Emerging Pathogen Alert: 
Candida Auris

Pathogen Profile\(^1,2\)
+ *Candida auris* is an emerging fungus that presents a serious global health threat.
+ Many *C. auris* infections are multi-drug resistant; meaning resistant to multiple antifungal drugs used to treat *C. auris* infections making it more difficult to treat.
+ *C. auris* is difficult to identify with standard laboratory methods leading to misidentification and improper management.
+ *C. auris* has caused outbreaks in healthcare settings; quick identification is important to implement special precautions to stop its transmission.
+ *C. auris* can cause bloodstream and other types of invasive infections, particularly in patients in hospitals and residents in nursing homes who have multiple medical problems. More than 1 in 3 patients die within a month of *C. auris* infection.

Routes of Transmission\(^1,2\)
+ *C. auris* can spread from one person to another through contact transmission in hospitals and nursing homes.
+ People can carry *C. auris* somewhere on their body, even if it is not making them sick.
+ Persons colonized with *C. auris* may contaminate other people, objects, or surfaces allowing the fungus to spread through contact transmission.
+ Studies have shown that *C. auris* can persist on surfaces in the healthcare environment for at least 14 days (Piedrahita et al., 2017); Welsh et al., 2017); *C. auris* has been cultured from contaminated bedding for up to 7 days (Biswal et al., 2017).\(^5\)

Precautions and Infection Control\(^6\)
**Prepare for *C. auris* in healthcare:**
+ Ensure the laboratory can identify *C. auris*; if not, send suspected isolates to the state or local public health laboratory for further identification.
+ Establish a surveillance protocol with laboratory for prompt notification when *C. auris* is suspected.
+ Identify persons at higher risk for *C. auris*. These include:
  - People who have received healthcare in post-acute care facilities (e.g., nursing homes), especially those with ventilator units.
  - People with a recent history of receiving healthcare outside the United States in a country with known *C. auris* transmission.
+ Educate on recommendations for infection prevention and control of *C. auris* with healthcare staff, including environmental services.

**C. auris** during COVID-19:
+ *C. auris* outbreaks have been reported in COVID-19 units in acute care facilities. Outbreaks may be related to altered infection control practices during the pandemic, and limited availability of PPE, reuse of PPE, and changes in cleaning/disinfection practices.
+ New *C. auris* cases not linked to known cases or healthcare exposure abroad have been identified in multiple states indicating an increase in undetected transmission.
+ *C. auris* colonization screening (and containment efforts) has been more limited as resources have been diverted to pandemic response.

**What to do when *C. auris* is in your facility:**
+ Check the CDC website for the most up-to-date guidance on identifying and managing *C. auris*.
+ Report possible or confirmed *C. auris* immediately to your public health department.
What to do when C. auris is in your facility, cont.:

+ Ensure adherence to CDC recommendations for infection control, including:
  - Place patients infected or colonized with C. auris in a single room on contact precautions.
  - Assess and ensure gown and glove use.
  - Reinforce hand hygiene protocols.
  - Coordinate with environmental services to ensure the environment is cleaned with a disinfectant that is effective against C. auris (EPA List P: Antimicrobial Products Registered with EPA Claims Against Candida Auris) by searching EPA at: https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants#candida-auris or if these products are not available, use a product from the EPA List K, products that are effective against C. difficile.
  - C. auris has been cultured in both the immediate patient environment and general environmental surfaces farther away within patient room; C. auris has been identified on shared mobile equipment.
  - Thorough daily and terminal cleaning/disinfection of patient/resident rooms and areas where care is received should be performed using an appropriate disinfectant.

+ Screen contacts of case individuals to identify others that may be colonized.
+ Clearly communicate the person’s C. auris status to other healthcare providers facilities managing their care, i.e. transfer from acute care to long term care.

<table>
<thead>
<tr>
<th>REORDER NO.</th>
<th>WIPE SIZE</th>
<th>CASE PACK</th>
<th>CASE WGT</th>
<th>CASE CUBE</th>
<th>PALLET TI/HI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Size Wipes Canister</td>
<td>P84172</td>
<td>6” X 5”</td>
<td>12/160’s</td>
<td>27.20 lbs</td>
<td>1.49 ft</td>
</tr>
<tr>
<td>Large Canister</td>
<td>P54072</td>
<td>6” X 10.5”</td>
<td>12/75’s</td>
<td>22.65 lbs</td>
<td>1.54 ft</td>
</tr>
<tr>
<td>Extra Large Canister</td>
<td>P25784</td>
<td>7.5” X 15”</td>
<td>6/65’s</td>
<td>20.50 lbs</td>
<td>1.01 ft</td>
</tr>
</tbody>
</table>

| Spray Bottle | X13109 | N/A | 9/32 oz per bottle | 22.30 lbs | 1.05 ft | 13/3 |
| Large Canister | P27372 | 6” X 6.75” | 12/160’s | 23.60 lbs | 1.36 ft | 10/3 |
| Extra Large Canister | P26584 | 7.5” X 15” | 6/65’s | 12.5 lbs | 0.86 ft | 10/4 |

| Spray Bottle | X12309 | N/A | 9/32 oz per bottle | 19.24 lbs | 0.83 ft | 12/4 |
| Large Canister | P25372 | 6” X 6.75” | 12/160’s | 16.00 lbs | 1.41 ft | 10/3 |
| Extra Large Canister | P24284 | 7.5” X 15” | 6/70’s | 27.84 lbs | 1.01 ft | 10/4 |

References:

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