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Background: According to the Centers for Disease Control and Prevention (CDC), carbapenem-resistant Enterobacterales (CRE) are an urgent public health threat. The CDC states the most common or 'Big Three' CRE are *Escherichia coli*, *Enterobacter* species, and *Klebsiella* species. States look at the 'Big Three' for guidance when setting reportable condition criteria for CRE. Evaluating trends of the non-'Big Three' genera is critical to ensure surveillance efforts are focused on priority targets. Thus, CRE genera trends were evaluated to verify the fitness of CRE surveillance reporting recommendations. **Method:** The Antimicrobial Resistance Laboratory Network (ARLN) Southeast region (SER) includes Alabama, Florida, Georgia, Louisiana, Mississippi, Tennessee, and Puerto Rico. All CRE is reportable in Tennessee (TN) and isolate submission is required to ARLN. Other jurisdictions submit CRE to the TN regional lab. Submitted CRE cases to ARLN from 2018 – 2023 were analyzed. CRE cases were defined as an Enterobacterales organism resistant to one or more carbapenem, excluding imipenem for *Proteus* sp., *Providencia* sp., or *Morganella* sp. due to intrinsic resistance. Data was cleaned in SAS v9.4 to provide descriptive CRE statistics. **Result:** The top three genera for TN fluctuate between *Enterobacter* sp., *Klebsiella* sp., *Proteus* sp., and *Escherichia* sp. In 2022, *Proteus* sp. (n=132) had twice the incidence of *Escherichia* sp. (n=65) in TN. There was an overall increasing trend of *Proteus* sp. from 2018 – 2023. The largest increase of *Proteus* sp. in TN was seen between 2018 (n=23) and 2021 (n=183). However, the prevalence sharply decreased between 2021 (n=183) and 2023 (n=12). *Proteus* sp. was 17% (n=627) of all CRE cases (n=3625) in TN from 2018 – 2023, while the "Big Three" was 72% (n=2628). In contrast, *Proteus* sp. was only 3% (n=35) of all CRE cases (n=1400) in the SER excluding TN from 2018 – 2023, compared to 89% (n=1250) for the "Big Three". **Conclusion:** CRE surveillance identified an increased overall prevalence of *Proteus* sp. in TN between 2018 and 2022 despite not being included in the 'Big Three'. While there was a large increase of *Proteus* sp. observed in 2021, the increase was limited to TN, and the subsequent decline suggests this is an outlier. Jurisdictions outside of TN often only submit Carbapenemase-producing CRE to ARLN as not all jurisdictions have CRE as a reportable condition. Results of this analysis suggest the SER should continue to monitor CRE and *Proteus* sp. to note if there is an increasing overall trend to better inform isolate submission strategies.

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Poster Presentation

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Risk-Based Admission Screening for *Candida auris* and Carbapenemase-Producing Organisms within an Acute Care Health System

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Background: Patients infected or colonized with *Candida auris* or Carbapenemase-Producing Organisms (CPO) can serve as a transmission source for other patients. Screening select patients for these organisms allows facilities to implement infection prevention measures to minimize the risk of transmission.

Following a two-year period of ongoing transmission of *Candida auris* occurring in a community served by a large multi-state healthcare system, and the passing of a board of health rule requiring admission screening of select patients in another community served by the health system, an admission screening program was implemented across all acute care facilities in the system in 2024. **Methods:** Beginning in March of 2024, all patient

admissions were screened for history of an overnight stay in either a long-term acute care (LTAC), skilled nursing (SNF), or non-US healthcare facility, or having had an invasive medial or surgical procedure outside of the US in the past 12 months. Patients who screened positive were placed in transmission-based precautions and consented for screening for *Candida auris* and CPO. Screening tests were performed utilizing a two-step method of HardyCHROM agar followed by UV fluorescence, MALDI-TOF MS or CARBA5. Potentially exposed patients who had been discharged were not screened. **Results:** 4249 patients in the acute care facilities were identified for admission screening, with 2553 consented and screened for *Candida auris* and 3346 for CPO respectively. Admission screening positivity rates are in table 1. No Risk Factors With Risk Factors Overall *Candida auris* 2.3% 2.3% 2.3% CPO 6.5% 7.25% 7.11%. Table 1: Admission screening positivity rates by pathogen and risk factors **Conclusion:** *Candida auris* colonization rates were the same in patients with and without risk factors. CPO colonization rates were 11% higher in patients with a risk factor present. 96.4% of the CPO positive screens had a LTAC/SNF stay as their risk factor. More robust surveillance and prevention strategies are needed in these care settings to prevent CPOs endemicity. Limitations of this study include the lack of screening completion in discharged patients and those patients who did not consent.

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Implementing a *Candida auris* Screening Program at a Comprehensive Cancer Center

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Background: *Candida auris* (*C. auris*) is a resistant fungal pathogen that persists in the hospital environment and poses a significant infection risk, particularly to immunocompromised patients. Early detection and infection control are vital for patient safety as *C. auris* may spread between patients in healthcare settings through contact with contaminated surfaces. The Centers for Disease Control and Prevention (CDC) and Texas Department of State Health Services (Texas DSHS) recommend screening high-risk patients, including those previously hospitalized abroad, in rehabilitation or long-term care facilities, or those with indwelling medical devices, mechanical ventilation, immunocompromised conditions, or colonization by other multidrug-resistant organisms. We developed a *C. auris* screening program based on these guidelines, local epidemiology, patient risk factors, and facility characteristics. **Methods:** An initial point prevalence survey was conducted to identify our high-risk patient population, but no positive screening results were found during our pilot study. However, a retrospective review of patients with clinical *C. auris* infection revealed 53% (8/15) had transferred into our center from other healthcare facilities. A targeted screening program of transfer patients was developed, and a needs assessment identified gaps in infection prevention practices, staff knowledge, and laboratory capabilities. Patients meeting screening criteria had composite swabs collected from axilla and groin creases, which were sent to an external lab for *C. auris* PCR testing. A tracking system was established for patients, results, and newly identified infections. Newly identified colonization cases received targeted infection control measures and were placed on isolation. **Results:** During the first four months of the screening protocol, 588 transfer patients have been screened, reflecting 5.47% of all admissions. We identified ten positive colonization cases, yielding a 1.82% positivity rate. In addition, two *C. auris* infections were identified. **Conclusion:** Overall, our *C. auris* colonization rates are low. This may reflect differences in patient population or screening practices. Identifying ten colonized patients through our screening protocol enabled timely isolation and targeted infection control measures, preventing