

Multi-drug Resistant (MDR) *Candida auris* Fact Sheet for Health Care Providers (Acute Care)



Additional Precautions are sometimes necessary to protect everyone from the spread of infection. However, this should not interfere with the quality of care.

Remember to engage with your patients who are on additional precautions and be mindful of other strategies to prevent social isolation.

What is *Candida auris*?

Candida auris (*C. auris*) is yeast that can cause serious, life threatening infection and is resistant to antifungal agents typically used to treat *Candida*. Like other *Candida* strains, this yeast tends to affect vulnerable patient populations including: patients hospitalized for long periods of time, patients with indwelling devices (e.g., CVC), and patients treated with antibiotics and antifungal medications. *C. auris* is known to cause bloodstream infections, wound infections, and ear infections. It has been isolated from respiratory and urine specimens, but it is unclear if it can cause respiratory or urinary tract infections.

Where does it come from?

C. auris was first identified in Japan in 2009. Retrospective review found the earliest known strain in South Korea in 1996. *C. auris* has since been identified 18 other countries including Canada. *C. auris* may be more wide spread than currently known as it is difficult to identify in the laboratory. Special tests are required as this yeast may be misidentified as other strains of *Candida*.

How does it spread?

C. auris is found on the skin and in body fluids and spreads the same way as other antibiotic-resistant organisms, by contact with contaminated hands, environmental surfaces and medical equipment.

What can be done to prevent the spread of *C. auris*?

1. **Hand hygiene is the most important measure in preventing transmission and should be performed:**
 - before and after contact with every patient – **use soap and water if hands have been in contact with body fluids**
 - when leaving the room or patient care area
 - after removing gloves



- between different procedures on the same patient
- just before mouth care, suctioning of patients, and assisting patients with meals

2. Clean and disinfect patient equipment routinely:

- Dedicate equipment to patients who are being screened for *C. auris* or known to have *C. auris*. Clean and disinfect equipment with a sporicidal agent (e.g., Accel Intervention) between use.
- Clean and disinfect commode surfaces, from cleanest surface to most contaminated (backrest, arm rests, toilet seat) after each use.

3. Use private rooms and Contact Precautions for *C. auris* positive patients:

- Wear gloves and gown for all direct contact with the patient or environment.
- If patient is coughing, use procedure mask with attached visor/face shield.
- Change gloves and perform hand hygiene during care to prevent cross-contamination of sites.
- Dedicate non-critical equipment.
- Clean and disinfect any mobilizing equipment prior to patient exiting the room.

4. Screen patients for *C. auris* at the direction of Infection Prevention and Control:

- Screening indicated for contacts of known *C. auris* cases only, there is no routine screening protocol for this organism

5. Encourage your patients to perform hand hygiene before meals, after using the washroom, before leaving their room and frequently throughout the day.

6. Communicate *C.auris* status if transferred to another unit or facility

Why is this important?

This strain of *Candida* has been shown to spread in healthcare facilities and cause fatal infection in vulnerable patient populations. Interventions must be implemented to prevent spread to other patients.

