused by bacteria and the results may show that the patient has C. auris.
- ◆ Matrix-assisted laser desorption ionization time of flight (MALDI-TOF) and Vitek 2 are reliable and easy methods which can be used for screening and diagnosis

Retesting patients infected or colonized with C. auris is not recommended and should not be used to change infection control measures because it does not ensure that the patient no longer has C. auris on their skin or other body sites and will not spread it to others.



NOT A THREAT TO HEALTHY PEOPLE

- ◆ In general, *C. auris* is not a threat to healthy people. CDC typically does not recommend screening or testing family members. Family members should use alcohol-based hand sanitizer or wash their hands before entering and leaving a patient's room and before and after contact with the patient or a patient's medical devices
- ◆ If a family member or someone else with frequent contact with a patient with *C. auris* needs to receive care at a healthcare facility, they should tell the healthcare provider.
- ◆ Patients and family members should talk to a healthcare provider or the facility's management if they are concerned about infection protection and control.

RISK FACTORS

- ◆ *C. auris* mostly affects patients with severe underlying medical conditions and requiring complex medical care.
- ◆ Patients with invasive medical devices like breathing tubes, feeding tubes, catheters in a vein, or urinary catheters tend to be at increased risk for getting *C. auris* and developing an infection.
- ◆ Healthy people without these risk factors, including healthcare workers and family members, have a low risk for getting infected with *C. auris*.

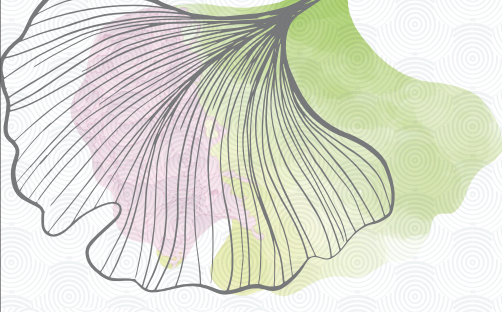
RESISTANCE AND TREATMENT

C. auris is often resistant to commonly used antifungal medications, most *C. auris* infections are treatable with a class of antifungal medicines **called echinocandins**.

However, some *C. auris* strains have been resistant to all three main classes of antifungal medicines, meaning none are able to treat the infection. In this situation, multiple antifungal medicines or newer antifungals may be used to treat the infection.

Patients who are colonized (have *C. auris* detected on their body but do not have symptoms of infection) should not be treated with antifungals for *C. auris*. There is no evidence that this prevents sickness.





PREVENTING SPREAD



Patient care goes beyond treating or managing an illness or condition. If a patient is colonized or infected, healthcare providers take special steps to prevent the spread of *C. auris*, including placing the patient in a room separated from those at risk, cleaning the rooms with special disinfectant products, and wearing gloves and gowns to deliver care.

Healthcare facilities should be informed if an incoming patient has ever:

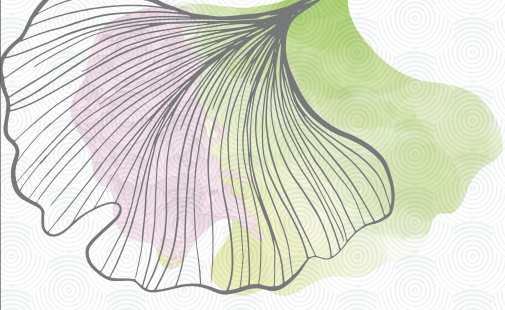
- ◆ Tested positive for *C. auris*, with or without symptoms.
- ◆ Was exposed to another patient with *C. auris*.
- ◆ Was in a facility where an outbreak was occurring.

Patients with *C. auris* often continue to have it on their skin or other body sites for a very long time, whether or not they ever have symptoms.

