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TECHNICAL BULLETIN

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TOPIC: New Infectious Disease Inter-Facility Transfer Form, *Candida auris* Case Report Form, and Educational Tool for *Candida auris*

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TO: State-Licensed Health Care Facilities

BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), *Candida auris* (*C. auris*) is an emerging fungus that presents a serious global health threat. CDC along with the Nevada Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH), Office of State Epidemiology (OSE) is concerned about *C. auris* because it is often multidrug resistant and has caused outbreaks in health care settings. It is important to quickly identify *C. auris* in a hospitalized patient so that health care facilities can take special precautions to stop the spread.

OSE's Healthcare Associated Infection (HAI) Program received the first report of a *C. auris* case in Nevada in August 2021. The HAI Program works closely with health care facilities to identify patients with *C. auris* and help implement infection prevention and control (IPC) measures.

As of August 7, 2023, 746 clinical cases* of *C. auris* have been reported in Nevada. In accordance with CDC recommendations, the Nevada HAI Program encourages health care facilities to screen patients who are at risk for *C. auris*. These efforts have identified an additional 1,044 colonized/screening cases* of *C. auris* among patients who did not have symptoms yet still pose a risk for transmission. Without screening efforts, these patients may not otherwise have been identified.

Health care facilities often face challenges in implementing effective IPC measures for patients with *C. auris*. Some of these challenges include inconsistent communication about *C. auris* diagnosis during inter-facility patient transfers; gaps in knowledge about *C. auris*; and ineffective IPC practices among frontline health care staff. To address these challenges, the Nevada HAI Program has redesigned the Infectious Disease Inter-Facility Transfer Form and created a one-page information sheet about *C. auris* for health care staff. Additionally, the *C. auris* Case Report Form has been redesigned to help improve epidemiologic data collection for *C. auris* cases.

Infectious Disease Inter-Facility Transfer Form

The Nevada HAI Program strongly recommends that all state-licensed facilities use the Inter-Facility Transfer Form when patients are transferred to another facility. This form does not replace case management communication or nurse-to-nurse reporting.

Facilities should:

- Designate staff roles responsible for communicating the information on this form to the receiving facility during patient discharge;
- Ensure staff are aware of this responsibility; and
- Ensure consistent communication of this information for every patient, every time.

The updated version of this form replaces previous versions and can be found on the [Nevada HAI Program web page](#).

***Candida auris* Case Report Form**

Reporting requirements include fully completing the *Candida auris* Case Report Form and attaching the patient's face sheet, *C. auris* test results, and antifungal medication list. These documents can be sent through secure email to outbreak@health.nv.gov or faxed to (702) 486-0490.

The updated version of this form replaces previous versions and can be found on the [Nevada HAI Program web page](#) or obtained by contacting the HAI lead for your facility.

***C. auris* Facesheets**

It can be difficult to ensure that all frontline staff are fully aware of effective IPC measures for emerging infections, including *C. auris*. The Nevada HAI Program has created a one-page facesheet that contains information necessary for health care providers to reduce transmission of *C. auris*. Two nearly identical versions have been created:

- The nursing unit facesheet can be posted in staff areas such as breakrooms.
- The medical chart facesheet contains a spot to place a patient identification sticker. If a patient is found to have *C. auris*, this sheet can be placed in that patient's paper chart so that any health care personnel accessing the paper chart are made aware of the patient's *C. auris* status and necessary IPC measures. This sheet can be included in discharge paperwork and accompany the patient during inter-facility transfers.

These facesheets are intended to help health care facilities provide just-in-time training for frontline staff. They do not replace the need for other educational activities to prepare staff to care for patients with *C. auris*. Use of these information sheets is encouraged but not required. Both versions can be found on the [Nevada HAI Program web page](#).

Questions

For updated guidance, review [the Division of Public and Behavioral Health Technical Bulletin](#) web page regularly. Email outbreak@health.nv.gov for other questions regarding the updated *C. auris* forms, reporting, and information sheets.



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Footnote

* *C. auris* Case Classification¹:

- Clinical cases:
 - Clinical cases of *C. auris* are classified according to the [surveillance case definition](#) established by the Council of State and Territorial Epidemiologists. Clinical cases are based on cultures or culture-independent diagnostic testing from specimens collected during clinical care for the purpose of diagnosing or treating disease.
- Colonized/screening cases:
 - Colonization/screening cases of *C. auris* are classified according to the [surveillance case definition](#) established by the Council of State and Territorial Epidemiologists. Screening is when swabs are collected from patients to determine whether they may be carrying the organism somewhere on their bodies without signs of active infection. Colonization means that these patients are found to be carrying *C. auris* on their bodies, even though they are not sick with the infection. [Screening](#) patients for *C. auris* colonization may be recommended when transmission or colonization of *C. auris* is suspected, to control the spread.

¹ <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>