

# AHCA/NCAL Infection Preventionist Hot Topic Brief

## *Candida auris* in Long Term Care Settings

### Focal Problem or Issue

*Candida auris* (*C. auris*) is a type of yeast that can cause severe illness. It can spread easily among residents in healthcare facilities. It has become resistant to many of the antifungal treatments, which means it has developed the ability to defeat the drugs designed to kill it.

### Background and Scope

*C. auris* resistance was first discovered in 2009 in Japan. Unfortunately, the number of cases has grown quickly. Since 2009, it has been reported in dozens of countries, and in 2013 it was discovered in NYC, Chicago, and Los Angeles areas. Since then, it has spread to over 27 states ([as of Dec. 2022](#)).



*C. auris* can be misidentified as other types of yeast unless specialized laboratory methods are used.

Residents can get *C. auris* on their skin and other body sites without getting sick or having an infection (also known as “colonization”). Someone who is colonized can spread *C. auris* onto surfaces or objects that they encounter, which can then spread to other residents or healthcare workers.

*C. auris* usually affects residents with severe underlying medical conditions and those requiring complex medical care. Residents with indwelling medical devices like breathing tubes, feeding tubes, catheters in a vein, or urinary catheters are at an increased risk of developing an infection with *C. auris*. Healthy people without these risk factors, including healthcare workers and family members, have a low risk of becoming infected with *C. auris*.

*C. auris* has caused outbreaks in healthcare facilities and can spread through contact with affected residents, contaminated surfaces, or equipment. *C. auris* can live on surfaces for weeks.

*C. auris* causes infections in various parts of the body such as the bloodstream, urine, respiratory tract, biliary fluid, open wounds, and external ear canal. The symptoms depend on the location and severity of *C. auris* infection. Symptoms may be like symptoms of an infection caused by bacteria, but it is important to know that there is not a common set of symptoms specific to *C. auris*.

*C. auris* is generally not a threat to healthy people. The CDC does not recommend screening or testing family members. Family members should use alcohol-based hand sanitizer or wash their hands with soap and water before entering or leaving the resident’s room, and before and after touching the resident or items in the resident’s room.

## Suggestions for Practice and Resources

### Plan to limit the spread of *C. auris* before it has affected any residents

**Ensure that healthcare workers use foundational infection control practices** such as the cleaning of their hands per guidelines (e.g. before and after resident care, after using the bathroom, etc.) and keeping environmental surfaces clean.

- Alcohol-based hand sanitizer (ABHS) is the preferred hand hygiene method when hands are not visibly soiled. As always, wearing gloves is not a substitute for hand hygiene.

**Work with your laboratory** to ensure methods to identify *C. auris* are available and used. If unavailable, and the provider suspects *C. auris*, coordinate with your state or local public health department to send suspected isolates to the Antibiotic Resistance Laboratory Network (ARLN).

**Ensure awareness.** Know which patients are at higher risk for *C. auris* infection or colonization. This includes residents that have invasive medical devices or those that were recently hospitalized in an area with *C. auris* transmission.

**Establish a protocol** including with your laboratory so that the medical director and the infection preventionist are promptly informed of any increase in cultures positive for Candida species and when *C. auris* is suspected.

- An increase in infections due to unidentified Candida species in a resident care unit should prompt suspicion for *C. auris*.
- Contact your local health department for information about the occurrence of *C. auris* in your area.
  - If *C. auris* cases have been identified at other health care facilities locally (e.g., hospitals, LTCHs, IRFs, Dialysis, or SNFs), consider using an EPA recommended disinfectant with a claim against *C. auris* ([List P](#)).
- Clinical judgment guides collection of cultures and diagnosis of an infection when *C. auris* is suspected. You may want to seek input from your local or state health department
- Screening testing may be done to detect colonization and guide infection prevention and control actions but is not required. Screening test results should **not** be used as the sole consideration for admission to a facility.

