Point-Prevalence Screening for *Candida auris*

What is a point-prevalence screening (PPS)?

A PPS is a surveillance method that involves swabbing the axillary/groin to test for *Candida auris*.[1] A PPS is performed after a patient/resident within a facility is identified as being colonized or infected with *C. auris* to determine if other patients/residents are colonized.

Who should be screened?

The extent of screening is dependent on several factors including, but not limited to, the organism, length of contact precautions, and use of shared spaces. Best practice is to aim for a 100% collection rate to ensure silent acquisition is not occurring in the facility. The Health Care-Associated Infection (HAI) Prevention Program can help you determine who should be screened.[2,3]

Do patients/residents need to provide consent?

Yes. As with other laboratory specimens, all patients/residents will need to provide consent or assent. Please note that this is a public health response to a serious infection and public health concern, not a research study. Per the Centers for Medicare and Medicaid Services, verbal consent is required for this type of response. The HAI Prevention Program can provide you with a template consent form and script if your policies require written consent.

How are PPS specimens collected?

C. auris is commonly found on the skin and in noninvasive body sites. You will need to designate a staff member or resource to collect the specimens. The Antibiotic Resistance Laboratory Network (ARLN) in Tennessee will provide cotton tip swabs, shipping containers, and free FedEx shipping for axillary/groin specimen collection.[4]

How long will it take to receive results?

You will receive preliminary laboratory results within 7–14 days after screening. The ARLN will fax you the final results.

What happens if positive results are identified?

If a positive result is identified, place the patient/resident in a single room. If a single room is not available, cohort patients/residents with the same multidrug-resistant organism. Place the patient/resident on contact precautions and notify and train their clinical care team, including housekeepers, on the containment of this organism.[5] Use an Environmental Protection Agency-registered hospital-grade disinfectant from *List K: Antimicrobial Products Effective Against Clostridium difficile Spores* to clean positive patient/resident rooms.[6]

How many PPS rounds will be conducted?

Initially, one PPS will be conducted. If the initial PPS identifies additional cases, then PPS rounds will typically be conducted bi-weekly until two consecutive rounds of PPS have resulted in no new positives. If there was extensive transmission, two additional monthly PPS will be conducted to ensure organism transmission was halted.

Resources

1. Florida Health *C. auris* Fact Sheet
2. Florida Health *C. auris* Update: Information for Clinicians and Laboratorians
3. Centers for Disease Control and Prevention Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-Resistant Organisms
4. Florida Health Specimen Collection and Shipping Procedures
5. CDC webpage about *C. auris* (www.cdc.gov/fungal/candida-auris/index.html)
6. List K: EPA's Registered Antimicrobial Products Effective Against *Clostridium difficile* Spores (www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium)

If you have additional questions, please contact the Florida Department of Health Health Care-Associated Infection Prevention Program at: (e) HAI_Program@flhealth.gov (p) 850-245-4401

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