

# Candida auris (C. auris)

## **Infection Prevention and Control Guidance-January 2023**

*C. auris* is an emerging multidrug-resistant yeast that can colonize the skin and cause invasive infections. It can spread readily between patients in healthcare facilities, causing numerous outbreaks that have been difficult to control. Containment of *C. auris* spread largely depends on timely detection and implementation of appropriate infection prevention and control measures.

#### **Background**

- C. auris was classified as an urgent threat in the 2019 Antibiotic Resistance Threats Report. This report can be found at: www.cdc.gov/antimicrobial-resistance/data
  - www.cdc.gov/antimicrobial-resistance/data-research/threats.
- Some strains are resistant to all three major classes of antifungals, severely limiting treatment options.
- C. auris is known to cause invasive infections with a crude mortality rate as high as 70% for every 100 patients admitted.
- *C. auris* can colonize patients' skin and other body sites for prolonged periods, posing a risk for both invasive infection and transmission.
- C. auris can spread rapidly within healthcare facilities, especially in high-acuity long-term care settings, colonizing large proportions of patients.

#### **Infection Control Measures**

- Educate all healthcare personnel (HCP) about C.
- Reinforce and follow hand hygiene practices.
- Use Transmission-Based Precautions:
  - Contact precautions including gown and gloves.
  - Enhanced Barrier Precautions for nursing home residents.
- Monitor for adherence to infection control practices and provide feedback.
- Ensure adequate supplies are available.
- Ensure appropriate signage is on the patient's door to alert HCP and visitors of recommended precautions.

#### **Bed Placement**

- Place patient in a private room.
- If single rooms are limited:
  - Prioritize for those at high risk of pathogen transmission (secretions, excretions, draining wounds, and diarrhea).
  - o Cohort C. auris patients together.

### **Transfers (Intra and Interfacility)**

- When moving patients and residents intradepartmental or transferring to another facility, notify the receiving unit or facility of the patient's *C. auris* infection or colonization status.
- An example of an infection control transfer form may be found here: <a href="www.cdc.gov/healthcare-associated-infections/media/pdfs/Interfacility-IC-Transfer-Form-508.pdf">www.cdc.gov/healthcare-associated-infections/media/pdfs/Interfacility-IC-Transfer-Form-508.pdf</a>.
- If ambulance transport is required, notify emergency services personnel of patient's *C. auris* infection or colonization status.

#### **Environmental Cleaning**

*C. auris* persists in the healthcare environment for weeks, and certain routinely used disinfectants in healthcare settings are not effective against the organism.

- Use an Environmental Protection Agencyregistered hospital-grade disinfectant effective against C. auris- <u>List P</u>.
- Apply products for the correct contact time.
- Perform thorough routine (at least daily) and terminal cleaning and disinfection of patients' rooms and other areas where patients receive care.
- Train healthcare personnel on cleaning mobile and reusable equipment.

#### **Screening**

Consider screening patients who are at high risk for *C. auris*. Screening guidelines can be found at: www.cdc.gov/candida-auris/hcp/screening-hcp/.

Early detection and infection control can limit the spread of *C. auris*.

For additional information and facility-specific information, please visit:

www.cdc.gov/candida-auris/hcp/infection-control/.