



# Candida auris

## General Information

*Candida auris* (*C. auris*) is an emerging multidrug-resistant (MDR) fungus that has caused severe illness in hospitalized patients in several countries. In some cases, this yeast can enter the bloodstream and spread throughout the body causing serious invasive infections which are associated with high mortality rates.

This yeast is often multidrug resistant, meaning that it does not respond to antifungal drugs commonly used to treat *Candida* infections.

## Significance

Since June 2016, when the CDC first issued a clinical alert on the multidrug-resistant yeast, *Candida auris* (*C. auris*), just over 1300 clinical cases have been identified in 20 different U.S. states (as of Sept 22, 2020 - <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>).

It has caused outbreaks in healthcare settings, and appears to be able to persist on surfaces and spread between patients in healthcare facilities, unlike other *Candida* species. For this reason, it is important to quickly identify *C. auris* in a hospitalized patient so that healthcare facilities can take special precautions to stop its spread.

It has been difficult to identify *C. auris* with standard laboratory methods, and specialized laboratory methods are needed to accurately identify *C. auris*. Conventional laboratory techniques can lead to misidentification and inappropriate management, making it difficult to control the spread of *C. auris* in healthcare settings. Because of these factors, CDC is alerting U.S. healthcare facilities to be on the lookout for *C. auris* in their patients. An algorithm for identification has been issued, updated most recently in May 2019.

(<https://www.cdc.gov/fungal/diseases/candidiasis/pdf/Testing-algorithm-by-Method-temp.pdf>)

## Symptoms

*C. auris* is still rare in the United States. People who get invasive *Candida* infections are often already sick from other medical conditions, so it can be difficult to know if they have a *C. auris* infection. The most common symptoms of invasive *Candida* infection are fever and chills



that don't improve after antibiotic treatment for a suspected bacterial infection. Only a laboratory test can diagnose *C. auris* as causing the infection.

### **Transmission**

Patients who have been hospitalized in a healthcare facility a long time, have a central venous catheter, or other lines or tubes entering their body, or have previously received antibiotics or antifungal medications, appear to be at highest risk of infection with this yeast.

*C. auris* can spread in healthcare settings through contact with affected patients or contaminated environmental surfaces and equipment. Good hand hygiene and cleaning in healthcare facilities is important because *C. auris* can live on surfaces for several weeks.

### **Control Measures**

Infection control measures for *C. auris* in acute care hospitals and high acuity post-acute care settings is as follows:

- Place patients with *C. auris* in a single-patient room and use standard and contact precautions
- Hand hygiene adherence
- Clean and disinfect patient care environment and reusable equipment (daily and terminal cleaning) with recommended products (see below).
- Inter-facility communication about patient's *C. auris* status when transferring between healthcare facilities
- Screen contacts of newly identified case patients to identify *C. auris* colonization.
- Conduct surveillance for new cases to detect ongoing transmission.

### **Cleaning and Disinfection**

Thorough daily and terminal cleaning and disinfection of patients' rooms and cleaning and disinfection of areas outside of their rooms where they receive care (e.g., radiology, physical therapy) is necessary. Shared equipment (e.g., ventilators, physical therapy equipment) should also be cleaned and disinfected before being used by another patient.

*C. auris* can persist on surfaces in healthcare environments. *C. auris* has been cultured from multiple locations in patient rooms, including both high touch surfaces, such as bedside tables and bedrails, and locations further away from the patient, such as windowsills. *C. auris* has also been identified on mobile equipment, such as glucometers, temperature probes, blood pressure cuffs,



ultrasound machines, nursing carts, and crash carts. Meticulous cleaning and disinfection of both patient rooms and mobile equipment is necessary to reduce the risk of transmission.

Quaternary ammonium compounds (QACs) that are routinely used for disinfection may not be effective against *C. auris*.

CDC recommends use of an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris* ([See List](#)) or *Clostridioides difficile* spores ([List K](#)). It is important to follow all manufacturers' directions for use of the surface disinfectant, including applying the product for the correct contact time.

*Products that are effective against C. auris:*

Product	Oxivir® TB Wipes	Oxivir®1 RTU / Wipes	Avert™ Sporidical Disinfectant Cleaner/Wipes	MoonBeam™3
Contact Time (Min)	5 Min <i>C. auris</i>	1	4	3
				

## References

<https://www.cdc.gov/fungal/candida-auris/index.html>

[https://cdn.ymaws.com/www.cste.org/resource/resmgr/2018\\_position\\_statements/18-ID-05.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/2018_position_statements/18-ID-05.pdf)