



MISSISSIPPI STATE DEPARTMENT OF HEALTH

This is an official  
MS Health Alert Network (HAN) – Update

**MESSAGE ID:** MSHAN-20230111-00590-UPD (Health Alert Update)  
**RECIPIENTS:** All Physicians, Hospitals, ERs, ICPs, NPs, PAs, and  
Healthcare Providers – Statewide  
Wednesday, January 11, 2023  
**SUBJECT:** Mississippi *Candida auris* Update, January 11, 2023

Dear Colleagues,

The Mississippi State Department of Health (MSDH) continues to investigate cases *Candida auris* (*C. auris*) invasive infection and colonization in the state after identifying the first cases of locally acquired *C. auris* in Mississippi in late November 2022.

**Background:**

- To date, a total of 6 cases of invasive infection, with 2 deaths, and 37 colonized individuals have been identified statewide in Mississippi since November 2022.
  - Ongoing transmission among residents within a central Mississippi long term acute care facility (LTAC) is occurring, accounting for 4 cases of invasive infection of *C. auris*, with 2 deaths, and 28 cases of *C. auris* colonization.
  - Potentially linked are an additional 5 cases of *C. auris* colonization that have been detected at a second LTAC in central Mississippi with evidence of transmission.
  - Two further cases of *C. auris* invasive infection and an additional 4 cases of *C. auris* colonization have been reported from other healthcare facilities in the state, with at least 1 of the cases of invasive infection and 2 of the cases of colonization potentially linked to the ongoing transmission within the LTACs in central Mississippi.
- This is a rapidly expanding and serious situation; additional cases of invasive infection and colonization may be identified. MSDH continues to work with impacted facilities to provide infection control guidance and support surveillance and contact screening.

**MSDH is asking providers and healthcare facilities to:**

- **Ensure notification:** Healthcare facilities with cases of *C. auris* infection, colonization or with patients with potential exposure who are undergoing screening testing, must ensure that appropriate notification of the patient's *C. auris* status occurs when transferring to another healthcare facility.
- **Accept colonized, infected or exposed patients for admission:** Hospitals, nursing homes and other healthcare facilities are encouraged to please accept these patients for admission or readmission and initiate appropriate infection control ([Infection Prevention and Control for Candida auris | Candida auris | Fungal Diseases | CDC](#)), to include:

570 East Woodrow Wilson • Post Office Box 1700 • Jackson, MS 39215-1700601-576-8090 • 1-866-HLTHY4U •  
[www.HealthyMS.com](http://www.HealthyMS.com)

Equal Opportunity in Employment/Services



- **Transmission Based Precautions** appropriate for the setting ([Infection Prevention and Control for Candida auris | Candida auris | Fungal Diseases | CDC](#)). Enhanced Barrier Precautions can be utilized in the nursing home setting.
- **Environmental cleaning and disinfection** with the appropriate EPA approved products for *C. auris* from EPA list P ( [Infection Prevention and Control for Candida auris | Candida auris | Fungal Diseases | CDC](#))
  - **It is recommended that all healthcare facilities in the state make plans to obtain the appropriate products for *C. auris* now in preparation of the potential for admission or identification of infected or colonized patients within their facility.**
  - Quaternary ammonium compounds [QACs] may not be effective against *C. auris*, despite claims about effectiveness against *C. albicans* or other fungi.
- **Repeat Testing of Positives NOT Recommended:** Repeat testing to determine if colonized or infected persons are no longer infectious is not recommended—colonization can be persistent or intermittent and last for years. Individuals who recover from infection should be considered colonized thereafter and managed appropriately.
- **If *C. auris* is identified or suspected in your facility:**
  - Report suspected or confirmed *C. auris* test results immediately to MSDH Office of Epidemiology at 601-576-7725.
  - Send all suspected or confirmed *C. auris* isolates to the Mississippi Public Health Laboratory for further confirmation.
  - Initiate proper infection prevention and control for *C. auris* when a suspected or confirmed case is identified (<https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html> )

**Note that decisions to discharge or admit patients from one level of care to another should be based on clinical criteria and the ability of the accepting facility to provide care, not on the presence or absence of *C. auris* infection or colonization.**

Please reach out to the MSDH Office of Epidemiology with questions or concerns at 601-576-7725.

Regards,

Paul Byers, MD  
State Epidemiologist

## ***Candida auris* Information and Guidance for Nursing Homes**

The Mississippi State Department of Health (MSDH) has identified clinical cases of *Candida auris* and individuals colonized with *C. auris* in Mississippi. MSDH is providing the following guidance and information for nursing homes that may be admitting, readmitting or transferring residents with *C. auris* infection or colonization.

### **What is *Candida auris*?**

*C. auris* is an emerging, often multi-drug resistant organism, that is associated with significant morbidity and mortality in vulnerable individuals. Cases and spread have been increasingly identified in multiple states in the U.S. Outbreaks of *C. auris* can occur through transmission resulting from contact with affected patients and contaminated surfaces or equipment. *C. auris* mainly affects persons who are frequently admitted to or live in health care settings, have chronic wounds or underlying health problems, or have indwelling lines and medical devices. People who are generally healthy with close contact with a person with *C. auris* are not considered at risk.

