

Precautions for Patients with *Candida auris* in a Healthcare Facility

What is the difference between infection and colonization with *C. auris*?

C. auris can cause invasive infection (e.g. bloodstream, intra-abdominal) requiring antifungal therapy. Colonization of *C. auris* occurs when the organism resides on body sites (e.g. skin, respiratory tract) without causing an infection. Colonization can be determined by a screening swab of the axilla/groin. Recommended infection control measures are the same for both infection and colonization with *C. auris*.

Why does a patient with *C. auris* need Transmission-Based Precautions during care?

C. auris can spread from one patient to another even if the patient carrying the fungus does not have any symptoms. Transmission-Based Precautions are intended to prevent transmission by direct or indirect contact with the patient or the patient's environment and reduce the chance of spreading *C. auris* to other patients.

What are the types of Transmission-Based Precautions recommended for patients with *C. auris*?

Transmission-Based Precautions recommended for containing *C. auris* can include either Contact Precautions (CP) or Enhanced Barrier Precautions (EBP) depending on the setting. Patients with *C. auris* in acute care hospitals and long-term acute care hospitals should be managed using CP. Residents with *C. auris* in nursing homes, including skilled nursing facilities with ventilator units, should be managed using either CP or EBP, depending on the situation, and in consultation with the public health department. Both types of precautions include:

- Placing the patient in a private room or cohorting the patient with others with *C. auris*.
- Having healthcare personnel (HCP) wear gowns and gloves during patient care.
- Cleaning the room with products that have a [C. auris kill claim](#) or with products [effective against C. difficile](#).
- Having family members and HCP perform hand hygiene after visiting. Patients should be encouraged to perform hand hygiene often.

CP require strict use of personal protective equipment (PPE) during every patient care encounter. Residents are restricted to their rooms and cannot participate in in-person group activities while on CP.

EBP can be utilized in long-term care settings that are able to contain *C. auris* transmission within their facility. EBP requires the use of PPE during high-contact resident care activities that provide opportunities for transfer of infectious agents to staff hands and clothing. Residents are not restricted to their rooms and can participate in group activities with appropriate precautions in place (see "Can a nursing home resident with *C. auris* participate in group activities?" below).

Refer to the [CDC Guidance](#) on EBP for more details about when CP vs. EBP would apply.



How long does a patient with *C. auris* need to be under Transmission-Based Precautions?

There is currently no way to decolonize a patient who has *C. auris*. Therefore Transmission-Based Precautions should be continued for the entire duration of the healthcare stay and will also need to be used during future healthcare stays. More information can be found in [CDC's infection control guidance](#).

Can a nursing home resident with *C. auris* participate in activities with others, such as meals or social gatherings?

Residents with *C. auris* should not leave their rooms while on CP, except for medically necessary care. Residents who have been de-escalated to EBP can participate in group activities if the following criteria can be met:

- Wounds are bandaged to prevent leakage of fluids.
- Excretions like phlegm, urine, and stool are contained.
- They have adequate personal hygiene (bathing on a regular basis and wearing clean clothes).
- They can perform hand hygiene either by washing their hands or by using alcohol-based hand rub. HCP can assist the resident with hand hygiene if needed.
- Dedicated wheelchairs should be used and clearly labeled with the resident's name.
- Other medical equipment should be dedicated to the patient to the extent this is possible.
- Items that residents touch often and shared equipment (for example, physical therapy equipment or recreational resources) should be cleaned and disinfected after use.
- The resident with *C. auris* should be scheduled last to receive physical therapy and other services, if possible, after which all equipment and environmental surfaces should be cleaned and disinfected.
- Avoid group activities where shared items are handled extensively by both *C. auris* positive and negative residents, unless items can be thoroughly disinfected between use.

Are HCP at risk of acquiring *C. auris*?

The risk of *C. auris* infection to otherwise healthy people, including HCP, is very low, however, it is possible for them to become colonized on their skin. In one [study involving a *C. auris* outbreak](#), colonization with *C. auris* was detected in <1% of HCP. Colonization was transient on the hands and in the nostrils. Practicing proper hand hygiene is critical for protecting healthcare workers and their patients.

Should HCP be tested if they have cared for a patient with *C. auris*?

HCP do not need to be tested for *C. auris* unless they are identified as a possible source of transmission to patients. Family members of HCP do not need to be tested for *C. auris*.

For more information visit:
www.cdc.gov/fungal/candida-auris/health-professionals.html

