



CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

PASSED:

BOARD OF HEALTH: 1/11/2018

LAW DEPARTMENT 1/25/2018

RECORDS DEPARTMENT _____

**AMENDMENTS TO REGULATIONS
GOVERNING THE CONTROL OF COMMUNICABLE
AND NONCOMMUNICABLE DISEASES AND CONDITIONS:
CANDIDA AURIS**

WHEREAS, Section 6-201 of the Philadelphia Health Code authorizes the Board of Health to establish lists of reportable diseases and conditions; and

WHEREAS, Section 6-202 of the Health Code requires health care providers and laboratories identifying such reportable diseases and conditions, designated by the Board, to report the occurrence of such diseases and conditions to the Department of Public Health; and

WHEREAS, the Board of Health has adopted regulations, entitled *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* (“Regulations”); and

WHEREAS, the Regulations, in sections 2, 3, and 10, contain a list of such diseases and the methods of reporting the occurrence thereof; and

WHEREAS, *Candida auris* is an emerging yeast species that presents a serious health threat because it is capable of causing invasive fungal infections; and

WHEREAS, most strains of *Candida auris* are multi-drug resistant, showing resistance to all major classes of antifungal drugs; and

WHEREAS, resistance to antifungal drugs results in limited or no options for treating patients;
and

WHEREAS, *Candida auris* is difficult to eradicate in healthcare environments and transmission associated with outbreaks and high patient mortality occurs in healthcare settings; and

WHEREAS, patients can be colonized with *Candida auris* for months or years, during which time they can spread the organism to others; and

WHEREAS, *Candida auris* is commonly misidentified as *Candida haemulonii* when using traditional biochemical methods for yeast identification, which can result in inappropriate treatment; and

WHEREAS, currently, the highest burden of cases nationwide is in New York and New Jersey, which border eastern Pennsylvania, both of which have active transmission of *Candida auris* in their healthcare systems; and

WHEREAS, the Board of Health finds *Candida auris* to be an infectious disease of public health importance, which should therefore be included on the list of reportable conditions in the Regulations;

NOW, THEREFORE, the Board of Health hereby amends the *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* to read as follows (additions in **Bold** and deletions in ~~Strikethrough~~):

REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE
AND NONCOMMUNICABLE DISEASES AND CONDITIONS

* * *

2. REPORTABLE DISEASES AND CONDITIONS

The Board declares the following diseases, unusual outbreaks of illness, noncommunicable diseases and conditions, poisonings and occupational diseases to be reportable:

- (a) Diseases

* * *

() Confirmed *Candida auris* and suspected or probable *Candida auris* (*Candida haemulonii* identified by traditional biochemical testing) as detailed below. Both healthcare providers and laboratories must report test results.

A positive clinical or screening/surveillance culture of *Candida auris* from any body site, including but not limited to, blood, wound, skin, ear, urine, rectum, respiratory secretions, or other body fluids.

A positive clinical or screening/surveillance culture of *Candida haemulonii* from any body site, including but not limited to, blood, wound, skin, ear, urine, rectum, respiratory secretions, or other body fluids identified by a traditional biochemical method for yeast identification (e.g. VITEK 2, BD Phoenix), which cannot identify *Candida auris*.

All occurrences, clusters, and outbreaks shall be immediately reported to PDPH upon receipt of results.

* * *

10. REGULATIONS PERTAINING TO THE CONTROL OF THE INFECTED INDIVIDUALS, CONTACTS, AND ENVIRONMENT FOR EACH REPORTABLE DISEASE

* * *

() *Candida auris*

- (1) Reporting. Both healthcare providers and laboratories must report test results. All test results shall be reported to PDPH immediately upon receipt of the results.
- (2) Isolation. Hospitalized patients shall be placed on Contact Precautions and in a private room for the duration of all current and future healthcare stays. Patients in a long-term care facility shall be placed on Contact Precautions or Enhanced Standard Precautions and placed in a private room (if available) for the duration of all current and future healthcare stays. Prior to inter-facility transfer, the facility transferring the patient shall notify the receiving facility of the colonization or infection.

- (3) Concurrent Disinfection.** Because *Candida auris* can be resistant to common healthcare disinfectants, daily disinfection and terminal cleaning should be done with an EPA-registered product that is effective against *Clostridium difficile* spores. Close attention should be paid to all areas in close proximity to the patient, high-touch surfaces in the room, as well as surfaces around sinks and toilets/commodes. Immediate cleaning and disinfection of equipment or surfaces contaminated with blood, serum, urine, purulent discharges, feces, and other bodily fluids or infectious materials is important. Reusable equipment should be dedicated to the colonized or infected patient whenever possible. Shared reusable medical equipment should be disinfected immediately after use. It is important to adhere to the minimum recommended contact time and application instructions.
- (4) Terminal disinfection.** Terminal cleaning shall consist of thorough wet cleaning and disinfection with an EPA-registered product that is effective against *Clostridium difficile* spores. It is important to adhere to the minimum recommended contact time and application instructions.
- (5) Quarantine.** No quarantine is required.

