Riverside University HEALTH SYSTEM Public Health

Epidemiology and Program Evaluation,
Disease Control & Public Health Laboratory

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PUBLIC HEALTH ADVISORY

Updated Guidance on *Candida auris* and Carbapenemase-Producing Organisms in Riverside County

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Riverside University Health System – Public Health (RUHS-PH) is issuing this advisory to provide situational updates on priority multidrug-resistant organisms (MDROs) circulating in Riverside County and to share updated recommendations for active surveillance and infection prevention and control measures in healthcare settings.

Background

Candida auris (C. auris) is a drug-resistant yeast that can be resistant to all three major classes of antifungal medications: azoles, echinocandins, and polyenes. Carbapenem-resistant organisms (CROs) are gram-negative bacteria that are resistant to at least one carbapenem antibiotic. Carbapenemase-producing organisms (CPOs) are a subset of CROs that produce carbapenemase enzymes (e.g., NDM, KPC, OXA, VIM, IMP), which inactivate carbapenem antibiotics.

Both *C. auris* and CPOs are recognized as priority MDROs due to their high levels of antimicrobial resistance, limited treatment options, prolonged environmental persistence, and increased risk of outbreaks, particularly in high-acuity healthcare settings. RUHS-PH continues to identify local transmission of these organisms across multiple healthcare facility types, including acute care hospitals, long-term acute care hospitals (LTACHs), skilled nursing facilities (SNFs), and ventilator-equipped facilities.

To align with the California Department of Public Health (CDPH) Regional Prevention and Response Strategy[1,2] and promote consistent, transparent county-level MDRO response, RUHS-PH is establishing endemicity levels for *C. auris* and CPOs based on the latest local data and issuing updated surveillance and infection prevention and control recommendations.

Epidemiology

C. auris was added to Title 17 of the California Code of Regulations (CCR) §2500 (Reporting to the Local Health Authority) in March 2022. Both *C. auris* and carbapenemase-producing organisms (CPOs) were subsequently added to §2505 (Notification by Laboratories) in August 2022. RUHS-PH aligns with the current Title 17 reporting requirements[3] and designates *C. auris* and CPOs as reportable conditions of local public health importance.

Since 2023, reported *C. auris* cases have declined slowly in Riverside County, whereas reported CPO cases have increased since 2020 both in the county and the state (Figure 1). In collaboration with CDPH and affected facilities, RUHS-PH has been actively containing several ongoing *C. auris* outbreaks among LTACHs and SNFs in the county.

Additional analysis indicates that CPO cases are likely underreported, as carbapenemase testing is not consistently performed for patients colonized or infected with CROs, creating a potential surveillance gap.

Several neighboring local health jurisdictions have designated CROs as locally reportable, regardless of carbapenemase testing. As a result, large commercial laboratories often report all CRO results uniformly across jurisdictions, introducing substantial reporting bias and limiting the reliability of surveillance analyses for CROs.

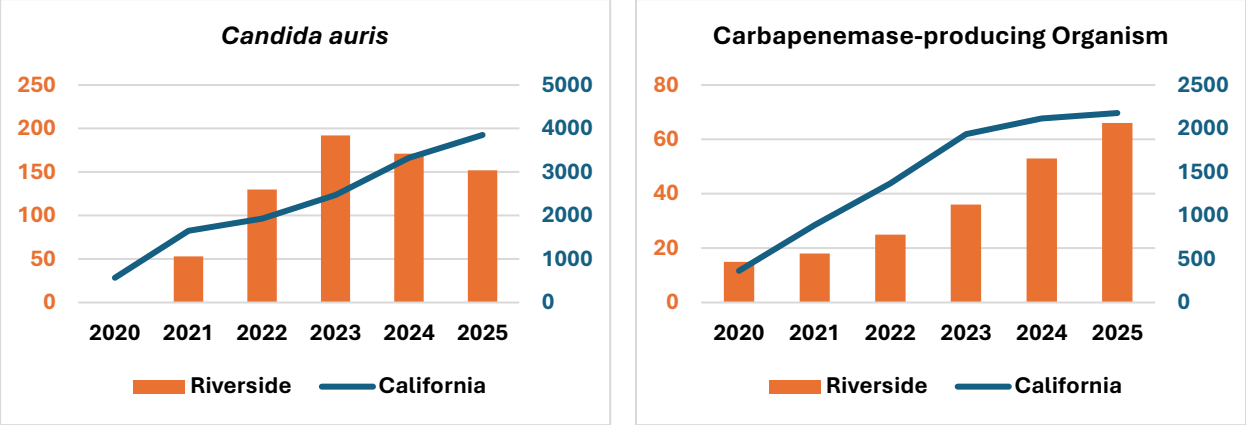

Figure 1. *Candida auris* & Carbapenemase-producing Organism Case Count by Collection Date
(Data derived from CDPH *Candida auris* & Carbapenemase-producing Organism Dashboard on 4/22/2026)

Based on current epidemiologic data and the CDPH regional response phase criteria for *C. auris*[1] and CPOs[2], RUHS-PH has designated the endemicity levels as follows:

- *C. auris* endemicity: Phase 4 (ongoing regional transmission)
- CPO endemicity: Phase 2 (newly identified cases within the local health jurisdiction)

Reporting Expectations

Mandatory Reporting

Healthcare providers must report *C. auris* (colonization or infection) cases within one working day of identification. Reports can be submitted to RUHS-PH Disease Control via electronic transmission, telephone, or mail.

