Candida auris

An Urgent Public Health Threat ⚠️

Candida (Candidozyma) auris (C. auris)

C. auris is a fungus that can cause serious infections. Infections caused by C. auris often don't respond to common anti-fungals and some are resistant to all available antifungals.

Most strains of C. auris are **resistant to at least one type of antifungal medicine**. Some C. auris strains are resistant to all three main classes of antifungals, including echinocandins.

More than **1 in 3 patients with invasive C. auris infection die**, particularly in hospitals and nursing homes.

The first U.S. case was in 2016. Oregon had its first case in 2020. **In Oregon it is still rare**.

It can spread in hospitals and nursing homes and cause outbreaks.

- C. auris can be **difficult to identify.**
- **Misidentification** can lead to the wrong treatment**.**
- Only **a laboratory test can diagnose** C. auris infection.

How is C. auris Transmitted?

C. auris spreads through contact with people who have it, or with surfaces that have the fungus on them.

In healthcare, it usually spreads from person to person through the hands of health care personnel or shared medical equipment, like portable X-ray machines.

C. auris can live on surfaces for weeks and requires specialized disinfectant to clean contaminated surfaces and equipment.

Who is at risk?

Hospital patients and long-term care facility residents, especially those who:

* need complex medical care (i.e., intensive care unit admission or long hospital stays);

* have ventilators, central lines, or invasive devices,

* have frequent or long stays in healthcare facilities, or

* had medical care outside of Oregon in the past year.

Healthy people are not at risk.

Colonization

INFECTIONS

COLONIZATION

Colonization means that an organism is found in or on the body, but it is not causing any symptoms or disease. C. auris can colonize the digestive and respiratory tract, skin, wounds and other body sites. Patients may remain colonized with C. auris indefinitely.

Why is colonization important?

Infections are only a fraction of the burden of C. auris. Many more patients carry the fungus without being sick. These patients can still spread C. auris to others. They are also more likely to get sick later. Because they don't have signs or symptoms, colonization can go undetected and spread without anyone knowing.

How can we identify colonized patients?

Identifying patients colonized with a C. auris helps to prevent transmission to other patients. Colonization is detected by a screening test for patients and residents who are at risk.

Screening tests are available at no cost.

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How You Can Prevent the Spread of *C. auris*

Identify Patients with *C. auris* Quickly

* Follow public health recommendations for *C. auris* admission screening.
* When transferring a patient colonized or infected with a *C. auris*, notify accepting facilities and units of the patient's *C. auris* status.
* Work with your health department to understand local *C. auris* epidemiology.

> *Alcohol-based hand sanitizers are the preferred method for cleaning your hands when not visibly soiled.*

Perform Hand Hygiene

* Clean your hands immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device), before handling invasive medical devices, and before moving from work on a soiled body site to a clean body site on the same patient.
* Clean your hands after touching a patient or the patient's immediate environment; after contact with blood, body fluids, or contaminated surfaces; and immediately after glove removal.

Keep Patients with *C. auris on* Contact Precautions for the Entire Stay

* *C. auris* can contaminate your hands and clothes while you care for a patient or work in their environment. This puts the next patients you care for at risk.
* Don and doff your personal protective equipment (PPE) in the right order. Take care not to contaminate your skin or clothing.
* Always change your PPE between patients or residents.

Clean and Disinfect the Patient Environment and Medical Equipment

* Make sure you are using the right disinfectant. Only products on List P work against *C. auris.*
* Clean and disinfect high-touch surfaces (e.g., bed rails, light switches, call buttons) often.
* Dedicate non-critical medical equipment (e.g., stethoscopes, blood pressure cuffs) to *C. auris* patients.
* Clean and disinfect shared medical equipment (e.g., portable X-ray machine) between each patient.

Prevent Transmission from Surfaces

C. auris can form a protective biofilm and stay on surfaces for weeks after disinfection.

* Clean and disinfect countertops, handles, faucets, tables and bed rails at least daily.
* Keep patient care items at least 3 feet away from sinks, toilets, and hoppers.
* Don't pour patient waste in sinks.
* Avoid pouring beverages, tube feedings, liquid supplements, or other nutrients in sinks or toilets.
* You can add no-touch tools like UV radiation or hydrogen peroxide vapor, but this cannot not replace regular cleaning and disinfection.