* * *



CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

PASSED:

BOARD OF HEALTH: 1/11/2018

LAW DEPARTMENT 1/25/2018

RECORDS DEPARTMENT _____

**AMENDMENTS TO REGULATIONS
GOVERNING THE CONTROL OF COMMUNICABLE
AND NONCOMMUNICABLE DISEASES AND CONDITIONS:
CARBAPENEM-RESISTANT ENTEROBACTERIACEAE**

WHEREAS, Section 6-201 of the Philadelphia Health Code authorizes the Board of Health to establish lists of reportable diseases and conditions; and

WHEREAS, Section 6-202 of the Health Code requires health care providers and laboratories identifying such reportable diseases and conditions, designated by the Board, to report the occurrence of such diseases and conditions to the Department of Public Health; and

WHEREAS, The Board of Health has adopted regulations, entitled *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* (“Regulations”); and

WHEREAS, The Regulations, in sections 2, 3, and 10, contain a list of such diseases and the methods of reporting the occurrence thereof; and

WHEREAS, *Enterobacteriaceae* are a family of bacteria that can cause invasive infections in humans if transmitted through direct contact with infected or colonized bodily tissues or fluids, or contaminated environmental surfaces; and

WHEREAS, certain bacteria in the family *Enterobacteriaceae* have developed resistance to carbapenem antibiotics and carry resistance on mobile plasmids which can be easily transferred between bacteria; and

WHEREAS, transmission of Carbapenem-Resistant *Enterobacteriaceae* most frequently occurs in healthcare settings; and

WHEREAS, resistance to carbapenem antibiotics, typically reserved for severe and life-threatening infections, results in limited or no options for treating affected patients; and

WHEREAS, patients can be colonized with Carbapenem-resistant *Enterobacteriaceae* for months or years, during which they can spread the organism to others; and

WHEREAS, the Board of Health finds Carbapenem-resistant *Enterobacteriaceae* to be an infectious diseases of public health importance, which should therefore be included on the list of reportable conditions in the Regulations;

NOW, THEREFORE, the Board of Health hereby amends the *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* to read as follows (additions in **Bold** and deletions in ~~Strikethrough~~):

REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE
AND NONCOMMUNICABLE DISEASES AND CONDITIONS

* * *

2. REPORTABLE DISEASES AND CONDITIONS

The Board declares the following diseases, unusual outbreaks of illness, noncommunicable diseases and conditions, poisonings and occupational diseases to be reportable:

(a) Diseases

* * *

() **Carbapenem-resistant *Enterobacteriaceae* as detailed below. Both healthcare providers and laboratories must report test results.**

A confirmed case of Carbapenem-resistant *Enterobacteriaceae* consists of a clinical or screening/surveillance culture yielding a bacterium in the family *Enterobacteriaceae*:

- 1. that tests resistant to at least one carbapenem antibiotic (minimum inhibitory concentrations of ≥ 4 mcg/ml for meropenem, imipenem, and doripenem OR ≥ 2 mcg/ml for ertapenem) OR**

2. that is documented to produce a carbapenemase by means of a laboratory test. Tests shall include, but not be limited to, MicroScan, E-test, disk diffusion test, Modified Hodge Test (MHT), Metallo- β -lactamase test, Carba NP, Carbapenem Inactivation Method (CIM), Modified CIM (mCIM), polymerase-chain reaction (PCR), and Xpert CarbaR.

All test results shall be reported to PDPH within 5 business days of the receipt of the results with two exceptions:

1. All unusual Carbapenem-resistant *Enterobacteriaceae* clusters, outbreaks, and occurrences should be reported immediately to PDPH.
2. All cases of pan-resistant Carbapenem-resistant *Enterobacteriaceae* should be reported immediately to PDPH. A pan-resistant bacterium is defined as an organism with non-susceptibility to all antibacterial agents tested (i.e. all antibacterial agents tested for susceptibility are either intermediate or resistant).

* * *

10. REGULATIONS PERTAINING TO THE CONTROL OF THE INFECTED INDIVIDUALS, CONTACTS, AND ENVIRONMENT FOR EACH REPORTABLE DISEASE

* * *

() Carbapenem-resistant *Enterobacteriaceae*

- (1) Reporting. Both healthcare providers and laboratories must report test results. All test results shall be reported to PDPH within 5 business days of the receipt of the results, with two exceptions: (1) all unusual Carbapenem-resistant *Enterobacteriaceae* clusters, outbreaks, and occurrences should be reported immediately to PDPH and (2) all cases of pan-resistant Carbapenem-resistant *Enterobacteriaceae* shall be reported immediately to PDPH.
- (2) Isolation. Hospitalized patients shall be placed on Contact Precautions and in a private room for the duration of all current and future healthcare stays. Patients in a long-term care facility shall be placed on

Contact Precautions or Enhanced Standard Precautions and placed in a private room (if available) for the duration of all current and future healthcare stays. Prior to inter-facility transfer, the facility transferring the patient shall notify the receiving facility of the colonization or infection.

