Emerging Pathogen Alert: 
*Candida auris*

**Pathogen Profile**

*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**

- *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).

**Precautions and Infection Control**

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.
  - *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.

### Sani-HyPerCide™ Germicidal Disposable Wipe & Germicidal Spray
(EPA List P, listed as Project Flash)

<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>
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<tbody>
<tr>
<td>Spray Bottle</td>
<td>X13109</td>
<td>N/A</td>
<td>9/32 oz per bottle</td>
<td>22.30 lbs</td>
<td>1.05 ft</td>
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<td>Large Canister</td>
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<td>6” X 6.75”</td>
<td>12/160’s</td>
<td>23.60 lbs</td>
<td>1.36 ft</td>
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<td>P26584</td>
<td>7.5” X 15”</td>
<td>6/65’s</td>
<td>12.5 lbs</td>
<td>0.86 ft</td>
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### Sani-Cloth® Prime Germicidal Disposable Wipe & Sani-Prime® Germicidal Spray
(EPA List P, listed as Wonder Woman)

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### Super Sani-Cloth® Germicidal Disposable Wipe
(EPA List P, listed as Sani-Cloth® Germicidal Wipes)

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<td>6/65’s</td>
<td>14.30 lbs</td>
<td>1.01 ft</td>
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References: