

Candida auris Screening Information for Healthcare Facilities

What is *Candida auris*?

Candida auris (also called *C. auris*) is a yeast that typically infects people who are already sick with another serious illness or condition. This is not the same yeast that causes diaper rash, “yeast infections” in women, and “thrush” in the mouth. This yeast often infects blood, and it can live on the skin, in the nose, or in the intestines without making a person sick. Infections with this fungus can be difficult to treat because antifungal medicines might not work against it. In other countries, *C. auris* has developed resistance to the three major classes of antifungal drugs, which is why it is especially concerning. This yeast can spread from patient to patient in hospitals, nursing homes, and other healthcare facilities.

What is the difference between infection and colonization with *C. auris*?

Infection refers to a patient who has a clinical illness caused by *C. auris* and needs treatment. Colonization refers to a patient who has *C. auris* on their body but is not sick from it. Since *C. auris* has been found on the skin, colonization often can be detected by screening swabs. It is important to note that recommended infection control measures are the same for both infection and colonization with *C. auris*, since both infected and colonized patients can shed the organism onto nearby surfaces. *C. auris* can persist on the skin for several months. For more detailed information about screening and infection control measures, please see the *C. auris* Recommendations from the CDC. Please go to: <https://www.cdc.gov/fungal/diseases/candidiasis/c-auris-infection-control.html>

What body sites become infected or colonized with *C. auris*?

C. auris can cause invasive infection (e.g. bloodstream, intra-abdominal) requiring antifungal therapy. However, *C. auris* also has been found on the skin and in noninvasive body sites. These sites include urine, external ear canal, wounds, and respiratory specimens.

What is the difference between screening and clinical cases of *C. auris*?

Clinical cases are patients discovered to have *C. auris* when they had cultures done because they were sick. Screening cases are patients with no symptoms who were discovered to have *C. auris* when they had testing done as part of a case investigation if they were a contact or as part of admission or point prevalence screening.

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What is admission screening?

Admission screening involves taking swabs to test for *C. auris* for all patients admitted to high risk units, such as ventilator units, or certain high risk patients, such as residents from nursing homes being admitted to hospitals. Admission screening will allow healthcare facilities and the New York State Department of Health (NYSDOH) to determine how commonly patients are colonized with *C. auris*, as well as how best to minimize its spread.

What is point prevalence screening?

Point prevalence screening involves taking swabs to test for *C. auris* from patients, objects, or surfaces on the same floor or unit as a case patient, or in a high-risk unit. Like admission screening, this process will allow NYSDOH to determine how commonly patients are colonized with *C. auris*, as well as how best to minimize its spread.

Is admission or point prevalence screening for *C. auris* recommended or required for our healthcare facility?

Currently, the NYSDOH is not requiring facilities to perform admission or point prevalence screening. However, NYSDOH is working with facilities, especially some that are heavily affected, to pilot this process and evaluate outcomes, to determine whether admission or point prevalence screening is a feasible and useful intervention to prevent spread of *C. auris*. Point prevalence screening is recommended for facilities that have had patients with *C. auris* or facilities in affected geographic regions to help determine the prevalence of this organism in the community. Each healthcare facility may establish its own protocols for admission screening based on several factors which could include their patient/resident population, facility risks and needs, and site-specific determinations.

Why are you screening for *C. auris* at our healthcare facility?

Your healthcare facility has had at least one patient with *C. auris* pass through. As a result, there may be patients with *C. auris* in your facility who have no symptoms who could pass on this organism to other patients who are at high risk of infection due to underlying serious medical conditions. Therefore, this effort is aimed at detecting silent infection in high risk individuals and subsequently preventing transmission within your facility. Many healthcare facilities in your area have had patients with *C. auris*. Testing patients at your healthcare facility for *C. auris* will help the NYSDOH determine how common this multi-drug resistant yeast is and help prevent it from spreading to other patients.

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If the NYSDOH already came to my facility, why are you back for another visit?

There are several different efforts being conducted by the NYSDOH for *C. auris*. These activities include but are not limited to point prevalence surveys, admission screenings, and infection control assessments. Your healthcare facility may be visited several times as part of these efforts.

Additionally, some facilities where clinical and screening cases are found may receive return visits to ensure that there is no ongoing transmission within the facility. If continued cases are found, the NYSDOH will continue to provide education and support to ensure that optimal infection prevention and control precautions are implemented. Other facilities may have return visits to reassess infection prevention and control measures, if concerns were noted on prior visits.

What is the risk to staff who care for a patient with *C. auris*?

The risk of *C. auris* infection to otherwise healthy people, including healthcare workers, is very low. In the United States, *C. auris* infection has primarily been identified in people with serious underlying medical conditions who have had prolonged admissions to hospitals or reside in long term care facilities. Otherwise healthy people do not seem to be at risk for *C. auris* infections but can be colonized on their skin. Colonization of the skin is not very common in healthcare workers. In one study involving a [C. auris](#) outbreak, colonization with [C. auris](#) was detected in <1% of healthcare workers.¹ Currently, we are not recommending healthcare providers be tested for *C. auris*.

What can staff do to prevent transmission of *C. auris*?

To protect yourself and your patients, meticulous attention to infection prevention and control, including good hand hygiene (either hand washing with soap and water or hand sanitizing with an alcohol-based hand rub), is critical for everyone including healthcare personnel and healthcare facility visitors. It is important that healthcare personnel strictly follow infection prevention and control measures, such as the proper use of gowns and gloves. Finally, appropriate and effective environmental cleaning and disinfection of the facility is a key part of infection prevention.