- (3) Concurrent Disinfection. Daily disinfection that includes areas in close proximity to the patient, high-touch surfaces in the room, as well as surfaces around sinks and toilets. Immediate cleaning and disinfection of equipment or surfaces contaminated with blood, serum, urine, purulent discharges, feces, and other bodily fluids or infectious materials. Reusable equipment should be dedicated to the colonized or infected patient whenever possible. Shared reusable medical equipment should be disinfected immediately after use.**
- (4) Terminal disinfection. Terminal cleaning shall consist of thorough wet cleaning and disinfection.**
- (5) Quarantine. No quarantine is required.**

*

*

*



CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

PASSED:

BOARD OF HEALTH: 1/11/2018
LAW DEPARTMENT 1/25/2018
RECORDS DEPARTMENT _____

**AMENDMENTS TO REGULATIONS
GOVERNING THE CONTROL OF COMMUNICABLE
AND NONCOMMUNICABLE DISEASES AND CONDITIONS:
PAN DRUG-RESISTANT ORGANISMS**

WHEREAS, Section 6-201 of the Philadelphia Health Code authorizes the Board of Health to establish lists of reportable diseases and conditions; and

WHEREAS, Section 6-202 of the Health Code requires health care providers and laboratories identifying such reportable diseases and conditions, designated by the Board, to report the occurrence of such diseases and conditions to the Department of Public Health; and

WHEREAS, The Board of Health has adopted regulations, entitled *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* (“Regulations”); and

WHEREAS, The Regulations, in sections 2, 3, and 10, contain a list of such diseases and the methods of reporting the occurrence thereof; and

WHEREAS, well over two million illnesses and 23,000 deaths are attributed to drug-resistant organisms in the United States each year; and

WHEREAS, these organisms are increasingly exhibiting resistance to *all* drugs that would be considered for treatment; and

WHEREAS, patients infected with these pan drug-resistant organisms have limited or no options for treatment; and

WHEREAS, patients can be colonized with pan drug-resistant organisms for months or years, during which time they can spread the organism to others; and

WHEREAS, the Board of Health finds all pan drug-resistant organisms to be infectious diseases of public health importance, which should therefore be included on the list of reportable conditions in the Regulations;

NOW, THEREFORE, the Board of Health hereby amends the *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* to read as follows (additions in **Bold** and deletions in ~~Strikethrough~~):

REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE
AND NONCOMMUNICABLE DISEASES AND CONDITIONS

* * *

2. REPORTABLE DISEASES AND CONDITIONS

The Board declares the following diseases, unusual outbreaks of illness, noncommunicable diseases and conditions, poisonings and occupational diseases to be reportable:

(a) Diseases

* * *

() **A pan drug-resistant organism as detailed below. Both healthcare providers and laboratories must report test results.**

A confirmed pan drug-resistant organism consists of a clinical or screening/surveillance culture yielding a bacterium or fungus:

- 1. that exhibits non-susceptibility to all antibacterial or all antifungal agents tested (i.e. all drugs tested for susceptibility are either intermediate or resistant).**

All test results shall be immediately reported to PDPH upon receipt of results.

* * *

10. REGULATIONS PERTAINING TO THE CONTROL OF THE INFECTED
INDIVIDUALS, CONTACTS, AND ENVIRONMENT FOR EACH REPORTABLE DISEASE

* * *

() **Pan Drug-Resistant Organism**

- (1) **Reporting.** Both healthcare providers and laboratories must report test results. All test results shall be immediately reported to PDPH upon receipt of results.
- (2) **Isolation.** Hospitalized patients shall be placed on Contact Precautions and in a private room for the duration of all current and future healthcare stays. Patients in a long-term care facility shall be placed on Contact Precautions or Enhanced Standard Precautions and placed in a private room (if available) for the duration of all current and future healthcare stays. Prior to inter-facility transfer, the facility transferring the patient shall notify the receiving facility of the patient's colonization or infection status.
- (3) **Concurrent Disinfection.** Daily disinfection that includes areas in close proximity to the patient, high-touch surfaces in the room, as well as surfaces around sinks and toilets, with products appropriate for the identified pan drug-resistant organism. Immediate cleaning and disinfection of equipment or surfaces contaminated with blood, serum, urine, purulent discharges, feces, and other bodily fluids or infectious materials. Reusable equipment should be dedicated to the colonized or infected patient whenever possible. Shared reusable medical equipment should be disinfected immediately after use.
- (4) **Terminal disinfection.** Terminal cleaning shall consist of thorough wet cleaning and disinfection. Specific products should be utilized based on the identified organism.
- (5) **Quarantine.** No quarantine is required.

* * *