

P2233 *Candida auris* outbreak in a tertiary care hospital in South IndiaDipu Thareparambil Sathyapalan *¹, Merlin Moni¹, Remya Antony¹, Vidya Menon¹, Sanjeev Singh¹¹ Amrita Institute of Medical Sciences, Kochi

Background: *Candida auris* infection is now emerging as a serious global threat due to its outbreak potential and high mortality rate. We describe an outbreak of *C. auris* infection in a tertiary care hospital in South India and measures to contain dissemination.

Materials/methods: All microbiologically confirmed *C.auris* cases during the outbreak period from October 2017 to December 2017 were included in the investigation. Strategies for containment began with line listing of the identified patients. Data collected included demographics, location of patient, prior antifungal exposure, treatment received, duration of hospital stay, presence and duration of central venous catheters, date of sending cultures, resistance patterns of *Candida auris* isolates, procedures (surgery in the last 30days), clinical cure and outcome. Immediate outbreak control interventions were undertaken as per the standard recommendations (Public Health England) which included cohorting of culture positive patients, isolation and strict infection prevention strategies. The latter includes hand hygiene, terminal cleaning of surfaces with chlorhexidine, chlorhexidine body washes, restriction of access to cohorted patients and ongoing training of healthcare professionals. Protocol was created for listing the *C. Auris* patients to the end of the surgical procedures followed by the terminal cleaning of the OTs and the MRI/CT rooms.

Results The outbreak investigation identified 7 adult patients with a median age of 52 years and included 4 males. 4 cases had been admitted to medical departments and 3 cases under surgical departments. At the time of outbreak, 3 patients were located in the ward and 4 patients were in ICU. All identified cases were cohorted to single location with strict 1:1 nursing. The mean hospital stay prior to *C auris* isolation was 30 days and mean ICU stay was 12 days. Sources of infection identified were Fungemia, BAL, urine and pus. All patients were successfully treated with Micafungin exception being UTI, treated with Voriconazole.

Conclusions: *C.auris* outbreak was successfully contained with an array of infection control measures, drug optimization and isolation guidelines.