**Ensure enhanced barrier precautions (EBP) are used** for residents of skilled nursing facilities or nursing homes at higher risk for MDRO colonization, which includes *C. auris*. This would include:

- Residents who have an open wound or indwelling device as defined in EBP guidance.
- When admitting residents from any facility or area with ongoing *C. auris* transmission, work with your local or state health department to determine if screening and/or EBP should be implemented.

**Develop a plan for care** of a resident with *C. auris* when infection or colonization is present on admission or discovered during their stay. Discuss recommendations for infection prevention and control of *C. auris* with healthcare workers, including environmental services, and the facilities Quality Assurance committee. Assign responsibility for reporting and know how to report possible or confirmed *C. auris* test results immediately to your public health department.

### Take action to limit the spread when *C. auris* is identified in your facility

**Place affected residents on either Contact or Enhanced Barrier Precautions** based on the situation and local or state jurisdictional recommendations.

**Check the CDC website** for the most up-to-date guidance on identifying and managing *C. auris*.  
[Candida auris \(C. auris\)](#) | CDC

**Coordinate with environmental services** to monitor and audit environmental cleaning and disinfection of resident care areas with a disinfectant with EPA claim against *C. auris* ([List P](#)). It is always extremely important to follow the label instructions for use, including application of the product and for the correct contact time.

**Screening patients can help inform** how widespread *C. auris* may be in your population and guide infection prevention actions. If screening is undertaken, it should be done only for residents that have not previously tested positive. The following opportunities for screening might provide actionable results:

- Immediately after admission to determine if specific infection control precautions are needed.
- During the stay to assess effectiveness of infection control actions to limit the spread to previously unaffected residents or if an epidemiologic link (e.g. shared room) to a newly positive resident that is found.
- At discharge or transfer screening residents that have never been tested or were previously negative may identify residents needing infection control precautions at a receiving facility which can help prevent transmission within and between facilities.
- When requested by local or state public health personnel when they are investigating spread of *C. auris* in a region or locality.
- Screening testing should not be used as the sole consideration for admission to a facility.

**When transferring a resident** with *C. auris* (including healthcare visits outside the facility such as physician's office, dialysis, radiation treatment), clearly communicate the resident's *C. auris* status to receiving healthcare providers.

**Appropriate use of Enhanced Barrier Precautions** or if indicated Contact Precautions.

- Residents often remain colonized with *C. auris* for many months, perhaps indefinitely, even after an acute infection has been treated and resolved. Therefore, if a resident has previously tested or screened positive for *C. auris* the CDC recommends continuing Enhanced Barrier Precautions, for the entire duration of their nursing home stay.

**Resident placement:** A resident on Enhanced Barrier Precautions does not require a private room. However, there should be consideration for roommates who may be at a higher risk of acquiring *C. auris* (such as those more acutely ill, having an indwelling medical device or wound). A facility can choose to cohort residents with *C. auris* in the same room.

- Shared rooms:
  - Maintain separation of at least 3 feet between beds
  - Use privacy curtains to limit direct contact.
  - Remember to treat each bed space as a separate room. For example: clean and disinfect any shared or reusable equipment and change mopheads, cleaning cloths, and other cleaning equipment between bed areas.
  - Clean and disinfect environmental surfaces on a more frequent schedule.
  - Remind healthcare workers that gowns and gloves must be changed after the care of each resident. Hands must be cleaned immediately after gloves are removed.

**Clean and disinfect** the same way for residents found to be infected or colonized. Pay close attention to mobile medical devices, like vital sign machines and pulse oximeters, ensuring cleaning between each patient use.

Scientists are still learning about *C. auris*. The CDC in collaboration with public health partners are working hard to better understand *C. auris* to better respond, contain spread, and prevent future infections.

## References

[About \*Candida auris\* \(\*C. auris\*\)](#) | CDC. (2024).

[Screening Recommendations for Healthcare Facilities](#) | CDC. (2024).

[Identification of \*C. auris\*](#) | CDC. (2024).

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