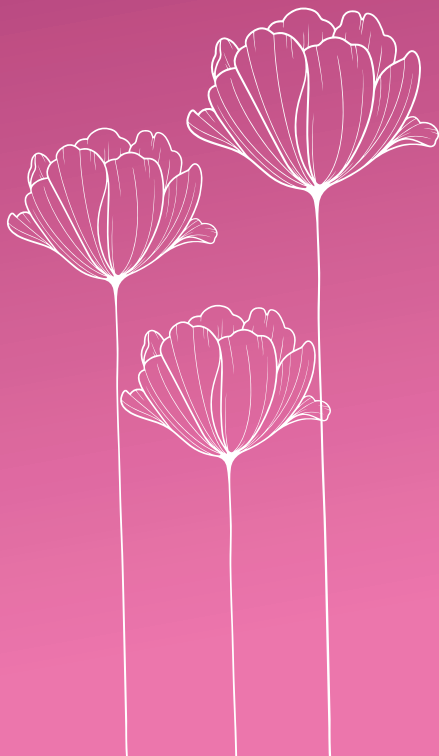
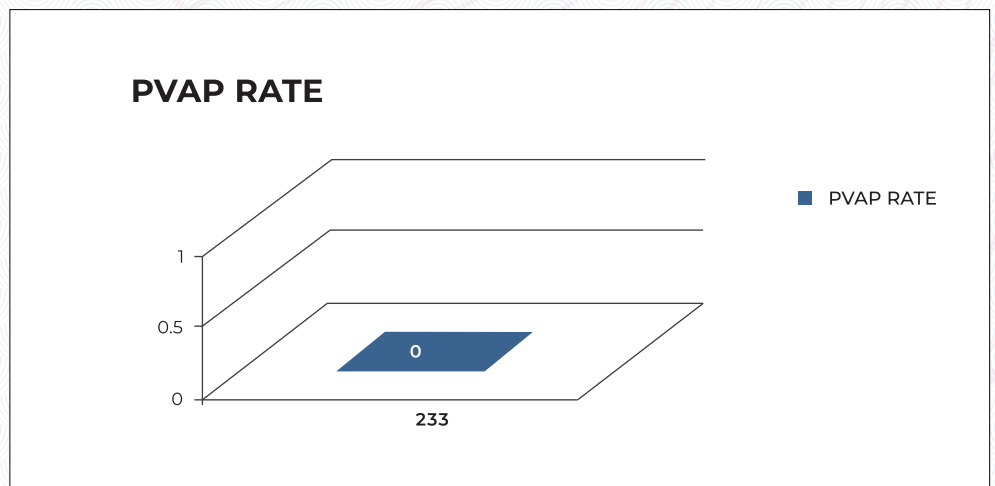
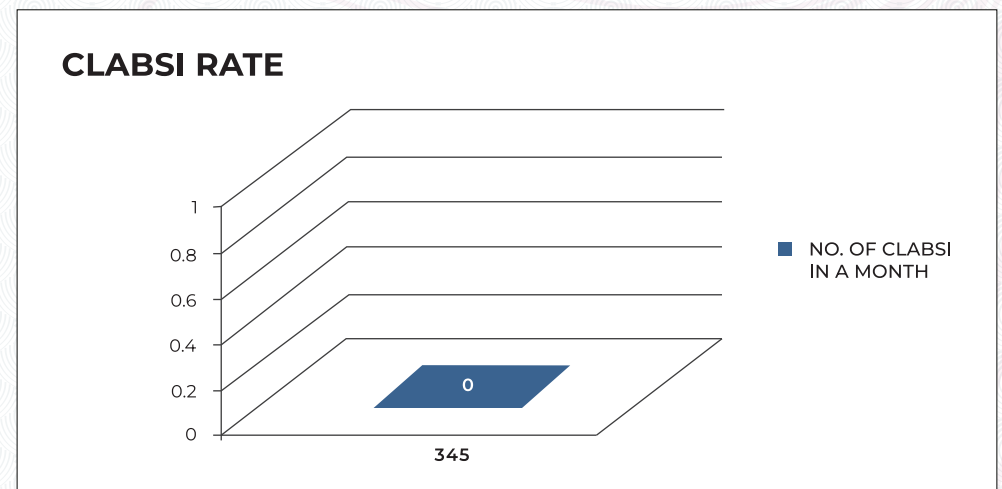
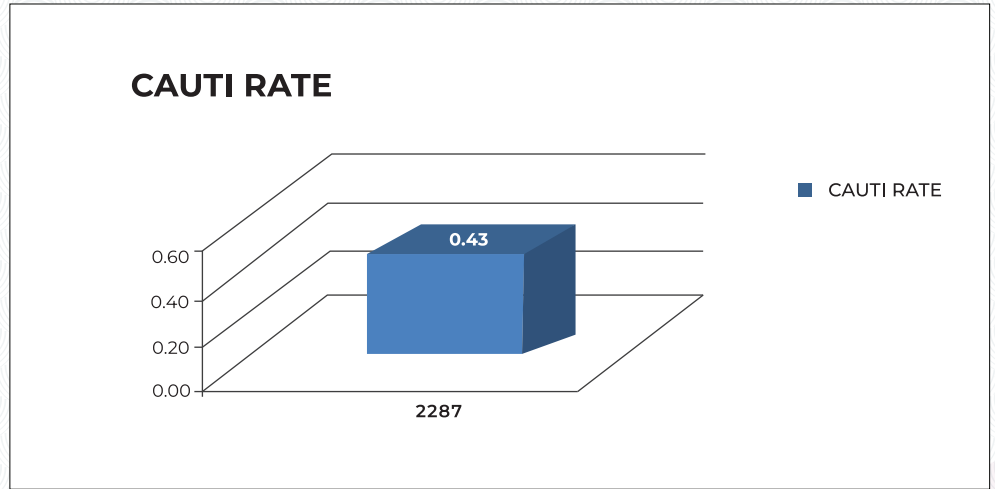
WHY IS CANDIDA AURIS A PROBLEM?

