



Healthcare Happenings: IPC Highlight

Candida auris

WHAT IS IT?

Candida auris is a type of yeast that has become more common in healthcare facilities in the U.S. in recent years. It can cause severe illness in patients who develop [invasive infections](#). **Mortality of invasive infections is ~40% within the first 30 days.** *C. auris* often does not respond to commonly used antifungal drugs, making infections difficult to treat. Patients who have been admitted to a healthcare facility for a long time period, have invasive medical devices, or have previously received antibiotics or antifungal medications are at highest risk of infection. *C. auris* can also colonize the skin and mucous membranes of a patient without causing an infection and contaminate the healthcare environment, leading to silent spread in healthcare facilities.

Specialized laboratory methods are needed to accurately identify *C. auris*. Conventional laboratory techniques could lead to misidentification and inappropriate management of patients with *C. auris*, leading to outbreaks in healthcare settings. Since March 2020, 53 *Candida auris* cases have been reported in Philadelphia in acute care hospitals, long-term acute care hospitals, and skilled nursing facilities.

Why is *C. auris* concerning?

- It is often multi-drug resistant, with some strains resistant to all three available classes of antifungals
- It is difficult to identify by routine lab tests
- It can cause outbreaks in healthcare facilities
- Some common healthcare disinfectants are not effective at eliminating it
- It can be carried on patients' skin and nares without causing infection, allowing spread to others

TRANSMISSION

C. auris spreads in healthcare settings through contact with contaminated environmental surfaces, and equipment, or from person to person. *C. auris* can persist for months on environmental surfaces in the healthcare environment. More work is needed to further understand how it spreads.

Facilities at highest risk for *C. auris* outbreaks include long-term acute care hospitals (LTACHs) and ventilator-equipped skilled nursing facilities (vSNFs).

Patients who are colonized can test intermittently positive and negative if testing is repeated. There are no established criteria for resolving colonization. Testing for clearance is therefore not recommended.

TREATMENT

Approximately 85% of *C. auris* isolates in the U.S. are resistant to azoles, 33% to amphotericin B, and 1% to echinocandins. Echinocandins are recommended as first-line therapy for most invasive *Candida* infections. However, some *C. auris* infections have been resistant to all three main classes of antifungal medications, making them more difficult to treat. In this situation, multiple classes of antifungals at high doses along with source control may be required to treat the infection. Treatment decisions should be made in consultation with a healthcare provider experienced in treating patients with fungal infections. Invasive infections with any *Candida* species can be fatal.

There are currently no recommendations to eradicate colonization.

REPORTING

Report all positive laboratory results of *Candida auris* and *Candida haemulonii* (*Candida auris* is frequently misidentified as *Candida haemulonii*) from all body sites (including but not limited to blood, wound, skin, ear, urine, rectum, and respiratory secretions) that were collected for diagnostic purposes as well as surveillance/screening purposes.

All positive test results should be reported to PDPH **within 24 hours**. Please call PDPH at (215) 685-6748 [after-hours (215) 686-4514] to report a case of *Candida auris*. A *Candida auris* case [report form](#) should also be filled out and faxed to PDPH at (215) 238-6947 after reporting the case via phone.



Isolates should be retained for one month. PDPH will follow up to coordinate further testing as needed.

IPC RECOMMENDATIONS

The primary infection control measures for prevention of *C. auris* transmission in healthcare settings are:

- Strict adherence to [hand hygiene](#).
- Appropriate use of [transmission-based precautions](#) and dedicated patient care equipment
- [Cleaning and disinfecting](#) the patient care environment (daily and terminal cleaning) and reusable equipment with [products that are effective against *C. auris*](#).
- Inter-facility communication about patient's *C. auris* status when patient is [transferred to another healthcare facility](#). Notification of PDPH prior to transfer to ensure education of receiving facility.
- [Screening contacts of case patients](#) to identify *C. auris* colonization.
- [Laboratory surveillance](#) of clinical specimens to detect additional cases.

References:

Adams E, Quinn M, Tsay S, et al. *Candida auris* in Healthcare Facilities, New York, USA, 2013–2017. *Emerg Infect Dis*. 2018;24(10):1816-1824.
Candida auris. Information for Laboratorians and Health Professionals. Centers for Disease Control and Prevention.
<https://www.cdc.gov/fungal/candida-auris/health-professionals.html>