



Second *Candida auris* Workgroup Meeting Summary Report

October 27, 2023

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Governor

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SECOND CANDIDA AURIS WORKGROUP MEETING

Orlando, FL
October 27, 2023

MEETING PURPOSE:

To establish objectives and action items addressing *Candida auris* infection prevention and control challenges identified in the first workgroup meeting, increase *Candida auris*-related coordination with key health care partners, and finalize a statewide *Candida auris* action plan that addresses patient discharge, infection prevention and control, and other *Candida auris*-related health care concerns.

OBJECTIVES:

1. Present regional *Candida auris* data to state partners.
2. Provide an opportunity for state partners to present internal *Candida auris* plans and policies.
3. Develop *Candida auris*-related SMART (specific, measurable, achievable, realistic, time-bound) objectives and activities for the development of the statewide *Candida auris* action plan.

MEETING SUMMARY:

Assistant Deputy Secretary for Health, Melissa Murray Jordan shared recent data on *Candida auris* and addressed *Candida auris* as a statewide priority. Please see the following key points:

- *Candida auris* continues to be a major public health concern across the nation and in Florida. To date, there have been a total of 3,753 *Candida auris* cases in 40 counties within Florida, including 2,655 colonized cases and 1,098 clinical cases.
- The state of Florida has a large population of residents ages 65 and older, who may be at increased risk of acquiring *Candida auris*. Those most at risk for *Candida auris* colonization and/or infection are individuals who:
 - Suffer from chronic medical conditions.
 - Have frequent, extended health care stays.
 - Have chronic invasive devices such as tracheostomy tubes or mechanical ventilators.
 - Have a history of colonization and/or infection of other multidrug-resistant organisms (MDROs) and antimicrobial use.
- The Florida Department of Health (FDOH) and Agency for Health Care Administration (AHCA) are committed to safeguarding the public from emerging health threats like *Candida auris*. Support and educational information continue to be provided to Florida's health care facilities to assist in equipping them to address *Candida auris* through:
 - On-site prevention and response assessments.
 - Tabletop exercises and outbreak drills.
 - Staff education and trainings.

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- The intention of the workgroup is to create an action plan to support public health efforts that reduce *Candida auris* transmission across the state and collectively commit to ongoing endeavors that bolster Florida's health care infrastructure.

Deputy Secretary, State Survey Agency Director, Kimberly Smoak led introductions for Florida's AHCA reviewed the meeting purpose and objectives and emphasized collaboration and partnerships in creating a successful statewide *Candida auris* action plan.

State Epidemiologist and Director, Division of Disease Control and Health Protection, Carina Blackmore provided an overview of the first *Candida auris* Workgroup, including a summary of key challenges which were identified utilizing the modified Strengths, Weaknesses, Opportunities, and Threats (SWOT) framework. Please see the following challenges that will be used to establish objectives and action items:

- Communication:
 - Inter- and intra-facility communication when patients with *Candida auris* transition to different levels of care.
 - Failing to report a patient's *Candida auris* status to the accepting facility.
 - Neglecting to follow up regarding pending *Candida auris* laboratory results.
- Education:
 - Perception and knowledge deficits that continue to foster fear and misunderstanding among health care staff, patients, and their families related to *Candida auris*.
 - Lack of appropriate training tailored to all levels of staff (e.g., education level, language barriers, etc.).
- Testing:
 - Lengthy turnaround time for colonization testing.
 - Increased cost of supplies and equipment required for accurate and timely *Candida auris* identification.
 - Need for increased surveillance within all levels of care.
 - Call for data transparency across the local, regional, and state levels.
- Resources:
 - Limited resources including costly broad-spectrum disinfectants and workforce shortage.
 - Inability to accept additional patients due to the desire to dedicate staff to care for *Candida auris* patients.
- Policy:
 - Lack of consistent policies related to reporting, treatment, and facility management of *Candida auris* patients.
 - *Candida auris* patient admission and discharge planning challenges.
 - Need for home health, hospice, and emergency medical service providers in planning discussions.

