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Candida auris Colonization in an Inpatient — Alaska, December 2024

Background

Candida auris is a yeast that spreads easily among patients in healthcare facilities.^{1,2} It can cause severe illness, primarily in people with underlying medical conditions. Those at highest risk include patients with indwelling medical devices (e.g., breathing tubes, feeding tubes, or central lines) or those receiving complex or high-acuity medical care. While most infections can be treated, *C. auris* strains are frequently resistant to at least one type of antifungal medicine.

C. auris colonization is typically seen in people with multiple healthcare exposures and underlying medical conditions. Among colonized patients with risk factors, up to 10% progress to develop infection.³ Treatment for colonization is generally not recommended, as it is often ineffective.²

Early identification, combined with appropriate infection prevention and control (IPC) measures, is essential to prevent the transmission of *C. auris* in healthcare facilities. Infected or colonized patients can shed the yeast and contaminate healthcare workers' hands, clothing, and virtually any object or surface in the room.⁴ *C. auris* can survive on surfaces for weeks, which makes thorough disinfection crucial.² Most transmission in the U.S. has occurred in long-term acute care hospitals and ventilator-capable skilled-nursing facilities.⁴ Many common hospital disinfectants are ineffective against *C. auris*, making it difficult to eradicate once established in healthcare facilities and leading to prolonged outbreaks.⁵

This *Bulletin* describes Alaska's first report of *C. auris* colonization in an inpatient and provides recommendations for Alaska clinicians and healthcare facilities.

Case report

In December 2024, a previously healthy adult male from another state received care at an Alaska emergency department for injuries sustained in a motor vehicle accident. He was transferred by air to a larger Alaska hospital, where he was admitted for 8 days. He had no signs or symptoms of infection.

As part of the hospital's admission protocol, the patient was asked about any international travel in the past month and international hospitalizations, surgeries, or invasive procedures in the past 12 months. The patient disclosed a recent dental procedure abroad, prompting the hospital to immediately place him on contact precautions and test for *C. auris* as per hospital protocol. The test returned positive for *C. auris*, and the hospital laboratory notified the Section of Epidemiology (SOE).

A thorough bed trace was conducted, and 32 inpatients who had shared a room or had other possible exposures were tested, all of whom were negative. Rooms and equipment at both facilities were disinfected with *C. auris*-effective disinfectants.⁶

Discussion

The rapid identification of this high-risk patient through admission screening and testing, along with the prompt initiation of contact precautions, enhanced cleaning and disinfection protocols, and adherence to IPC measures, effectively prevented the transmission of *C. auris* to other patients during this admission.

Currently, many Alaska healthcare facilities do not routinely screen on admission for previous healthcare in areas with a high incidence of *C. auris*. No instances of *C. auris* transmission have been reported in Alaska healthcare facilities.

This first case of *C. auris* colonization in an inpatient provides a prompt for Alaska healthcare facilities that have not already done so to implement systematic, risk-based screening and

testing protocols. This is the most effective strategy to prevent *C. auris* from becoming established in healthcare settings and to avoid the high staff workload, substantial costs, and health risks associated with an outbreak.⁷

Recommendations

1. Prior to admission, screen patients for hospitalizations, procedures, or stays in long-term acute care or skilled-nursing facilities in a) facilities with a known *C. auris* outbreak, b) high-incidence areas in the U.S.,⁵ and c) healthcare facilities outside of the U.S.
2. Test for *C. auris* in patients meeting any of the above screening criteria. The Alaska State Public Health Laboratory currently offers free testing for *C. auris* and carbapenemase-producing organisms (request form: <https://health.alaska.gov/dph/Labs/Documents/publication/s/AncTestReq.pdf>).⁹ Commercial laboratories also offer testing.
3. Immediately place patients with suspected or confirmed *C. auris* colonization or infection on contact precautions in a private room, including while test results are pending.
4. Consider enhanced barrier precautions for colonized long-term care patients.¹⁰
5. Do not re-test for *C. auris* once a patient has tested positive. IPC measures should be continued indefinitely in healthcare settings (including readmissions) but are not needed at home.
6. Testing for healthcare providers and family members is generally not recommended.
7. Ensure that enhanced cleaning and disinfection protocols use compounds effective against *C. auris*, observe appropriate dwell times, and thoroughly disinfect *all* potentially contaminated surfaces.
8. Do not share frequently used equipment (e.g., stethoscopes, blood pressure cuffs, glucose monitors, thermometers) between patients with *C. auris* and others.
9. Clean and disinfect shared equipment between patients.
10. Clean hands before and after touching a patient or their environment, before performing procedures, and after removing gloves. Use an appropriate amount of alcohol-based hand rub and let air dry, or wash hands with soap.
11. Place a durable alert in the electronic medical record for patients with *C. auris* and educate patients to immediately inform healthcare providers of their *C. auris* status when seeking care so that appropriate precautions can be taken.
12. Immediately report all suspected and confirmed cases of *C. auris* to SOE at 907-269-8000. Notify patients that they may be contacted by SOE staff for follow-up.

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