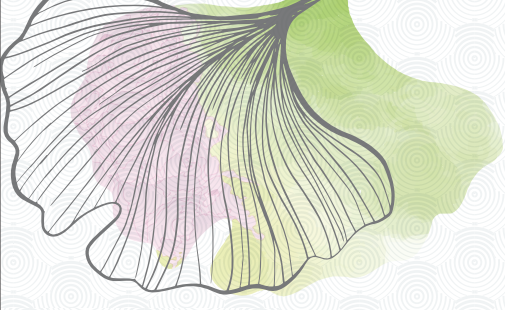
- ◆ It causes serious infections. *C. auris* can cause bloodstream infections and even death, particularly in hospital and nursing home patients with serious medical problems. More than 1 in 3 patients with invasive *C. auris* infection (for example, an infection that affects the blood, heart, or brain) die.
- ◆ It's often resistant to medicines. Antifungal medicines commonly used to treat *Candida* infections often don't work for *Candida auris*. Some *C. auris* infections have been resistant to all three types of antifungal medicines.
- ◆ It's becoming more common. Although *C. auris* was just discovered in 2009, it has spread quickly and caused infections in more than a dozen countries.
- ◆ It's difficult to identify. *C. auris* can be misidentified as other types of fungi unless specialized laboratory technology is used. This misidentification might lead to a patient getting the wrong treatment.
- ◆ It can spread in hospitals and nursing homes. *C. auris* has caused outbreaks in healthcare facilities and can spread through contact with affected patients and contaminated surfaces or equipment. Good hand hygiene and cleaning in healthcare facilities is important because *C. auris* can live on surfaces for several weeks.





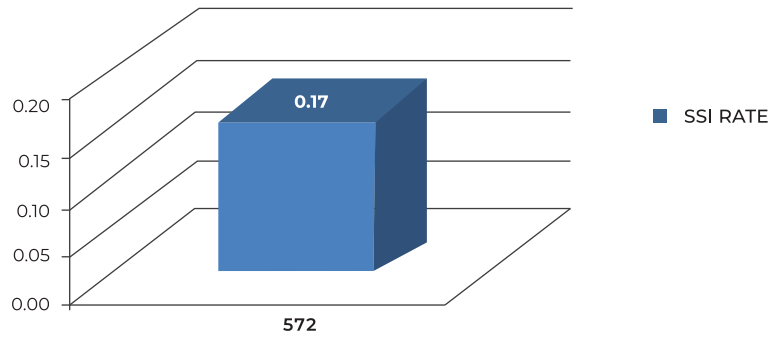
HAI DATA - JANUARY, 2024





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PERCENTAGE OF HAND HYGIENE COMPLIANCE

