UK Health Security Agency

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Event: Increasing detection and outbreaks of *Candidozyma (Candida) auris* in hospitals in England.

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IRP Level: Routine

Incident Leads: James Elston, Rohini Manuel and Colin Brown

Instructions for Cascade

Please cascade as routinely to the below groups:

- UKHSA Private Office Groups
- UKHSA Regions Directorate:
  UKHSA Field Services
  UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
  Deputy Directors in Regions Directorate
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- Generic inbox for each of the Devolved Administrations
- Inboxes for each of the Crown Dependencies
- DHSC CMO (*excluding internal UKHSA briefing notes*)
- OHID Regional Directors of Public Health
- National NHSE EPRR
- NHSE National Operations Centre

Additionally, this briefing note should be cascaded as below:

- **Devolved Administrations** to cascade to Medical Directors, infectious diseases teams, microbiology departments and laboratory leads across the NHS and independent sector, and other DA teams as appropriate to their local arrangements.
- **Crown Dependencies** to cascade to teams as appropriate to local arrangements.
- **Regional Deputy Directors** to cascade to Directors of Public Health.
- **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS and independent sector)
- **UKHSA microbiologists** to cascade to NHS Trust and independent sector infection leads.
- **NHS labs/NHS infection leads/NHS microbiologists/NHS infectious disease specialists** to cascade according to local arrangements to hospital microbiology, infection and infection prevention and control teams.
- **NHSE National Operations Centre** to cascade to Medical Directors, infectious diseases teams, microbiology departments and NHS laboratory leads, and via appropriate independent sector contacts.

Summary:

UKHSA is responding to increasing detections of *Candidozyma (Candida) auris* in hospitals and is managing this as a routine incident with a multi-stakeholder incident management team. During 2023-24, there have been significant outbreaks affecting two NHS tertiary referral hospitals in London and the South East UKHSA regions. There have been a small number of associated cases involving patient transfers to other London hospitals. There have

also been unlinked sporadic introductions into other Trusts across the UK including the other devolved nations. Whilst the vast majority of cases identified represent (asymptomatic) colonisations rather than infections, *C. auris* outbreaks can result in serious infections, and substantial service disruption with financial costs as measures are put in place to reduce risk to patients.

To reflect public health needs, from April 2025, *C. auris* will be listed as a notifiable organism under schedule 2 of the Health Protection (Notification) Regulations 2010, subject to Parliamentary scrutiny and approval: Government response to the Health Protection (Notification) Regulations 2010: proposed amendments - GOV.UK.

Currently, there is known under-ascertainment of *C. auris* cases, particularly colonisations. Also, there is suspected under-reporting of *C. auris* outbreaks.

UKHSA requests:

- Laboratories (NHS, independent sector and UKHSA) include *C. auris* (all isolates, both colonisations *and* infections) in their reporting to the Second Generation Surveillance System (SGSS), and to voluntarily report in the interim before this becomes mandatory.
- Prompt notification of suspected *C. auris* outbreaks to UKHSA Health Protection Teams (HPTs).

Hospitals experiencing outbreaks should share information to facilitate risk assessment and implementation of effective infection prevention and control interventions for relevant health and care system stakeholders. This includes sharing information on *C. auris* colonisation/infection status on patient transfers, and on their hospital outbreak status.

Background and Interpretation:

C. auris is a World Health Organization critical priority fungal pathogen that can result in colonisation, invasive infection and outbreaks in healthcare settings. Resistance to the first-line antifungal agent fluconazole, combined with the propensity to rapidly acquire resistance to other antifungal agents during therapy, complicates the management of invasive disease. In non-UK settings, invasive disease has been associated with significant mortality. Patients at higher risk of acquiring *C. auris* infection or colonisation include hospitalised critically unwell patients cared for in high-dependency and intensive care settings for prolonged periods and individuals with immunosuppression.

Following a period of low case detection during the COVID-19 pandemic travel restrictions, numbers of *C. auris* colonisations and infections have increased in England. Most cases are linked to known hospital outbreaks or sporadic introductions associated with patients with healthcare links to endemic countries, many of whom obtain care in the UK independent health sector.

Several protracted *C. auris* outbreaks have occurred in UK hospitals since 2015 and peaks in incidence have largely been attributed to these. Outbreaks continue to emerge; to date these have mainly occurred in adult surgical critical care and surgical ward settings, including neurosurgical, cardiothoracic and vascular units. In 2023-24 there have been two significant outbreaks involving Guy's and St Thomas' hospitals in London (with a small number of associated cases involving patient transfers to other London hospitals) and University Hospital Southampton; the vast majority of associated cases have thus far been considered colonisations (asymptomatic) rather than infections.

The propensity of *C. auris* to colonise skin, survive for prolonged periods of time in the environment and subsequently transmit in the hospital setting contributes to increased

outbreak potential. This highlights the need for prompt, effective, and sustained infection prevention and control (IPC) practices. IPC interventions should include a focus on scrupulous hand hygiene and effective cleaning of medical equipment, (especially items shared between patients), in addition to isolation/cohorting patients known to be colonised with *C. auris*.

Timely notification of outbreaks and effective information sharing is required to facilitate timely IPC interventions across relevant health system partners.

- Guidance, Candida auris: laboratory investigation, management and infection prevention and control - GOV.UK has recently undergone consultation and is being revised with an updated publication expected soon. We will actively promote this when available.

Implications & Recommendations for UKHSA Regions

UKHSA regional teams are asked to be aware of this incident and are requested to use their DIPC, microbiology and laboratory networks to share information in this briefing note for further cascade.

HPTs may be asked to support management of healthcare-associated outbreaks of *C. auris.* Field Service colleagues will be asked to support laboratories in implementing voluntary reporting of *C. auris* as required. Increased case ascertainment should be expected, and exceedances are likely to be detected.

Please inform the AMR & HCAI Division incident team of any *C. auris* outbreaks at local/regional level via cauris@ukhsa.gov.uk

Implications & Recommendations for UKHSA Sites and Services

UKHSA requests that local and regional laboratories include *C. auris* (all isolates, including colonisations *and* infections) in their reporting to the Second Generation Surveillance System (SGSS), and voluntarily report in the interim before this becomes mandatory.

Implications & Recommendations for the NHS

UKHSA requests that local and regional and laboratories (NHS and independent sector) include *C. auris* (all isolates, including colonisations *and* infections) in their reporting to the Second Generation Surveillance System (SGSS), and voluntarily report in the interim before this becomes mandatory.
Organisations experiencing an outbreak of *C. auris* should:

- notify their local UKHSA health protection team (HPT) in a timely manner, as described in the Health and Social Care Act 2008: code of practice on the prevention and control of infections
- share information on *C. auris* colonisation/infection status on patient transfers (including in clinical records and correspondence), and on hospital outbreak status via NHS and independent hospital networks and or directly with relevant organisations through established channels.

Implications and recommendations for Local Authorities

This briefing note is provided for information only.

References/ Sources of information

Government response to the Health Protection (Notification) Regulations 2010: proposed amendments - GOV.UK
Candida auris: laboratory investigation, management and infection prevention and control (draft) - GOV.UK
Health and Social Care Act 2008: code of practice on the prevention and control of infections