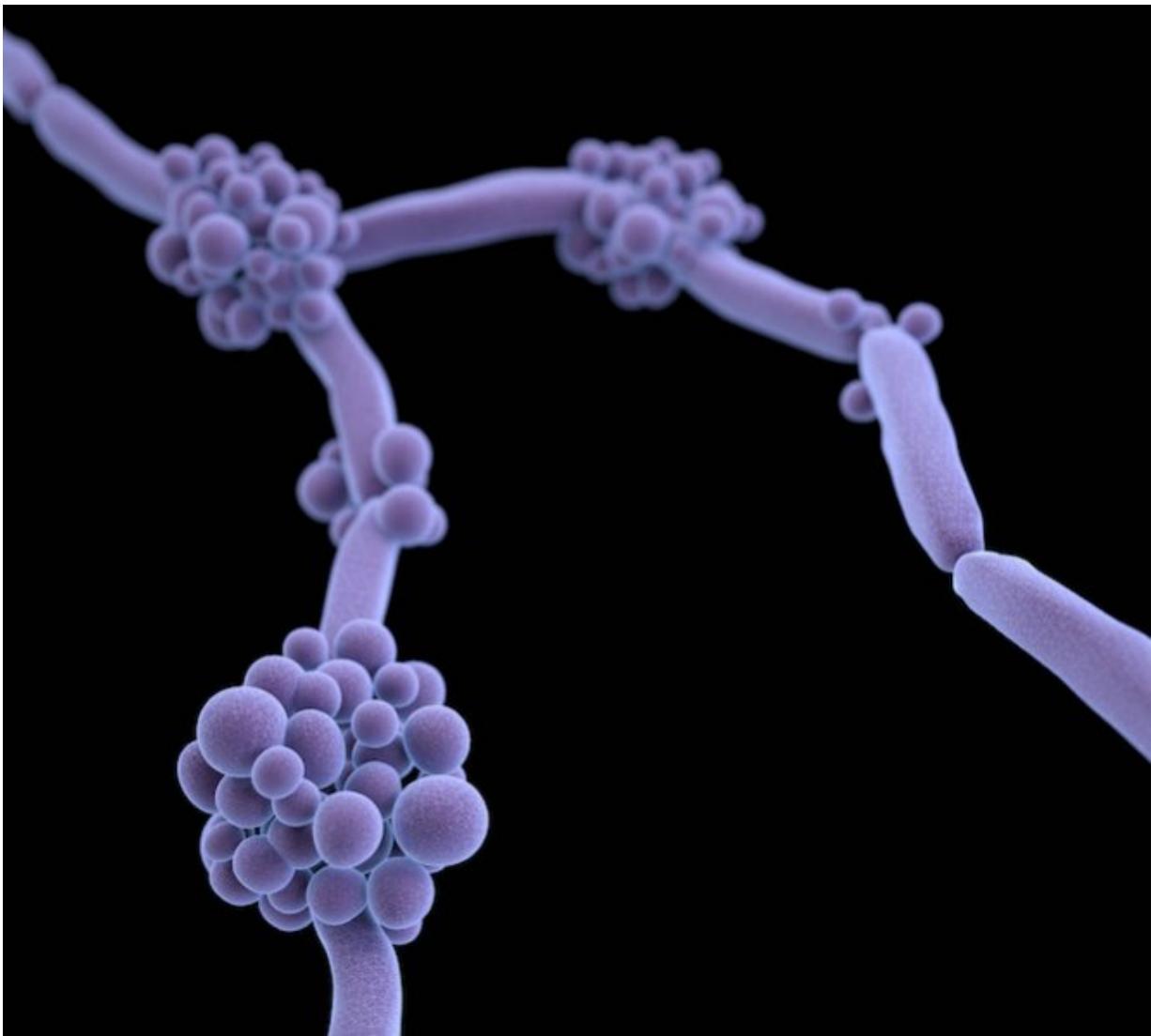


# How two California hospitals prevented the spread of a deadly fungal infection during the pandemic

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Candida albicans, which is related to Candida auris. Credit: CDC

In the midst of the COVID-19 pandemic, infection preventionists at two Southern California hospitals took extreme measures to stop the spread of a deadly fungus that has emerged in the U.S. and around the world. The two will detail their proactive responses in oral presentations today at the Association for Professionals in Infection Control and Epidemiology's (APIC's), [48th Annual Conference](#).

