

**North Carolina Department of Health and Human Services  
Division of Public Health  
SHARPPS Program  
*C. auris* Case Study**

***C. auris* –  
Comprehensive Infection  
Prevention Response**

---

**Participant's Guide**

---

Learning Objectives

After completing this case study, the participant should be able to:

- Define the terms “outbreak” and “epidemic;”
- Apply the 10 steps of an outbreak;
- Implement control measures in response to an outbreak;
- Become familiar with the facility's role in colonization screening;
- Understanding the importance of interfacility communication.

# Background

You are the IP at Bryan Skilled Nursing Facility. On 10/31/2024, you receive the following lab result for one of your residents, Ms. Smith.

Date: 10/28/2024

Organism: *Candida auris*

Specimen source: Urine

**Question 1:** Would you call this an outbreak?

**Question 2:** What is your first course of action?

## Communication from your local health department

Good afternoon,

*I am reaching out to you regarding a C. auris positive resident at your facility. C. auris is rare in NC, yet highly transmissible in the healthcare setting. Therefore, colonization screening may be recommended for residents in your facility. Screening is a tool used in public health to gauge transmission in a facility, in efforts to prevent further spread. Screening involves collecting a specimen via axilla/groin swab and sending the specimen to a lab for C. auris results. Our regional partner, Antimicrobial Resistance Laboratory Network (ARLN), assists us with C. auris screening at no cost to your facility.*

- *Was this patient on contact precautions? If so, what were the precautions for? What were the dates precautions were in place?*
- *Please ensure this patient is flagged in your system for appropriate precautions for future encounters.*
- *Please list the dates, with unit locations, this patient was admitted in the past 3 months.*
- *Please describe the layout of your facility.*
  - *How many units do you have?*
  - *Do any units serve a specific purpose (isolation, ventilator-capable, memory care, etc.)?*
  - *Do residents share bathrooms, shower rooms?*
  - *Do staff go between different units?*
- *Did the patient have a roommate during any of these admissions?*
- *Please provide a brief medical history, including any significant risk factors (immunocompromised, indwelling devices, wounds).*
- *Do you know of any other healthcare encounters in the past 3 months (other long term care facilities, acute care facilities, dialysis, surgical center, wound care, etc.)?*

**You begin to fulfill this request by reviewing the resident's chart.**

Margaret Smith  
Female  
8/30/1941  
Room number: 404

Problem List

- ESRD
- COPD
- DM2

Lines, Drains, Airways (LDAs)

- R IJ DL Hemodialysis Catheter
- L foot wound

**Question 3:** What other information do you need to answer the questions in the above email?

**Overview of Resident Movement**

**10/11: Admitted to Taylor Memorial Hospital from home for COPD complications**

**10/22: Admitted to Bryan Skilled Nursing Facility Room 212**

**10/28: Moved to Bryan Skilled Nursing Facility Room 404**

**MWF dialysis at outside facility**

**Wound care done at facility**

**Question 4:** Looking at these possible exposures, is there anyone else you should educate or notify of necessary precautions?

After reviewing the information you provided, the DPH HAI teams calls you to discuss a screening plan at your facility.

**Question 5:** Considering what you know about *C. auris* transmission, who would you screen at your facility and why?

The DPH HAI also schedules a site visit to your facility. This visit will include an assessment of your facility's *C. auris* preparedness, along with in-the-moment feedback and problem solving, staff education and a full follow-up report to share with leadership. These visits are non-punitive, and we highly encourage you to utilize this hands-on public health resource!

-----  
Colonization screening is complete and there are no additional *C. auris* positive residents identified at your facility. Keep up the great work!

The following week, the *C. auris* positive resident begins to deteriorate and is taken to an acute care hospital in the area, Berns Community Hospital.

**Question 6:** What information should be given upon transfer to the new facility?