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DATE: August 23, 2017
TO: Home Healthcare and Hospice
FROM: NYSDOH Bureau of Healthcare Associated Infections

Guidance to New York State Home Healthcare and Hospice regarding the Global Emergence of Invasive Infections Caused by the Multidrug-Resistant Yeast *Candida auris*

The purpose of this letter is to provide guidance for the prevention and control of the multidrug-resistant yeast *Candida auris* (*C. auris*) among patients in home healthcare and hospice in New York State.

Background

The Centers for Disease Control and Prevention (CDC) issued a Clinical Alert in June 2016 regarding *C. auris*:

- Reports from healthcare facilities outside the United States indicate that *C. auris* is causing healthcare associated infections with high mortality and that *C. auris* has a high potential to cause outbreaks in healthcare facilities.
- Infections caused by *C. auris* often do not respond to commonly used antifungal drugs, making them difficult to treat.
- Patients who have long stays in intensive care units or who have central venous catheters or other indwelling devices, and who have previously received antibiotics or antifungal medications, appear to be at highest risk of infection.
- Specialized laboratory methods are needed to accurately identify *C. auris*.

To date, New York State Department of Health (NYSDOH) has issued three Health Advisories regarding *C. auris*. They are available for review here:

- NYSDOH Health Advisory: Alert to New York State Healthcare Facilities regarding the Global Emergence of Invasive Infections Caused by the Multidrug-Resistant Yeast *Candida auris*. Issued 8/17/2016
https://www.health.ny.gov/press/releases/2017/docs/2016-08_candida_auris_advisory.pdf
- NYSDOH Health Advisory: Alert to New York State Clinical Laboratories Identification and Reporting of Suspected *Candida auris* Isolates Issued 11/3/2016
https://www.health.ny.gov/press/releases/2017/docs/2016-11_candida_auris_advisory.pdf

- NYSDOH Health Advisory: Update to Healthcare Facilities Regarding Multidrug-Resistant Yeast *Candida auris* in New York State. Issued 5/5/2017
https://www.health.ny.gov/diseases/communicable/c_auris/docs/2017-05_candida_auris_advisory.pdf

Infection Prevention and Control Recommendations

For further information, please review all interim CDC recommendations regarding *C. auris* infection prevention and control and monitor the CDC website for new information and revisions to current recommendations:

<https://www.cdc.gov/fungal/diseases/candidiasis/c-auris-infection-control.html>.

Key CDC and NYSDOH recommendations for home health care and hospice personnel (HCP):

- Infection control precautions in home care and hospice for persons colonized or infected with *C. auris* are similar to precautions taken in healthcare facilities. Standard and Contact Precautions should be followed by all staff interacting with persons infected or colonized with *C. auris*. Hands and clothing can become contaminated by touching surfaces and objects in the patient's immediate environment and by contact with colonized or infected wounds, secretions, and excretions, as well as the patient's intact skin.
 - Use Contact Precautions (e.g. gown and gloves) upon entering the area of the home where patient care is provided and whenever coming into contact with the patient.
- Strict adherence to hand hygiene practices by HCP is essential. Perform hand-hygiene either by using alcohol-based hand sanitizer or hand washing with soap and water (required when hands are visibly soiled).

Hand hygiene should be performed **before**:

- Physical contact with the patient
- Performing an aseptic task
- Reaching into the homecare bag
- Leaving the patient's home

And hand hygiene should be performed **after**:

- Physical contact with the patient
- Contact with body fluids or visibly contaminated surfaces
- Contact with objects/surfaces in patient's environment
- Removing personal protective equipment (PPE) (e.g., gloves, gown)
- Using a restroom

- If a patient is colonized or infected with a multidrug-resistant organism (MDRO) such as *C. auris*, their immediate environment can become contaminated. Of special concern are the high-touch surfaces in areas where the patient spends most of his or her time (e.g. bedroom, bathroom, living room, kitchen). Staff should provide education to the patient, family, and other caregivers regarding frequent cleaning and disinfection of these areas as well as other surfaces and objects that the patient touches.
- Although MDROs such as *C. auris* are not known to be a risk to HCP's who practice good infection prevention and control measures, they might be

transmitted to other home care and hospice patients through inanimate objects or hands. Thus, home care and hospice patients known to have *C. auris* should be cared for using appropriate PPE as described above.