Health Care-Associated Infection Prevention Program Manager, Argentina Charles provided an overview of regional *Candida auris* data throughout Florida. Please see the following key points:

- As of August 2023, FDOH has received reports of 3,408 *Candida auris* cases, with 2,426 colonization cases detected from axilla/groin swabs, and 982 clinical infections. A total of 40 out of 67 counties within Florida have reported 1 or more cases.

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- Region 1, the panhandle, includes Bay, Calhoun, Escambia, Gulf, Holmes, Jackson, Okaloosa, Santa Rosa, Walton, and Washington counties. Region 1 has a total of 4 cases (1 colonized case and 3 clinical cases).
 - Region 1 is the region least affected by *Candida auris* transmission in health care settings.
 - Region 1 is an area where the HAI Prevention Program focuses on preventative infection control assessments and increasing education to ensure facilities are aware of how to respond to multi-drug resistant organisms (MDROs), such as *Candida auris*.
- Region 2, the northwest region, includes Columbia, Dixie, Franklin, Gadsden, Hamilton, Jefferson, Lafayette, Leon, Liberty, Madison, Suwannee, Taylor, and Wakulla counties. Region 2 has a total of 37 cases (29 colonized cases and 8 clinical cases).
 - Region 2 has the second-fewest documented *Candida auris* cases compared to other regions.
 - The HAI Prevention Program focuses on providing preventative support to facilities within this area.
- Region 3, the northeast region, includes Alachua, Baker, Bradford, Clay, Duval, Flagler, Gilchrist, Levy, Marion, Nassau, Putnam, St. Johns, and Union counties. Region 3 has a total of 335 cases (228 colonized cases and 107 clinical cases).
 - Certain counties, such as Duval and Clay, have an increased number of reported cases compared to their neighboring counties.
 - This increase may be due to larger *Candida auris* outbreaks reported and identified within the region.
 - The HAI Prevention Program conducts regional education in this area to prevent further transmission.
- Region 4, the west central region, includes Citrus, Hardee, Hernando, Hillsborough, Pasco, Pinellas, Polk, and Sumter counties. Region 4 has a total of 1,215 cases (973 colonized cases and 242 clinical cases).
 - Hillsborough and Pinellas counties lead Region 4 in total number of cases.
 - The HAI Prevention Program has onboarded additional positions within this area to support the increasing trend in cases.
- Region 5, the central region, includes Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia counties. Region 5 has a total of 46 cases (9 colonized cases and 37 clinical cases).
 - Region 5 has a decrease in reported *Candida auris* cases compared to neighboring areas.
 - Orange County leads Region 5 in case totals.
 - The HAI Prevention Program's efforts focus on a combination of containment and prevention while also promoting communication between health care settings, especially with this region neighboring two highly affected areas.
- Region 6, the southwest region, includes Charlotte, Collier, DeSoto, Glades, Hendry, Highlands, Lee, Manatee, Okeechobee, and Sarasota counties. Region 6 has a total of 90 cases (20 colonized cases and 70 clinical cases).
 - In the past few months there has been a noticeable increase in *Candida auris* cases in Region 6.
 - The HAI Prevention Program has stationed a full-time educator and a regional epidemiologist in this area.
 - In addition, county health departments have onboarded HAI positions and continue to focus on infection control assessments within health care facilities.

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- Region 7, the southeast region, includes Broward, Miami-Dade, Monroe, and Palm Beach counties. Region 7 has a total of 1,675 cases (1,166 colonized cases and 509 clinical cases).
 - Florida's first *Candida auris* case was identified in Region 7 in 2017.
 - This region encompasses the majority of Florida's *Candida auris* cases.
 - The HAI Prevention Program has the largest number of HAI staff in Region 7 and focuses on containment and prevention efforts in the area.

Independent Facilitator, Mirine Richey introduced state partners to present internal *Candida auris* plans, best practices, and policies to the workgroup attendees.