Laboratories are required to report testing results for *C. auris* and CPOs, whether colonization or infection. Additionally, if a *C. auris* isolate is recovered from a sterile site and the laboratory has a fungal culture isolate, it must be submitted to the Public Health Laboratory within 10 working days from specimen collection.

Voluntary Reporting

Healthcare providers are strongly encouraged to voluntarily report CROs through the California Reportable Disease Information Exchange (CalREDIE). Laboratories may also submit reportable results electronically through the CalREDIE Electronic Laboratory Reporting (ELR) module.

Active Surveillance

In accordance with CDPH guidance[1,2], healthcare facilities should conduct active surveillance through admission screening and/or recurring point-prevalence surveys. In facilities with high *C. auris* prevalence (e.g., >30%)1, healthcare providers should focus on identifying echinocandin- or pan-resistant strains, using

antifungal susceptibility testing (AFST) for clinical infections, especially invasive cases, when resources permit.

For CROs, the recommended diagnostic workflow is to perform a phenotypic carbapenemase test to confirm carbapenemase production. If positive, conduct a reflex genotypic test to identify the specific carbapenemase type(s), supporting targeted infection prevention and treatment strategies.

Since there are no established clearance criteria, colonization with *C. auris* or CPOs is considered lifelong. Routine retesting is not recommended for discontinuing precautions and should be reserved for specific clinical indications, outbreak investigations, or suspected new organisms/carbapenemase types (CPOs only). However, testing and clinical management remain at the discretion of the treating provider or facility medical leadership, based on patient-specific clinical assessment.

Infection Prevention and Control

RUHS-PH recommends that healthcare facilities incorporate the minimum, phase and facility type-specific prevention and response measures outlined in CDPH guidance[1,2] into their Infection Control Assessment and Response (ICAR) activities. Key points include:

- ACHs and LTACHs implement Contact Precautions and place patients in single-bed rooms; SNFs implement Enhanced Barrier Precautions (EBP) when no outbreak is occurring.
- If single-bed rooms are unavailable, follow CDPH Cohorting Guidance[4] to group patients or residents with MDROs. For CPOs, prioritize cohorting by carbapenemase type rather than organism type if genotypic testing has been performed.
- Conduct admission screening and consider empiric Contact Precautions or EBP, especially for high-risk patients[5].
- Notify receiving facilities of a patient's MDRO status at the time of transfer[6].

If a cluster or outbreak is suspected, contact RUHS-PH Disease Control immediately.

MDRO Interfacility Transfer Form

RUHS-PH strongly advocates the use of an interfacility transfer form[6] to communicate MDRO status when a patient or resident transfers between facilities. Receiving facilities should actively obtain MDRO status at the time of admission to ensure that appropriate isolation and transmission-based precautions are implemented immediately.

RUHS-PH also recommends that MDRO status be communicated to transportation providers so that proper precautions can be applied during transport and terminal cleaning performed afterward.

Public Health Laboratory Testing

The RUHS-Public Health Laboratory (PHL) has launched an Antimicrobial Resistance (AMR) Surveillance Program to strengthen countywide detection and response to priority MDROs. At this time, the PHL offers complimentary testing to support equitable access to specialized laboratory services for surveillance, outbreak investigations, and applied research when testing is not readily available at a facility.

The PHL provides screening and point-prevalence survey testing to promote timely and high-quality MDRO -prevention and containment at the request of facilities. Antifungal and antimicrobial susceptibility testing

is also available through the PHL when needed. In addition, the PHL offers technical assistance to facilities with in-house testing capabilities.

RUHS-PH Contact Information

- Epidemiology and Program Evaluation
  951-888-5870 | epe.eddi@ruhealth.org
- Disease Control – Reporting and Outbreak Investigations
  951-358-5107 | 951-782-2974 (after hours Public Health Duty Officer)
- Public Health Laboratory
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References

1. CDPH Regional Candida auris Prevention and Response Strategy
2. CDPH Regional Carbapenemase-Producing Organism Prevention and Response Strategy
3. CDPH Reportable Diseases and Conditions
4. CDPH Cohorting Guidance for Residents Infected or Colonized with Multidrug-resistant Organisms for Skilled Nursing Facilities (SNF)
5. Introduction to Priority Multidrug Resistant Organisms (MDROs)
6. CDPH Interfacility Transfer Communications Guide