

## **Multi-drug Resistant (MDR) *Candida auris* Ring Screening for Known *C. auris* Case**

### **1. Isolated case:**

	Screen epidemiologically-linked patient contacts (e.g., roommates) for <i>C. auris</i> by collecting: <ul style="list-style-type: none"> <li>• axilla swab</li> <li>• groin or fecally-stained rectal swab</li> <li>• urine if catheterized</li> <li>• swab from wound(s) or insertion site(s)</li> </ul>
	At a minimum, screen other patients in the room, two adjacent rooms and the room across the hall from the <i>C. auris</i> positive patient (if contact $\geq$ 48 hours).
	If screening cultures or other clinical cultures identify additional <i>C. auris</i> colonized or infected patients, consider additional surveillance cultures of contacts or point prevalence surveys of affected Unit(s) (if not previously done).
	If the <i>C. auris</i> case went undetected for some time, a recommendation for point prevalence of the entire Unit may follow after consultation with the Medical Microbiologist.
	Ring screening will continue on the same designated day of the week (i.e. Monday) until the <i>C. auris</i> patient is transferred or discharged, and for one week after that point. Consult with laboratory to determine most suitable day of the week for specimen collection.
	Ensure precautions are communicated and maintained should <i>C. auris</i> patient be transferred between Units/Facilities (including BCEHS).

### **2. Cluster Event: Defined as a newly identified epidemiologically-linked *C. auris* case**

	Screen the whole Unit weekly, until the last <i>C. auris</i> positive patient is transferred or discharged and repeat the screening for (3) three weeks post-transfer/discharge.
	If the unit is greater than 30 beds and physically divided into 'segments' screen the entire Unit weekly for the first three weeks <i>AND</i> if no evidence of further transmission, focus the ring screening to the geographical segment location of the <i>C. auris</i> patient.
	Weekly <i>C. auris</i> screening will consist of axilla, fecally-stained rectal (or groin), wound/insertion site swabs and a urine if catheterized, at a minimum. Other cultures will be at the discretion of the Medical Microbiologist. Note swabs must be specific for <i>C. auris</i> and cannot be pooled for other AROs.
	Include <i>C. auris</i> screening for all newly admitted patients.
	The patient(s) should be followed for at least three (3) weeks following transfer to another Unit at the discretion of the Medical Microbiologist and Infection Control team.