Director of Epidemiology and Infection Prevention for Memorial Healthcare System, Rachel Guran presented on Acute Care Hospital Best Practices. Please see the following key points:

- National MDRO Data based on 2019 Antibiotic Resistance (AR) Threats Report:
 - 1.27 million people worldwide die as a direct consequence of antimicrobial resistance.
 - 5 million deaths in 2019 were associated with antimicrobial resistance.
 - In the U.S., more than 2.8 million antimicrobial-resistant infections occur each year and more than 35,000 people die as a result.
- Memorial Healthcare System's (MHS) specific *Candida auris* data:
 - MHS has cared for 189 individual colonized or infected *Candida auris* patients since 2018 with a yearly breakdown of:
 - 2018 — 1 patient identified.
 - 2019 — 1 patient identified.
 - 2020 — 9 patients identified.
 - 2021 — 33 patients identified.
 - 2022 — 82 patients identified.
 - 2023 — 63 patients identified.
 - The average length of stay for MHS *Candida auris* patients is 47.91 days with one patient admitted for 853 days.
 - MHS has been screening high-risk patients on admission since 2020.
 - MHS's *Candida auris* collection source types include blood, respiratory, surveillance/screen, urine, and wound sources with an increase in surveillance/screen source type from 2018–2023.
 - *Candida auris* has been identified in patients receiving transplant (specifically kidney and liver), open heart, extracorporeal membrane oxygenation, and cancer care.
- MHS's *Candida auris* containment and prevention:
 - To improve *Candida auris* containment and prevention efforts, MHS has worked to implement improvements in identification and screening, use of transmission-based precautions, and proper cleaning and disinfection processes.
 - MHS microbiology lab, in collaboration with the infection prevention team, worked to implement a protocol that correctly identifies *Candida auris*, as well as a screen culture protocol for colonization.
 - MHS established admission screening requirements, utilizing risk factors presented within electronic medical records, to identify patients for colonization screening and placement in private rooms on Enhanced Contact Precautions while results are pending.
 - Designated infection control policies and protocols in areas including transport during isolation, inpatient care units, operating rooms, outpatient areas, and procedure areas have been developed and implemented to effectively identify and contain the organism.
- Discharge and transfer:
 - Especially within non-acute settings, MHS emphasized the importance of:
 - Interfacility communication of MDRO history to implement proper precautions.

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- Education and support from the HAI Prevention Program.
- Implementation of standard precautions for all patients all the time.
- Proper IPC guidance provided by infection preventionists based on each facility type.

VP of Risk and Regulatory for Aston Health, Mary Bottcher presented on Long-Term Care Best Practices. Please see the following key points:

- Develop a Response Plan:
 - Create a Response Plan checklist which includes:
 - Education
 - Screening
 - Interfacility Transfer
 - Infection Control Plan
 - Management
 - Toolkit
 - Create Recommended Practices for:
 - PPE Use
 - Resident Hygiene
 - Medical Equipment
 - High-Touch Surfaces
 - Interfacility Transport
 - Intra-facility Transport
- Develop an Education Plan:
 - Educate all staff, residents, and families on *Candida auris*.
 - Use fact sheets which address frequently asked questions.
 - Ensure hand hygiene, PPE, and environmental cleaning and disinfection are monitored for proper adherence.
 - Use audit forms, checklists, and have staff perform return demonstrations.
- Create a Screening Plan:
 - Use FDOH *Candida auris* guidance.
 - Screen residents who are at high risk for *Candida auris* , including:
 - Any roommates to the index case.
 - Residents with chronic wounds.
 - Residents with indwelling devices.
 - Mechanical ventilation on the same unit of the index case.
 - Those who overlapped on the unit with the index patient for 3 or more days.
 - Ensure the following steps are followed when testing:
 - Work with FDOH for established criteria and testing.
 - Develop steps for ordering *Candida auris* colonization swabs and testing.
 - Educate residents on testing protocols.
 - Use materials already developed from trusted sources.
- Build a *Candida auris* Infection Prevention Plan:
 - Develop a performance improvement plan.
 - Continue staff education.
 - Review stock of PPE and cleaning/disinfecting agents.
 - Review recommended care practices including resident hygiene and chlorhexidine bathing.
 - Establish environmental cleaning protocols and clearly define which staff clean which items.
 - Determine which medical equipment can be dedicated to *Candida auris*-positive residents (e.g., glucometers, blood pressure cuffs, etc.).