- Reusable medical equipment and devices (e.g. stethoscopes and blood pressure cuffs) should remain in the home. If that is not possible, reusable medical equipment and devices should be appropriately and effectively cleaned and disinfected per the equipment or device manufacturer's instructions. Manufacturer recommendations for cleaning and disinfection related to *Clostridium difficile* are appropriate for *C. auris*. If the manufacturer does not specify cleaning and disinfection instructions, the equipment or device should not be shared among patients. Ideally, equipment should be cleaned before leaving the patient's home. When home-based cleaning and disinfection is not possible or appropriate, return equipment to a central location for cleaning and disinfection before using on another patient.
- If practical, schedule home visits for patients with an MDRO such as *C. auris* as the last visit of the day. If not practical, visits should be scheduled to avoid visiting patients at increased risk for acquiring an MDRO (e.g. those requiring wound care) after seeing a patient with an MDRO such as *C. auris*.
- As an emerging pathogen, *C. auris* is a reportable condition. If public health authorities are not already aware of a home care patient with *C. auris*, notify the local health department or NYSDOH immediately.
- If a patient is transferred to a healthcare facility, please notify the NYSDOH regional epidemiologist. If the home care agency is involved in the transfer, they should also notify the receiving facility **by telephone** of the patient's *C. auris* infection or colonization and the level of precautions required. **The patient's discharge or transfer note should prominently include the diagnosis of *C. auris* and the infection prevention and control measures required.**

Patient/Family Education

- The risk of household members becoming sick from *C. auris* is very low unless they themselves have risk factors (e.g. wounds, devices such as catheters, multiple serious medical conditions). Such persons should discuss any concerns with their personal healthcare provider.
- All household members should practice good hand hygiene (frequent hand washing with soap and water or use of alcohol-based hand rubs). Additionally, if household members are providing care to the patient (such as changing the dressing on an infected wound), these persons should wear disposable gloves while providing this level of care.
- Provide education to the patient, family, and caregivers about cleaning and disinfection recommendations; to include cleaning the patient's environment routinely and when soiled with body fluids. A bleach-based product might be preferred when possible.
- Dedicate linens, clothing, and towels used by a patient with an MDRO to the patient only (family in the household should use separate items). Towels should be laundered after use.

- Launder linens when soiled and on a routine basis. However, separating linens for laundering is not necessary.
- The patient's dishes and flatware may be washed with other family members', either in a dishwasher or using hot, soapy water per the family's usual routine.
- The patient or responsible family members should notify all health care providers caring for the patient that the patient is colonized or infected with *C. auris*.
- Additional resources to help educate patients and families can be found at: <https://www.cdc.gov/fungal/diseases/candidiasis/patients-ga.html>
<https://www.cdc.gov/fungal/diseases/candidiasis/c-auris-drug-resistant.html>

NYSDOH Healthcare Epidemiology and Infection Control Program Regional and Central Office Contact Information:

Western Regional Office	(716) 847-4503
Central New York Regional Office	(315) 477-8166
Metropolitan Area Regional Office	(914) 654-7149
Capital District Regional Office	(518) 474-1142
Central Office	(518) 474-1142

General questions or comments about this guidance can be sent to icp@health.ny.gov.

References

Neumeyer, D. Hospice and palliative care. *APIC Text of Infection Control and Epidemiology*. 2014.

Rhinehart E. Infection control in home care. *Emerging Infectious Diseases*. 2001;7(2):208-211. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631734/>.

Walters M, Lonsway D, Rasheed K, Albrecht, V, McAllister, S, Limbago B, Kallen A. Investigation and Control of Vancomycin-resistant *Staphylococcus aureus*: A Guide for Health Departments and Infection Control Personnel. Atlanta, GA 2015. Available at: http://www.cdc.gov/hai/pdfs/VRSA-Investigation-Guide-05_12_2015.pdf.

Yeung, C. Home care. *APIC Text of Infection Control and Epidemiology*. 2014;(56).