DATE: August 23, 2017
TO: Home Healthcare and Hospice
FROM: NYSDOH Bureau of Healthcare Associated Infections

Guidance to New York State Home Healthcare and Hospice regarding the Global Emergence of Invasive Infections Caused by the Multidrug-Resistant Yeast Candida auris

The purpose of this letter is to provide guidance for the prevention and control of the multidrug-resistant yeast Candida auris (C. auris) among patients in home healthcare and hospice in New York State.

Background
The Centers for Disease Control and Prevention (CDC) issued a Clinical Alert in June 2016 regarding C. auris:
- Reports from healthcare facilities outside the United States indicate that C. auris is causing healthcare associated infections with high mortality and that C. auris has a high potential to cause outbreaks in healthcare facilities.
- Infections caused by C. auris often do not respond to commonly used antifungal drugs, making them difficult to treat.
- Patients who have long stays in intensive care units or who have central venous catheters or other indwelling devices, and who have previously received antibiotics or antifungal medications, appear to be at highest risk of infection.
- Specialized laboratory methods are needed to accurately identify C. auris.

To date, New York State Department of Health (NYSDOH) has issued three Health Advisories regarding C. auris. They are available for review here:
- NYSDOH Health Advisory: Alert to New York State Healthcare Facilities regarding the Global Emergence of Invasive Infections Caused by the Multidrug-Resistant Yeast Candida auris. Issued 8/17/2016
- NYSDOH Health Advisory: Alert to New York State Clinical Laboratories Identification and Reporting of Suspected Candida auris Isolates Issued 11/3/2016
• NYSDOH Health Advisory: Update to Healthcare Facilities Regarding Multidrug-Resistant Yeast *Candida auris* in New York State. Issued 5/5/2017
  [https://www.health.ny.gov/diseases/communicable/c_auris/docs/2017-05_candida_auris_advisory.pdf](https://www.health.ny.gov/diseases/communicable/c_auris/docs/2017-05_candida_auris_advisory.pdf)

**Infection Prevention and Control Recommendations**

For further information, please review all interim CDC recommendations regarding *C. auris* infection prevention and control and monitor the CDC website for new information and revisions to current recommendations:


Key CDC and NYSDOH recommendations for home health care and hospice personnel (HCP):

• Infection control precautions in home care and hospice for persons colonized or infected with *C. auris* are similar to precautions taken in healthcare facilities. Standard and Contact Precautions should be followed by all staff interacting with persons infected or colonized with *C. auris*. Hands and clothing can become contaminated by touching surfaces and objects in the patient’s immediate environment and by contact with colonized or infected wounds, secretions, and excretions, as well as the patient’s intact skin.
  o Use Contact Precautions (e.g. gown and gloves) upon entering the area of the home where patient care is provided and whenever coming into contact with the patient.

• Strict adherence to hand hygiene practices by HCP is essential. Perform hand-hygiene either by using alcohol-based hand sanitizer or hand washing with soap and water (required when hands are visibly soiled).
  Hand hygiene should be performed **before**:
  o Physical contact with the patient
  o Performing an aseptic task
  o Reaching into the homecare bag
  o Leaving the patient’s home
  And hand hygiene should be performed **after**:
  o Physical contact with the patient
  o Contact with body fluids or visibly contaminated surfaces
  o Contact with objects/surfaces in patient’s environment
  o Removing personal protective equipment (PPE) (e.g., gloves, gown)
  o Using a restroom

• If a patient is colonized or infected with a multidrug-resistant organism (MDRO) such as *C. auris*, their immediate environment can become contaminated. Of special concern are the high-touch surfaces in areas where the patient spends most of his or her time (e.g. bedroom, bathroom, living room, kitchen). Staff should provide education to the patient, family, and other caregivers regarding frequent cleaning and disinfection of these areas as well as other surfaces and objects that the patient touches.

• Although MDROs such as *C. auris* are not known to be a risk to HCP’s who practice good infection prevention and control measures, they might be
transmitted to other home care and hospice patients through inanimate objects or hands. Thus, home care and hospice patients known to have *C. auris* should be
cared for using appropriate PPE as described above.

- Reusable medical equipment and devices (e.g. stethoscopes and blood pressure
cuffs) should remain in the home. If that is not possible, reusable medical
equipment and devices should be appropriately and effectively cleaned and
disinfection per the equipment or device manufacturer’s instructions.
Manufacturer recommendations for cleaning and disinfection related to
*Clostridium difficile* are appropriate for *C. auris*. If the manufacturer does not
specify cleaning and disinfection instructions, the equipment or device should not
be shared among patients. Ideally, equipment should be cleaned before leaving
the patient’s home. When home-based cleaning and disinfection is not possible
or appropriate, return equipment to a central location for cleaning and disinfection
before using on another patient.

- If practical, schedule home visits for patients with an MDRO such as *C. auris* as
the last visit of the day. If not practical, visits should be scheduled to avoid
visiting patients at increased risk for acquiring an MDRO (e.g. those requiring
wound care) after seeing a patient with an MDRO such as *C. auris*.

- As an emerging pathogen, *C. auris* is a reportable condition. If public health
authorities are not already aware of a home care patient with *C. auris*, notify the
local health department or NYSDOH immediately.

- If a patient is transferred to a healthcare facility, please notify the NYSDOH
regional epidemiologist. If the home care agency is involved in the transfer, they
should also notify the receiving facility by telephone of the patient’s *C. auris*
infection or colonization and the level of precautions required. The patient’s
discharge or transfer note should prominently include the diagnosis of *C.
auris* and the infection prevention and control measures required.

### Patient/Family Education

- The risk of household members becoming sick from *C. auris* is very low unless
they themselves have risk factors (e.g. wounds, devices such as catheters,
multiple serious medical conditions). Such persons should discuss any concerns
with their personal healthcare provider.

- All household members should practice good hand hygiene (frequent hand
washing with soap and water or use of alcohol-based hand rubs). Additionally, if
household members are providing care to the patient (such as changing the
dressing on an infected wound), these persons should wear disposable gloves
while providing this level of care.

- Provide education to the patient, family, and caregivers about cleaning and
disinfection recommendations; to include cleaning the patient’s environment
routinely and when soiled with body fluids. A bleach-based product might be
preferred when possible.

- Dedicate linens, clothing, and towels used by a patient with an MDRO to the
patient only (family in the household should use separate items). Towels should
be laundered after use.
- Launder linens when soiled and on a routine basis. However, separating linens for laundering is not necessary.
- The patient’s dishes and flatware may be washed with other family members’, either in a dishwasher or using hot, soapy water per the family’s usual routine.
- The patient or responsible family members should notify all health care providers caring for the patient that the patient is colonized or infected with *C. auris*.
- Additional resources to help educate patients and families can be found at: [https://www.cdc.gov/fungal/diseases/candidiasis/patients-qa.html](https://www.cdc.gov/fungal/diseases/candidiasis/patients-qa.html)  

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General questions or comments about this guidance can be sent to icp@health.ny.gov.

References

