

Candida auris is a drug-resistant fungus that causes serious infections and spreads in health care facilities. Infection preventionists, health care personnel, and laboratory staff can all help prevent it from spreading.

Why is *Candida auris* a problem?

- **It causes serious infections.** *C. auris* can cause bloodstream and other types of invasive infections, particularly in patients in hospitals and nursing homes who have many medical problems. More than 1 in 3 patients die within a month of being diagnosed with an invasive *C. auris* infection.
- **It is often multidrug-resistant.** Antifungal medications commonly used to treat other *Candida* infections often don't work for *C. auris*. Some *C. auris* isolates are resistant to all three major classes of antifungal medications.
- **It is becoming more common.** Although *C. auris* was just discovered in 2009, the number of cases has grown quickly. Since 2009, it has been reported in dozens of countries, including the United States.
- **It is difficult to identify.** *C. auris* can be misidentified as other types of fungus, unless specialized laboratory methods are used. Correctly identifying *C. auris* is critical for starting measures to stop its spread and prevent outbreaks.
- **It can spread and cause outbreaks in health care facilities.** Just like other multidrug-resistant organisms such as carbapenem-resistant *Enterobacteriaceae* (CRE) and methicillin-resistant *Staphylococcus aureus* (MRSA), *C. auris* can be transmitted in health care settings and cause outbreaks. It can colonize patients for many months, persist in the environment, and withstand some commonly used health care facility disinfectants.

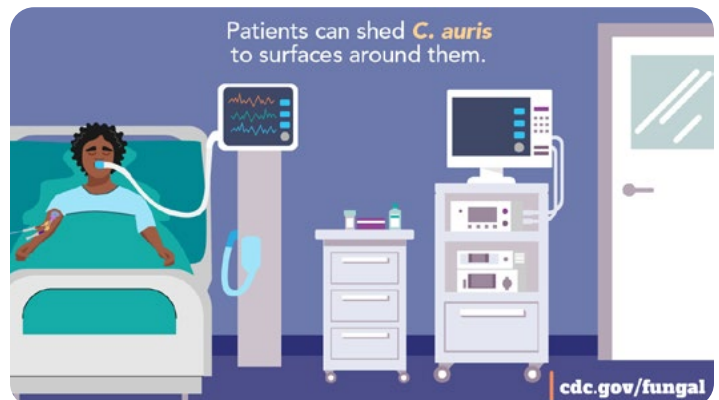
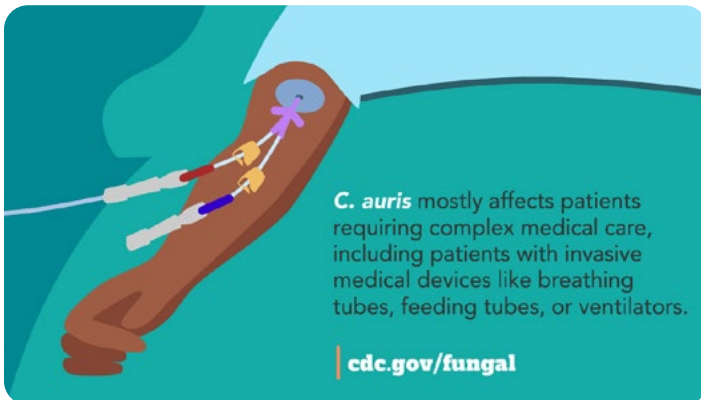
Early detection and infection control can limit the spread of *C. auris*.

Prepare for *C. auris* in your facility.

1. Work with your laboratory to ensure the fungus identification method used in your facility can identify *C. auris*. If it cannot, know when to suspect *C. auris* and send suspected isolates to your state or local public health department for further identification.
2. Begin surveillance. Establish a protocol with your laboratory so that your department is promptly informed when *C. auris* is suspected.
 - i. If your laboratory is not equipped to identify *C. auris*, begin surveillance for the organisms that commonly represent *C. auris* misidentification. See cdc.gov/candida-auris/hcp/laboratories/identification-of-c-auris.html for common misidentifications by different yeast identification methods.
3. Know which patients are at higher risk for *C. auris* infection or asymptomatic colonization. These include:
 - A. Patients who have received health care in post-acute care facilities (e.g. nursing homes), especially those with ventilator units
 - B. Patients recently hospitalized outside the United States, especially in countries with known *C. auris* cases, and patients infected or colonized with carbapenemase-producing bacteria
4. Have a response plan. Discuss recommendations for infection prevention and control of *C. auris* with health care personnel, including environmental services.

What should I do if there is *C. auris* in my facility?

1. Check the CDC website for the most up-to-date guidance on identifying and managing *C. auris*: cdc.gov/candida-auris/index.html
2. Report possible or confirmed *C. auris* test results immediately to your public health department.
3. Ensure adherence to CDC recommendations for infection control, including:
 - i. Placing patients infected or colonized with *C. auris* on Transmission-Based Precautions and, whenever possible, in a single room.
 - ii. Making sure gown and gloves are accessible and used appropriately.
 - iii. Reinforcing hand hygiene.
4. Coordinate with environmental services to monitor and ensure the patient care environment is cleaned using a disinfectant with an Environmental Protection Agency claim for *C. auris* ([List P](#)) or, if not available, for *Clostridioides difficile* ([List K](#)). Some disinfectants used in health care facilities (e.g., quaternary ammonium compounds [QACs]) may not be effective against *C. auris*, despite claims about effectiveness against *C. albicans* or other fungi. Work with the environmental services team to monitor the cleaning process.
5. After consulting with public health personnel, screen contacts of case-patients to identify patients with *C. auris* colonization. Use the same infection control measures for patients found to be colonized.
6. When a patient is being transferred from your facility (e.g., to a nursing home or other hospital), clearly communicate the patient's *C. auris* status to receiving health care providers. The [CDC Inter-Facility Transfer Form](#) is available if you do not have a current resource.



OKLAHOMA
State Department
of Health

**For more information, please contact the Health
Care Associated Infections and Antibiotic Resistance
Prevention Program.**

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[oklahoma.gov/health/health-education/acute-disease-service/
healthcare-associated-infections-prevention-program.html](https://oklahoma.gov/health/health-education/acute-disease-service/healthcare-associated-infections-prevention-program.html)