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- Treatment and Management:
 - Treatment is not recommended for *Candida auris* on noninvasive sites (respiratory tract, urine, and skin) when there is no evidence of infection.
 - Treatment is indicated only if clinical disease is present.
 - Thoroughly review necessity for medical devices such as central venous catheters and urinary catheters to discontinue when appropriate.
 - Review appropriate use of antibiotics.
- Transition:
 - Interfacility transfers will follow recommended care practice.
 - Intra-facility transfers will use the intra-facility transfer document.
 - Discharge from facility to home will necessitate:
 - Education of family and patient.
 - Application of best practice guidelines.
 - Use of tools from education toolkit.
- Communication and Quality Assurance and Performance Improvement (QAPI):
 - Infection Preventionists are the primary contact for residents, families, and staff for education and information.
 - Developing relationships with other health care facilities including hospitals, nursing and rehab centers, and assisted living facilities to assist with the transition of care.
 - Maintain communication with FDOH for resources.
 - Identify case studies for recommended care practices.
 - Review *Candida auris* response plan for QAPI.

Central & West Florida Clinical and Regulatory Manager for American Renal Associates, Kristen Munsell presented on End-Stage Renal Disease Best Practices. Please see the following key points:

- American Renal Association started accepting *Candida auris* colonized and infected patients after an increased number of patients in the west Florida region.
 - The Association created a corporate policy to ensure patients can continue treatment with the facility they have historically received treatment at prior to *Candida auris* colonization and/or infection. The policy includes:
 - Staff education on dedicated patient supplies and PPE use.
 - Scheduling treatment of patients on the last shift of the day to allow more time for proper cleaning and disinfection.
 - Cleaning with 1:10 bleach solution.
 - Patient education to include minimizing contact with common areas by limiting movement for the duration of treatment.
 - Increasing awareness of contact and transmission-based precautions for transportation services to ensure staff use PPE and appropriate EPA-registered cleaning products.

Independent Facilitator, Mirine Richey introduced the next portion of the meeting. The first workgroup meeting used the SWOT framework to identify key challenges with *Candida auris* management. These were developed into five goals for the statewide *Candida auris* action plan. During the second workgroup meeting, participants developed SMART objectives tailored toward meeting the outlined goals. Action steps to achieve these objectives and goals will be further delineated in the *Candida auris* action plan document.

- Goal 1: Improve communication and collaboration within health care facilities, between health care facilities, and among health care providers.

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- Objective 1.1: By June 2024, complete outreach to at least 80% of Florida acute care hospitals, long-term care facilities, and dialysis facilities to determine communication needs and barriers related to use of current communication tools.
- Objective 1.2: By December 2024, develop and implement a standardized communication tool to improve intra-facility communication, based on facility survey results.
- Goal 2: Improve knowledge and training in appropriate infection control practices for *Candida auris*.
 - Objective 2.1: By June 2024, build a *Candida auris* training and education toolkit to distribute to facilities, based on health care setting type.
 - Objective 2.2: By December 2024, implement mandatory training for facility employees based on employer or health care setting, which will be required for employees to complete within three months of hire and annually thereafter.
- Goal 3: Expand laboratory and facility capacity for *Candida auris* testing.
 - Objective 3.1: By March 2024, assess needed capacity of BPHL and facility labs in Florida (commercial laboratories, hospital on-site laboratories, etc.) to provide screening and follow-up testing.
 - Objective 3.2: By June 2024, FDOH will build a toolkit to provide recommended screening protocols per care setting type (e.g., acute care hospitals, long-term acute care hospitals, rehab facilities, skilled nursing facilities, dialysis clinics).
- Goal 4: Reduce barriers to *Candida auris* case management across health care settings.
 - Objective 4.1: By March 2024, the *Candida auris* workgroup co-leads will facilitate the development of local networks for roundtable discussions and support, and for identifying resources and barriers across the continuum of care.
 - Objective 4.2: By May 2024, identify Florida long-term care and hemodialysis facilities that routinely accept and manage *Candida auris* patients. Establish or maintain partnerships with national service providers for these settings as appropriate (e.g., DaVita, Fresenius, etc.).
- Goal 5: Standardize policies in collaboration with regulatory agencies and partners to support best practices.
 - Objective 5.1: By January 2024, facilitate the implementation of the *Candida auris* action plan.
 - Objective 5.2: By 2025, establish standardized guidance and recommendations for best practices in each setting type, aligned with established national guidelines.