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For how long are patients typically colonized with *C. auris*? Does this timeframe differ between clinical cases and screening cases (those infected versus those who are colonized)?

Patients have been found to be colonized for several months after active infection has resolved. We don't know the maximum amount of time that a patient can be colonized. We don't know if the timeframe differs between clinical cases and screening cases.

How long can *C. auris* survive on surfaces?

Testing suggests *C. auris* can survive on surfaces for weeks without proper cleaning.

Will you swab/test staff members?

Currently, we do not recommend testing healthcare providers for *C. auris* unless they are identified as a possible source of transmission to patients

What is the risk for my family members if I am caring for a patient with *C. auris*?

The risk of *C. auris* to healthy people is extremely low. *C. auris* is mainly a problem among people who are already sick with multiple medical problems and have spent a lot of time in healthcare settings.

Should family members or other close contacts of patients be tested for *C. auris*?

In most instances, family members and other close contacts of patients with *C. auris* infections are not recommended to be tested for *C. auris*. However, if someone who has frequent contact with a patient with *C. auris* is admitted to a healthcare facility, a healthcare provider might test them for *C. auris* to determine if special precautions should be used.

How do we decolonize a patient/resident?

There are currently no known ways to effectively decolonize patients with *C. auris*, such as through the use of chlorhexidine or topical antifungals. Research is ongoing.

Why is it important to implement infection control measures for *C. auris*?

C. auris can colonize patients' skin and other body parts months after active infection has resolved. *C. auris* can be shed into healthcare environments by colonized people and can persist in the environment for weeks. Persistence of the organism, both on

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patients and in the environment, enables its spread. It has also caused outbreaks in healthcare settings. For this reason, rapid identification of *C. auris* in a hospitalized patient is particularly important so that healthcare facilities can take special precautions to stop its spread.

C. auris can spread from one patient to another in healthcare facilities such as hospitals and nursing homes. Special precautions reduce the chance of spreading the yeast to other patients.

What infection control measures should be used for patients with *C. auris* infection or colonization?

In acute-care settings, like hospitals, patients colonized or infected with *C. auris* should be placed in single rooms on Standard and Contact Precautions. Healthcare workers follow Standard Precautions for all patients by wearing gowns, gloves, eye, and face protection when there is a risk of exposure to bodily fluids. Contact Precautions include healthcare workers always wearing gowns and gloves when they care for patients with *C. auris*. Nursing home residents who are colonized or infected with *C. auris* also should be housed in private rooms when available, standard precautions followed carefully, and the patient should also be placed on Contact Precautions. Meticulous attention to infection prevention and control, including good hand hygiene (either hand washing with soap and water or hand sanitizing with an alcohol-based hand rub), is critical for everyone including healthcare personnel and visitors. It is important that healthcare personnel strictly follow infection prevention and control measures, such as the proper use of gowns and gloves. When visiting a healthcare facility, visitors must follow facility directions to prevent the spread of infection. Finally, appropriate and effective environmental cleaning and disinfection by the healthcare facility is a key part of infection prevention and control.

How long does a patient with *C. auris* need to be under these special precautions (Contact Precautions)?

Even after *C. auris* infection is treated and the patient is symptom free, patients might continue to have *C. auris* on their skin or other body sites, and it can still be spread it to other patients. For that reason, special precautions should continue as long the patient/resident has *C. auris* on the skin or other body sites. The patient's healthcare providers, in collaboration with the NYSDOH, will determine when it is safe to stop these precautions.

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Can a nursing home resident with *C. auris* participate in activities with others, such as meals or social gatherings, if they are on these special precautions (Contact Precautions)?

In general, residents of nursing homes who have *C. auris* on their skin or other body sites can leave their rooms to attend meals and group functions if they are capable of consistently washing their hands thoroughly, if wounds are bandaged to prevent fluids from seeping out and infecting others, and if other types of secretions are contained. However, it is important that items that residents touch often and shared equipment (for example, physical therapy equipment or recreational resources) should be thoroughly cleaned and disinfected after each use.

Which cleaning/disinfection products are effective against *C. auris*?

CDC recommends use of an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *Clostridium difficile* spores. These products are also effective against *C. auris*. Follow all manufacturers' directions for use of the surface disinfectant, including applying the product for the correct contact time.

Please go to this website for a list of EPA registered disinfectants effective against *Clostridium difficile* spores:

https://www.epa.gov/sites/production/files/2017-01/documents/20172701.listk_.pdf

Where can I get additional information?

Please go to the CDC webpage about *Candida auris*:

<https://www.cdc.gov/fungal/diseases/candidiasis/candida-auris-qanda.html>

Please also go to the NYSDOH webpage about *Candida auris*:

https://www.health.ny.gov/diseases/communicable/c_auris/

NYSDOH fact sheet on *C. auris* screening swabs for patients/residents and families:
Supplied to your healthcare facility point of contact.

References

1. Schelenz, S, Hagen, F, Rhodes, J, Abdolrasouli, A, et al. First hospital outbreak of the globally emerging *Candida auris* in a European hospital. Schelenz et al. *Antimicrobial Resistance and Infection Control* (2016) 5:35 DOI 10.1186/s13756-016-0132-5.

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