NACCHO
National Association of County & City Health Officials

Fact Sheet: *Candida auris* (*C. auris*)

WHO	Identify which patients and/or residents have or potentially have *Candida auris.*	✓ Patients/Residents who have a positive test result for *C. auris* or history of *C. auris.* ✓ Patients/Residents with a known exposure to a *C. auris case.* ✓ Patients/Residents who were hospitalized in a foreign country or another part of the country with high *C. auris* burden. ✓ Patients/Residents who have received healthcare in a long-term care hospital or nursing home providing high-acuity care, such as ventilator-capable nursing homes.
WHAT	Define what additional measures need to be implemented for the actual or suspected cases in addition to hand hygiene, Standard Precautions, and cleaning/disinfection.	✓ Recommend Contact Precautions for patients in acute care settings. ✓ Recommend Contact or Enhanced Barrier Precautions in nursing homes or Skilled Nursing Facilities (SNF) depending on the situation or public health guidance. If *C. auris* is new to the facility or to the jurisdiction, Contact Precautions can be used. However, if the facility has more experience with Enhanced Barrier Precautions, then this may be the best approach. ✓ Recommend screening for contacts of *C. auris* cases, i.e., roommates and/or patients on the same ward prior to identification. ✓ Recommend using products on Environmental Protection Agency (EPA) List P.
WHEN	Determine when additional infection prevention measures are needed.	✓ *Candida auris* active infection and/or colonization is suspected or confirmed.
WHERE	Decide where patients and/or residents should be housed once they are they are identified as colonized or infected with *C. auris.*	✓ A single patient room is preferred to prevent further transmission. In nursing homes or SNFs, single patient rooms are preferred when Contact Precautions are being used. A single person room is not required for Enhanced Barrier Precautions. ✓ If a limited number of single-patient rooms are available, they should be prioritized for people at higher risk of pathogen transmission (e.g., those with uncontained secretions or excretions, acute diarrhea, draining wounds). ✓ Cohort with Other *C. auris* patients/residents or create a dedicated *C. auris* Unit with dedicated staff.
HOW	Establish how long the additional infection prevention measures remain in place for the patients and/or residents.	✓ Contact Precautions apply for the duration of healthcare stay in acute care facilities. In nursing homes, if Contact Precautions are being used, only use for a limited duration and transition to Enhanced Barrier Precautions. ✓ Routine reassessment of colonization is not recommended.

NACCHO
National Association of County & City Health Officials

What is *Candida auris*?

Overview

Candida auris (C*. auris*) is a drug-resistant fungus that can cause serious infection in patients/residents in healthcare facilities, including bloodstream and other invasive infections. More than 1 in 3 patients die within a month of being diagnosed with an invasive *C. auris* infection. Since its discovery in 2009, it has been reported in dozens of countries, including the United States. According to data from the Centers for Disease Control and Prevention (CDC), there have been thousands of cases identified in multiple states since tracking began in 2016.

Candida auris can be misidentified as other types of fungus unless certain laboratory methods are used. Correct identification is one of the most important mitigation strategies.

Transmission and Most Affected Patient Populations

Just like other multidrug-resistant organisms, such as carbapenem-resistant Enterobacterales (CRE) and methicillin-resistant *Staphylococcus aureus (*MRSA*)*, *C. auris* can be transmitted between patients in healthcare settings via contaminated surfaces and contact between patients and workers, which can lead to an outbreak. It can persist in the environment and withstand some commonly used healthcare facility disinfectants. For this reason, only disinfectants approved to kill this type of fungus should be used when cases are identified. These products have a claim from the Environmental Protection Agency (EPA) for *C.auris* (List P).

High-risk patients/residents include those who have been in a healthcare facility for a prolonged period of time, have a central venous catheter or other lines or tubes, or have previously received antibiotics or antifungal medications. Patients or residents infected or colonized with carbapenemase-producing bacteria, i.e., CP-CRE, are also at higher risk for acquiring *C.auris*. Patients and residents can be colonized with *C. auris* for many months or years.

Prevention & Treatment

Standard Precautions plus Contact Precautions are indicated as protocol in acute care facilities. Enhanced Barrier Precautions may be used in nursing homes when Contact Precautions do not apply. Decisions regarding the use of practices to prevent the spread of MDROs, including when to use Enhanced Barrier Precautions or Contact Precautions, can be determined in conjunction with public health. These strategies may differ depending on the prevalence or incidence of the MDRO in the facility and region and the experience of the facility with using Enhanced Barrier Precautions. Implement a method to identify cases at future admissions, such as flagging the chart so appropriate precautions are implemented immediately upon admission. Communication is key for any patient transfers as well. Cleaning and disinfection should be performed at least

daily using a disinfectant on EPA List P or List K. Products on List P are the first choice. Products on List K can be used when List P disinfectants are unavailable.

Consult with an infectious disease physician to determine treatment. Only clinical infections should be treated. Some antifungal medications used to treat other *Candida* infections don't work for *C. auris*. An echinocandin drug is recommended for first-line treatment. Amphotericin B could be considered if the patient/residents are clinically unresponsive to echinocandin treatment or has persistent fungemia for >5 days.

NACCHO
National Association of County & City Health Officials

References

1. Centers for Disease Control and Prevention. Infection Prevention and Control for Candida auris. 2023. Available at https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html. Accessed 17 May 2023.
2. Centers for Disease Control and Prevention. Candida auris: A drug-resistant fungus that spreads in healthcare facilities. Available at https://www.cdc.gov/fungal/candida-auris/pdf/C-Auris-Infection-Factsheet-H.pdf. Accessed 9 June 2023.
3. Centers for Disease Control and Prevention. Treatment and Management of C. auris Infections and Colonization. Available at https://www.cdc.gov/fungal/candida-auris/c-auris-treatment.html. Accessed 14 June 2023.
4. Centers for Disease Control and Prevention. Antibiotic Resistance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2019.
5. Centers for Disease Control and Prevention. Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs). 2022. Available at https://www.cdc.gov/hai/pdfs/mdro-guides/Health-Response-Contain-MDRO-508.pdf. Accessed 9 June 2023.
6. Centers for Disease Control and Prevention. Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs). 2022. Available at https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html. Accessed 17 May 2023.
7. Centers for Disease Control and Prevention. Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006. Last update February 15, 2017. Available at https://www.cdc.gov/infectioncontrol/pdf/guidelines/mdro-guidelines.pdf. Accessed 14 June 2023.
8. Centers for Disease Control and Prevention. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Last update May 2022. Available at https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf. Accessed 14 June 2023.