Independent Facilitator, Mirine Richey briefly spoke about the next steps and action items, which included a summary report of the meeting and the deadline to establish co-leads for each goal. The workgroup will meet again in early 2024 and further develop the statewide *Candida auris* action plan.

Assistant Deputy Secretary for Health, Melissa Murray Jordan provided closing remarks and thanked everyone for their attendance and participation.

ATTENDANCE:

Name	Affiliation/Title
Melissa Murray Jordan	FDOH, Assistant Deputy Secretary for Health and Division Director
Dr. Carina Blackmore	FDOH, Director, Division of Disease Control and Health Protection, State Epidemiologist
Kent Donahue	FDOH, Communications Manager
Megan Gumke	FDOH, Infectious Disease Investigation and Prevention Section Administrator
Argentina Charles	FDOH, Health Care Associated Infection Prevention Program Manager
Chantel Emery	FDOH, Dialysis Infection Preventionist
Juliana Reyes	FDOH, Health Care Associated Infection Outbreak Epidemiologist
Gregory Champlin	FDOH, Infection Prevention Lead
Dr. Katie Saunders	FDOH, Nurse Epidemiologist

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Dr. Susanne Crowe	FDOH, Laboratory Director, Bureau of Public Health Laboratories
Kimberly R. Smoak	AHCA, Deputy Secretary, State Survey Agency Director
Pat Cauffman	AHCA, Chief Field Operations
Michelle Dillehay	AHCA, Consultant
Frances Lima	AHCA, FOM Communication Manager
Julie Webster	AHCA, RNS
Aleta Garner	AHCA, Field Office Manager
Denise Wiggins	AHCA, Health Facility Evaluator Supervisor
Donah Heiberg	AHCA, Government Analyst II
Stephanie Holley	APIC, Director IPC Education & Professional Development
Kim Streit	Florida Hospital Association, Senior Vice President
Kim Broom	Florida Health Care Association, Director of Clinical and Risk Management
Dr. Ken Nanni	Florida Professionals in Infection Control, Administrator
Dr. Leonard Hock	The Florida Society for Post-Acute and Long-Term Care Medicine, Physician
Dr. Vincent Hsu	AdventHealth, Executive Medical Director, Infection Prevention
Scott Lynch	AdventHealth, Infection Prevention
Kristen Munsell	American Renal Associates, Clinical and Regulatory Manager
Mary Bottcher	Aston Health, VP Risk and Regulatory
Tammie Phillips	Aston Health, Clinical Educator
Kara Wojcik	Baycare, Infection Control Manager
William (Russ) Lee	Baycare, Case Management Manager
Dr. Chance Mysayphonh	Fresenius Medical Care, Director of Clinical and Therapeutic Initiatives
Olusegun Ayeni	Garden Oasis ALF, CEO
Gemma Rosello	Jackson Health System, Director of Infection Prevention
Laura Velasco	Kindred/Scion Health, Director of Infection Control
Rachel Guran	Memorial Healthcare System, Infection Control Director
Robin Bleier	RB Health Partners, CEO
AC Burke	RB Health Partners, IP
Bonnie Williamson	Sen Care Management, Assistant Director of Compliance
Jennifer McConnell	Sen Care Management, Assistant Director of Quality Assurance
Donna Spangler	Southern Healthcare Management, Director of Infection Prevention and Control
Alvin Haynes	Sunshine Health, Senior Medical Director
Brad Shapiro	Sunshine Health, VP of Long-Term Care
Justin Anderson	Tampa General Hospital, Infection Preventionist
Jeanne Tracy	The LILAC Health Group, VP of Clinical Services
Dr. Adriana Jimenez	University of Miami Health System, Infection Control Manager
Mirine Richey	Independent Facilitator