

Survey in acute hospitals finds no patient cluster of Candida auris

The following is issued on behalf of the Hospital Authority:

The Hospital Authority (HA) earlier conducted a one-off prevalence survey among patients to assess the potential risk of outbreaks of *Candida auris* in acute hospitals and to take necessary preventive measures. The survey revealed that there has not been any patient cluster with *Candida auris* in acute hospitals. The HA will continue to step up infection control measures and closely monitor the situation of *Candida auris* infection.

The Chief Infection Control Officer of the HA, Dr Raymond Lai, said that in view of the increasing cases of *Candida auris* in Kowloon West Cluster, the HA conducted a one-off prevalence survey at the end of last month (October) in all acute hospitals for around 2,000 patients who were carriers of or infected with multidrug-resistant bacteria, including Methicillin-resistant *Staphylococcus aureus*, Multi-drug Resistant *Acinetobacter*, Multidrug-resistant *Pseudomonas aeruginosa*, Vancomycin-resistant Enterococci and Carbapenemase-producing Enterobacteriaceae. Patient specimens were taken by the hospitals.

"Among around 2,000 patients being surveyed, only one patient from Princess Margaret Hospital has been confirmed to be a *Candida auris* carrier, showing that there has been no widespread cluster of *Candida auris* in acute hospitals. Besides the one-off prevalence survey, the HA has also adopted an early identification strategy as well as enhanced laboratory services to identify carriers as early as possible," Dr Lai said.

Upon the detection of new cases, the hospital concerned will conduct contact tracing in accordance with established guidelines. To expedite isolation and contact tracing, HA laboratories are introducing rapid testing to shorten the availability of test results to within one day. The hospitals will also implement a series of enhanced infection control measures such as designated equipment for individual patients to avoid cross infection; application of stringent contact precautions; thorough cleaning and disinfection of the wards concerned twice a day at least; wearing of appropriate personal protective equipment by healthcare staff; and enhancing the practice of hand hygiene among staff and patients.