Candida auris infection considerations for the transfer or repatriation of an overseas patient to a NSW hospital

Background

New and emerging multi-resistant organisms (MROs) such as Candida auris (C. auris) pose a serious global threat. There are a very small number of isolated cases in Australia in patients that have undergone treatment in overseas hospitals.

C. auris is an uncommon species of fungus. It can cause serious infections in patients and be more difficult to treat as, is more resistant to antifungal medicines. It can be spread easily from person to person, particularly on shared equipment or through contamination of the patient’s environment. Hand hygiene and cleaning are a priority in reducing transmission for all MROs.

Patients who have been hospitalised overseas are at risk of MRO acquisition and this may result in inadvertent introduction into NSW health facilities. MRO acquisition or infection risks vary across countries and we continue to learn more regarding emerging MROs, their prevalence and risk of transmission.

Recommendations for prevention of MRO’s of global concern

To protect patients and reduce the risk of MRO cross infection, all overseas repatriations, where patients are transferred from overseas hospitals to a NSW health care facility should follow the minimum requirements below:

**Ambulance Services**

- Use standard and contact infection prevention and control precautions from first contact with the patient, including strict adherence to hand hygiene procedures.
- A ‘deep clean’ of the ambulance and used equipment with an appropriate detergent and TGA registered hospital grade disinfectant that is effective against *Clostridium difficile* (C-diff) after the patient is transferred to the hospital. (Note: agents effective against *C. diff* will also be effective against *C. auris*)

**Hospitals**

- Admit patients to a single room with standard and contact precautions.
- Adhere to strict hand hygiene before and after patient contact.
- Clean any shared or mobile equipment with a detergent and hypochlorite disinfectant that is compatible with the equipment.
- Determine additional screening for patients on admission for MROs of current concern. These include:
  - *C. auris*, *Carbapenem Producing Enterobacterales* (CPE), *Methicillin resistant Staphylococcus aureus* (MRSA), *Vancomycin resistant enterococci* (VRE), *Extended spectrum beta-lactamases* (ESBL), other gram negative organisms, depending on the country
- Daily environmental cleaning of room/bathroom with a detergent and TGA registered hospital grade disinfectant that is effective against *C. diff*.
- Inform the Microbiology department that a patient is being screened for *C. auris* as it can easily be misidentified.

For further information

- [https://www.cdc.gov/fungal/candida-auris/recommendations.html](https://www.cdc.gov/fungal/candida-auris/recommendations.html)

Suggested actions by Local Health Districts/Networks

1. Distribute this Safety Information to all recommended staff to ensure they are aware of the potential MRO risks, particularly *C. auris* with overseas transferred or repatriated inpatients.
2. Ensure a system is in place to document:
   a. actions taken on this Safety Information
   b. education/training programs for the infection prevention considerations for the transfer or repatriation of overseas patients
3. Confirm receipt of this Safety Information within 3 days by emailing CEC-Quality@health.nsw.gov.au

Review date

7 September 2019