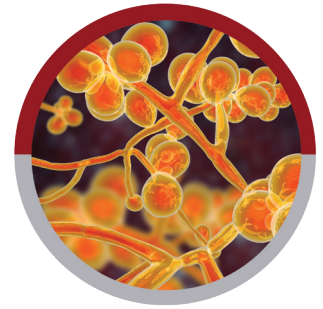


Emerging Pathogen Alert:

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., 2017³; Welsh et al., 2017⁴); *C. auris* has been cultured from contaminated bedding for up to 7 days (Biswal et al., 2017)⁵.

Precautions and Infection Control⁶

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.



	REORDER NO.	WIPE SIZE	CASE PACK	CASE WGT	CASE CUBE	PALLET TI/ HI
Sani-HyPerCide™ Germicidal Disposable Wipe & Germicidal Spray (EPA List P, listed as Project Flash)						
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
Sani-Cloth® Prime Germicidal Disposable Wipe & Sani-Prime® Germicidal Spray (EPA List P, listed as Wonder Woman)						
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
Super Sani-Cloth® Germicidal Disposable Wipe (EPA List P, listed as Sani-Cloth® Germicidal Wipes)						
Softpack	A22480	8.2" X 9.8"	9/80's	15.4 lbs	0.85 ft	10/4
Large Canister	Q55172	6" X 6.75"	12/160's	22.65 lbs	1.54 ft	10/3
Extra Large Canister	Q86984	7.5" X 15"	6/65's	14.30 lbs	1.01 ft	10/4

References:

- ¹<https://www.cdc.gov/fungal/candida-auris/index.html>
- ²https://www.cdc.gov/fungal/diseases/candidiasis/pdf/Candida_auris_508.pdf
- ³Piedrahita, Christina T., et al. "Environmental surfaces in healthcare facilities are a potential source for transmission of *Candida auris* and other *Candida* species." *Infection control & hospital epidemiology* 38.9 (2017): 1107-1109
- ⁴Welsh, Rory M., et al. "Survival, persistence, and isolation of the emerging multidrug-resistant pathogenic yeast *Candida auris* on a plastic health care surface." *Journal of clinical microbiology* 55.10 (2017): 2996-3005
- ⁵Biswal, M., et al. "Controlling a possible outbreak of *Candida auris* infection: lessons learnt from multiple interventions." *Journal of Hospital Infection* 97.4 (2017): 363-370.
- ⁶<https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>