

Candida auris (C. auris) Response and Control

Guidance for Local Health Departments and Regional Epidemiologists 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 <u>2019</u> Antibiotic Resistance Threats Report.
- Some strains are resistant to all three major classes of antifungals, severely limiting treatment options.
- C. auris is known to cause invasive infections with crude mortality rate as high as 70% for every 100 patients admitted.
- C. auris can colonize patient's skin and other body sites for prolonged periods, posing a risk for both invasive infection and transmission. C. auris persists in the healthcare environment for weeks, and certain routinely used disinfectants in healthcare settings are not effective against the organism.
- *C. auris* can spread rapidly within healthcare facilities, especially in high-acuity long-term care settings, colonizing large proportions of patients.

Lab Criteria for Reporting

- In West Virginia, C. auris is a category II emerging infectious disease and reportable to the local health department within 24 hours.
- Report any patient or laboratory that meets the following criterion:
 - Detection of *C. auris* in a specimen using either culture or a validated culture-independent test (e.g., nucleic acid amplification test [NAAT]).

Case Definition for Case Classification

Confirmatory lab evidence:

- Detection of *C. auris* in a specimen from a swab obtained for the purpose of colonization screening using either culture or validated culture-independent test (e.g., nucleic acid amplification test [NAAT]), OR
- Detection of *C. auris* in a clinical specimen obtained during the normal course of care for diagnostic or treatment purposes using either culture or a validated culture-independent test (e.g., NAAT).

Public Health Response

- Promptly detect the presence of *C. auris* in specimens.
- Provide education to the patient and/or family.
- Collect information needed to determine appropriate recommendations based on Centers for Disease Control and Prevention Containment Strategy Guidance.
- Verify appropriate infection control measures are implemented by the healthcare facility to stop transmission.
- Identify affected patients, determine whether transmission to other patients is occurring, and recommend appropriate infection control measures to stop further transmission.
- Review the patient's healthcare exposures (outpatient visits, home health visits, overnight stays in healthcare settings) for possible notification to healthcare facilities.
- Recommend colonization screening of high-risk healthcare contacts so additional infection prevention measures can be put into place.

The updated case definition recommends *C. auris* screening cases be made nationally notifiable.

For additional information:

 https://www.cdc.gov/fungal/candida-auris/cauris-infection-control.html