

LCQ13: Candida auris

Following is a question by the Hon Chan Hoi-yan and a written reply by the Acting Secretary for Health, Dr Libby Lee, in the Legislative Council today (March 13):

Question:

It has been reported that from 2019 when the first overseas imported *Candida auris* case appeared to the end of October 2023, a total of more than 600 *Candida auris* carrier cases were detected in Hong Kong, and the number of cases recorded in the first 10 months of 2023 alone was about 350, representing an increase of more than two times as compared to that in 2022, and among such cases, nearly half were nosocomial infection cases and were concentrated in hospitals in the Kowloon Central Cluster. In this connection, will the Government inform this Council:

- (1) whether it has compiled statistics on the number of *Candida auris* infection cases, the age of the patients and the number of deaths among them in each year since 2019 (set out in a table);
- (2) whether it has compiled statistics on the number of cases mentioned in (1) which were nosocomial infection cases in public hospitals and the number of patients involved, with a breakdown by the hospital involved;
- (3) as it has been reported that the number of *Candida auris* carrier cases in public hospitals increased substantially in the first 10 months of 2023, whether it knows if the Hospital Authority (HA) has gained an understanding of the reasons for that;
- (4) of the new infection control measures against multidrug-resistant fungi currently put in place by public hospitals;
- (5) as it has been reported that many patients have become carriers of multidrug-resistant fungi/bacteria as a result of their admission to public hospitals, whether the authorities have reviewed if the relevant infection control measures in public hospitals are adequate; if they have, of the details; if not, the reasons for that; and
- (6) regarding elderly singletons infected with multidrug-resistant fungi/bacteria or patients whose family members are incapable of taking care of them, whether it knows if HA has measures in place at present to provide support to and follow up on such patients after their discharge from hospitals; if HA has, whether it knows if HA will consider strengthening the relevant support; if HA will, of the details; if not, the reasons for that?

Reply:

President,

In consultation with the Hospital Authority (HA), the consolidated reply

to the various parts of the question raised by the Hon Chan Hoi-yan is as follows:

Candida auris (*C. auris*) is a multi-drug resistant fungus which was first discovered and isolated from the external ear canal of a patient in Japan in 2009. Since then, *C. auris* has rapidly spread and caused infections globally. At present, over 50 countries have discovered and isolated *C. auris*. The World Health Organization also considers *C. auris* a serious threat to global public health.

C. auris mainly transmits through contact with contaminated environmental surfaces or devices, and direct or indirect contact with carriers. *C. auris* is tenacious and exhibits thermotolerance and osmotolerance. It can adhere to the surface of objects and form a biofilm, survive for several months in the environment and is resistant to common disinfectants. It can therefore spread easily and cause outbreaks in healthcare institutions.

C. auris has been found in non-invasive body sites and can colonise a person without causing active infection. On the other hand, it can cause disease including intra-abdominal, wound, ear and bloodstream infections which can turn out to be severe. The HA has been actively taking measures to monitor *C. auris*, including strengthening admission screening and testing of clinical samples. Since the first imported *C. auris* case found in Hong Kong in 2019, the HA has, up to February 29 this year, recorded 800 *C. auris* cases, most of which had been diagnosed with other underlying diseases. The cases were aged 20 to 99, among whom about 98 per cent were asymptomatic carriers while only 2 per cent had infection symptoms. The 30-day mortality rate (including all causes of death) of *C. auris* cases recorded in the HA is 16.5 per cent, with the majority of the cases passing away due to other underlying diseases.

The rise in the number of *C. auris* cases over the past few years may be associated with hospitals handling a vast number of patients during the epidemic and the wider use of antibiotics. To reduce the transmission risk of *C. auris* in hospitals, the HA has been adopting "early identification, early segregation, early decolonisation" and risk-based strategies. Hospitals identify potential carriers and isolate patients as early as possible through proactive surveillance and screening of high-risk patients during admission and hospitalisation. Contact precaution measures are also implemented and designated medical equipment are provided to prevent cross-infection. Meanwhile, hospitals also focus on enhancing hand hygiene for staff and environmental hygiene of the wards, including hand hygiene audits, strengthening the surface cleaning of air-conditioning outlets of all wards, enhancing cleaning and disinfection of the surrounding environment of carrier patients and increasing the frequency of changing bed curtains.

For patients who are carriers of *C. auris*, healthcare staff will offer timely follow-up according to their clinical conditions and provide infection control information and leaflets to the patients and their family members. If patients have infection symptoms, doctors will prescribe drugs for treatment. For the majority of asymptomatic carriers, healthcare staff will conduct

individual assessment and prescribe a 3-month course of decolonisation regimen to shorten the duration of carriage and reduce the relevant infection risk.

When patients with multi-drug resistant organisms (MDROs) including *C. auris* are discharged from hospitals, in general, they only need to maintain good personal hygiene and avoid sharing of personal items with others while maintaining environmental hygiene and keeping personal items clean so as to prevent and control the spread of MDROs in the community. If patients and their families have specific needs, the HA will refer patients to the Community Nursing Service for support and follow-up, such as monitoring of infection symptoms, or ensuring patient compliance with doctor's prescriptions and proper use of antimicrobials.

In addition, to enhance the infection control of *C. auris* in residential care homes for the elderly (RCHEs), hospitals will conduct pre-discharge screening for RCHE patients based on risk assessments. The HA and the Centre for Health Protection of the Department of Health have also strengthened collaboration to provide infection control assessment and advice for RCHEs with carrier residents, and arrange re-tests for carrier residents in order to prevent transmission of *C. auris* in RCHEs.

The HA will continue to closely monitor the situation of MDROs and review the relevant infection control measures of its healthcare facilities in a timely manner.