Individuals colonized with *C. auris* are those in whom *C. auris* is identified in a non-invasive site, such as skin, with no signs of infection or disease. Colonization can be persistent and/or intermittent and may last for years. There is no recommendation to treat colonized individuals, and because colonization may be intermittent and long lasting, no recommendation to perform testing to determine if clearance of the organism has occurred. Colonization may lead to infection in some individuals.

Individuals with *C. auris* infection usually have signs of invasive disease and test positive in sites including wound or blood. Residents who recover from *C. auris* infection may remain colonized thereafter.

### **Guidance and recommendations for LTCFs managing patients with *C. auris***

**Residents should not be denied admission or readmission to the nursing home based on their colonization or infectious status with *C. auris*, or their potential exposure to *C. auris*. Proper infection control, Enhanced Barrier Precautions and environmental cleaning will mitigate the risk of transmission with the facility.**

**New admissions or current residents in nursing homes who have tested positive (colonized or infected) for *C. auris*, or exposed individuals with pending screening tests, should be managed with Enhanced Barrier Precautions (EBP). These persons do not need to be placed on contact precautions unless they have some other indication for them (e.g., uncontrolled draining wound, acute diarrhea or vomiting, scabies, norovirus, or other conditions requiring Contact Precautions). **If pending screening tests in exposed persons are negative, they may be taken off of EBP.****

EBP require that healthcare personnel don a gown and gloves only when they will be performing high-contact care activities with the resident. High-contact care activities include:

- Dressing,
- Bathing/showering,
- Transferring,

- Providing hygiene,
- Changing linens,
- Changing briefs or assisting with toileting,
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, Wound care: any skin opening requiring a dressing.

Other considerations individuals on EBP:

- Do not require isolation
- Do not require a private room (though preferred if possible)
  - CDC has some recommended practices to reduce transmission in all shared rooms (<https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>)
- If healthcare personnel need to enter the room of a resident on EBP to do something other than a high-contact care activity, they may simply follow Standard Precautions
- Other residents at high risk for acquisition (wounds, indwelling lines, medical devices) on the colonized resident's hall or unit will also need to be cared for utilizing EBP to protect them from potential exposure.

### **Admission and Transfer of Patients with *Candida auris***

- Facilities transferring patients with *C. auris* should communicate the patient status to the receiving facility to ensure that the receiving facility is aware of the need for EBP for that patient.
- Because proper hand hygiene and compliance with EBP will mitigate the risk of transferring *C. auris* to other persons, facilities are encouraged to accept admissions and transfers when otherwise appropriate. Residents should not be denied admission or readmission based solely on their colonization or infectious status with *C. auris*.
- Repeat testing for *C. auris* is not indicated for colonized or infected individuals.

### **Environmental Cleaning and Disinfection**

- *C. auris* can persist on surfaces in healthcare settings for long periods of time.
- Quaternary ammonia compounds and other disinfectants may not be effective against it.
- Please refer to EPA's [List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris](#) for a complete listing of effective products.
- Additionally, products that are effective against *Clostridioides difficile* may be used for *C. auris* as well.



***Alerting Message Specification Settings***

**Originating Agency:** Mississippi State Department of Health  
**Alerting Program:** **MS Health Alert Network (MS HAN)**  
**Message Identifier:** MSHAN-20230111-00590-UPD  
**Program (HAN) Type:** **Health Alert Update**  
**Status (Type):** Actual ()  
**Message Type:** Alert  
**Reference:** MSHAN-00590  
**Severity:** Unknown  
**Acknowledgement:** No  
**Sensitive:** Not Sensitive  
**Message Expiration:** Undetermined  
**Urgency:** Undetermined  
**Delivery Time:** 600 minutes

***Definition of Alerting Vocabulary and Message Specification Settings***

**Originating Agency:** A unique identifier for the agency originating the alert.

**Alerting Program:** The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

**Message Identifier:** A unique alert identifier that is generated upon alert activation (MSHAN-yyymmdd-hhmm-TTT (**ALT=Health Alert**, **ADV=Health Advisory**, **UPD=Health Update**, **MSG/INFO=Message/Info Service**)).

**Program (HAN) Type:** Categories of Health Alert Messages.

**Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.

**Health Info Service:** Provides Message / Notification of general public health information; unlikely to require immediate action.

**Status (Type):**

- Actual: Communication or alert refers to a live event
- Exercise: Designated recipients must respond to the communication or alert
- Test: Communication or alert is related to a technical, system test and should be disregarded

**Message Type:**

- Alert: Indicates an original Alert
- Update: Indicates prior alert has been Updated and/or superseded
- Cancel: Indicates prior alert has been cancelled



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Reference:** For a communication or alert with a Message Type of “Update” or “Cancel”, this attribute contains the unique Message Identifier of the original communication or alert being updated or cancelled. “n/a” = Not Applicable.

**Severity:**

Extreme:	Extraordinary threat to life or property
Severe:	Significant threat to life or property
Moderate:	Possible threat to life or property
Minor:	Minimal threat to life or property
Unknown:	Unknown threat to life or property

**Acknowledgement:** Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required (Yes or No).

**Sensitive:**

Sensitive:	Indicates the alert contains sensitive content
Not Sensitive:	Indicates non-sensitive content

**Message Expiration:** Undetermined.

**Urgency:** Undetermined. Responsive action should be taken immediately.

**Delivery Time:** Indicates the timeframe for delivery of the alert (15, 60, 1440, 4320 minutes (.25, 1, 24, 72 hours)).