In separate responses, Scripps Memorial in La Jolla and UCLA Health in Los Angeles isolated suspected or confirmed [patients](#), worked closely with public health departments and information technology and lab teams at their facilities, and implemented aggressive measures to prevent the pathogen, *Candida auris*, from spreading.

"The fact that these two teams recognized this threat and were able to mobilize so quickly and effectively while also on high alert for COVID is remarkable," said APIC 2021 President Ann Marie Pettis, BSN, RN, CIC, FAPIC. "Their [case studies](#) demonstrate how important it is that hospitals, clinics, and long-term care facilities have enough [infection](#) preventionists and resources to train staff and monitor safety protocols so they can prevent harm on multiple fronts."

*C. auris* is a type of fungus that causes severe, often fatal infections and is resistant to most antifungal drugs. It can be carried on a patient's skin and can survive on surfaces for more than a month, allowing it to spread easily among patients. Most hospital disinfectants can't kill *C. auris*, making it difficult to eradicate from the healthcare environment. It is also easy to misidentify in lab tests.

In March 2020, during the initial influx of COVID-19 patients, infection

preventionist Elizabeth A. Jefferson, BS, Ph.D., CIC, of Scripps Memorial, was notified that her facility had received the first known case of *C. auris* in San Diego County.

Initially flagged and isolated because the patient had received healthcare abroad, laboratory tests confirmed *C. auris* in a wound. The patient remained hospitalized in isolation for 47 days, during which time the team implemented aggressive cleaning measures, including use of a disinfectant that was effective against *C. auris* and UV light for terminal cleaning of all patient rooms.

"Education of staff was essential," said Jefferson. "Staff had to clean and disinfect the room twice a day, and then clean any shared equipment, because if *Candida auris* sets up shop in your facility, it is extremely difficult to get rid of."

The team partnered with public health, including the CDC's Antibiotic Resistance Lab Network, on routine surveillance testing to ensure there was no transmission.

"Hospitals need to be on the lookout for *C. auris*," said Jefferson. "You don't know if a patient is colonized or infected unless you have specialized laboratory equipment."

As a result, there was no transmission of the fungal pathogen that has infected nearly 1,800 patients in 15 states and the District of Columbia since it was first detected in the U.S. in 2015.

When *C. auris* started to surge in Southern California during the summer of 2020, UCLA Health was ready. Knowing the devastation *C. auris* had caused in other states, they had already created a multi-level notification system designed to catch potential cases early and prevent transmission.

Collaborating with their electronic medical records (EMR) team and the lab, the infection preventionists made sure the EMR system was set up to screen every patient for both COVID and *Candida auris* when they entered the facility. High-risk patients were flagged and tested appropriately with subsequent notifications sent to infection prevention, environmental services, the lab, and nursing. The system placed holds in patient charts prior to discharge or transfer to enable communication with the health department and receiving facilities about the patient's *C. auris* status.

The system triggered reminders for stringent cleaning protocols which included testing of environmental surfaces after terminal cleaning to ensure that the patient's room was clear of the organism.

"Having an in-house lab that could test for *C. auris* and collaborating with the EMR team to build a set of screening steps into our EMR created a failsafe way to ensure we could monitor and track any suspected *C. auris* cases at our facility. This process was effective in prevention of cross contamination in the healthcare environment" said Urvashi Parti, MPH, infection preventionist at UCLA Health.

Another factor for success was engaging senior leadership so they understood the importance of monitoring both *C. auris* and COVID at the same time.

"We had the full support of senior leaders who made sure we had the resources to support early identification of *C. auris* during the COVID-19 pandemic," said Shaunte Walton, MS, CIC, Health System Director of Clinical Epidemiology & Infection Prevention at UCLA Health.

Provided by Association for Professionals in Infection Control

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