# *C. auris* Prevention-Driven Point Prevalence Survey Frequently Asked Questions

NJHealth New Jersey Department of Health Communicable Disease Service

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Introduction

***Candida auris (C. auris)*** is an emerging, frequently antimicrobial-resistant yeast that can cause severe illness, spread easily among patients, and cause outbreaks in healthcare settings. Patients in healthcare facilities can be asymptomatically colonized with *C. auris*, can shed it onto surfaces and objects, where it can spread to other patients.

In accordance with the CDC's guidance on preventing novel and targeted multidrug-resistant organisms (MDROs), the NJDOH continues to conduct proactive, prevention-focused point prevalence surveys (PPS) at high-risk facilities statewide, including long-term acute care hospitals and ventilator-capable skilled nursing facilities. These prevention-focused efforts are also being conducted in other jurisdictions across the country under current CDC guidance.

### Point Prevalence Survey (PPS)

**Q. What is a point prevalence survey?**

**A.** A PPS is a broad colonization screening to identify existing cases of colonization in a patient population at a given point in time. A PPS is intended to provide a 1-day "snapshot" in a facility, which helps facilities to identify individuals with *C. auris* that may otherwise go undetected and contribute to transmission within the facility.

**Q. Why should we screen patients/residents for *C. auris*?**

**A.** Screening patients/residents for *C. auris* is a key strategy to prevent or stop outbreaks in healthcare facilities and keep patients/residents safe. Individuals who are colonized with *C. auris* may be unaware of their status because they do not have any symptoms. Screening helps healthcare providers identify patients/residents colonized with *C. auris*, allowing healthcare facilities to implement appropriate infection prevention and control measures. Results from screening can inform the use of transmission-based precautions and disinfectants that are effective against *C. auris,* and helps to assess the effectiveness of infection prevention and control measures in-place at a facility.

Screening can be conducted using a prevention-driven (or proactive) approach (i.e., not in response to a newly identified case), or a response-based approach (i.e., after detection of a new *C. auris* case). Screening can be conducted at different points during a patient's healthcare stay, depending on the goal.

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**Q. What is a prevention-driven PPS?**

**A.** Prevention-driven PPSs (pPPS) are colonization screenings proactively performed unit- or facility-wide based on the facility's or unit's level of risk for MDRO importation and transmission. Prevention-driven PPSs are pre-planned, and therefore distinct from the response-driven PPS, which are performed following the identification of a patient/resident with *C. auris*. pPPSs are a tool used to identify asymptomatic, colonized patients as early as possible, thereby allowing healthcare facilities to implement specific infection prevention measures to stop the spread of the organism, preventing transmission events and large-scale outbreaks within high-risk settings.

**Q. What is the primary goal of a pPPS?**

**A.** The goal is early identification of colonized individuals to prevent further transmission, especially in high-risk settings like long-term acute care hospitals (LTACHs) and ventilator-capable skilled nursing facilities (vSNFs). It involves screening all patients/residents not known to have *C. auris* on a unit or within a facility for *C. auris* colonization.

**Q. How often are pPPS performed?**

**A.** pPPSs are performed at a predetermined frequency (e.g., every three to six months). These screenings are resource-intensive and should be prioritized for influential facilities (or units) where they are expected to have the greatest impact on regional MDRO prevalence.

**Q. What are serial PPSs?**

**A.** Serial PPSs are repeated facility- or unit-wide screenings conducted to detect asymptomatic carriage of pathogens. By testing all patients/residents not known to have the target pathogen at specific intervals, this outbreak containment strategy identifies colonized individuals in order to interrupt transmission and assess effectiveness of control measures.

**Q. Why are serial PPSs recommended by public health?**

**A.** Serial PPSs' are a tool that can be used to measure changes in pathogen transmission over time. Serial PPSs are particularly useful for assessing transmission in the context of MDROs that do not have a known incubation period, such as *C. auris*.

**Q. When would serial PPSs be recommended by public health?**

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**A.** If there are indications of pathogen transmission, such as a high number of new positives identified during a pPPS or continued identification of new cases, public health may recommend serial PPSs as part of the outbreak containment strategy.

**Q. How does a facility determine how many patients/residents to swab?**

**A.** The number of patients/residents to be swabbed is dependent on the type of unit the facility has. If the facility is an LTACH, all patients not known to have *C. auris* should be swabbed. In facilities that care for patients/residents with varying risk levels for MDRO acquisition, recurring pPPSs should be focused on high-risk patients/residents or units (e.g., the ventilator unit in a vSNF), unless there is concern for potential transmission or high colonization pressure among other areas of the facility. Individuals known to have *C. auris* should always be excluded from PPSs.

**Q. How should a facility prepare for a pPPS?**

A. One week before the next scheduled pPPS date, a member of the NJDOH Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Unit will reach out to your facility to confirm your collection date and the anticipated number of patients/residents that will be swabbed. Once confirmed, swabs and supplies will be requested and delivered to your facility via FedEx.

Facility staff involved in conducting the pPPS should review specimen collection and packaging instructions and ensure they have access to place test orders or complete necessary line lists in advance of the pPPS date.

**Q. How long does it take to receive results?**

**A.** Results are typically available within 5 days of specimen collection, usually sooner (e.g., 2-4 days). However, test turnaround time varies based on the volume of specimens submitted for a given week and the timing of specimen shipment receipt by the laboratory. The NJDOH HAI/AR Unit will follow up and advise of next steps depending on the specimen results.