Candida auris

Site Applicability

PHC Acute Care Sites

Practice Level

Basic: Physicians, NPs, Nursing, Clinical Nurse Leader, Clinical Site Coordinator, Bed Placement Coordinator

Standards

In addition to Routine Practices, Contact Plus Precautions and a private room are required for all patients colonized or infected with *Candida auris* for the duration of their stay in hospital. Droplet Precautions will be added for coughing patients or ventilated patients in critical care.

All health care staff should follow basic Infection Control practices for patients with *C. auris*:

- Cleaning hands using an ABHR (alcohol based hand rub) or with soap and water if visibly soiled before and after caring for a patient.
- Remove Personal Protective Equipment (PPE) and clean hands prior to leaving the room of a *C. auris* patient.
- Whenever possible, dedicate equipment for *C. auris* patients.

Admitted patients who are known to be *C. auris* positive will have a "Disease Alert" appear in the banner bar of the patient's Cerner chart that will indicate that the patient is positive for *C. auris*.

Routine screening for *C. auris* is not recommended for patients admitted to Acute Care. Infection Prevention and Control (IPAC) will direct screening/testing for patients who are identified as potentially exposed contacts of *C. auris*.

- When indicated and under direction from IPAC, screening swabs for *C. auris* will include:
    - 1 swab of the bilateral nares
    - 1 swab of the axillae and groins (single swab for bilateral axillae/groins)
    - 1 rectal swab
    - Other sites as indicated (e.g., open wounds, urine if catheterized)
- Contact Precautions will be ordered for any patient at high risk of *C. auris* while swab results are pending (i.e., exposed patient roommate). If all screening swab(s) result negative Contact Precautions can be discontinued, unless indicated for another reason.

Description of the Disease

Candida auris (*C. auris*) is yeast that can cause serious, life threatening infection and can be 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.

C. auris was first identified in Japan in 2009 but has spread to several countries. It has led to outbreaks in healthcare facilities. Transmission may occur through direct contact or indirect contact via healthcare worker hands or contaminated equipment/environment, making thorough hand hygiene and cleaning/disinfection very important to limit spread.

Signs & Symptoms

C. auris may be recovered from skin, wounds, stool, urine, blood, and the respiratory tract. Positive *C. auris* cultures may indicate either:

- Colonization: this occurs when the organism is recovered from a patient in the absence of clinical signs and/or symptoms of infection. A common area for colonization are nares, axilla, groin, and rectum.
- Infection: this occurs when the organism enters a body site, multiplies in tissue and causes the clinical manifestations of disease (e.g., fever, draining wound or immune response).

Incubation Period

Variable.

Period of Communicability

Variable, as *C. auris* may be transmitted whether the patient is colonized or infected.

Routes of Transmission

C. auris can spread from one person to another through direct contact via contaminated hands or through indirect contact with contaminated surfaces and equipment.

Populations at Risk

Patients at increased risk for *C. auris* colonization include those who had contact/exposure to an individual or environment contaminated with *C. auris* or who had received healthcare in a country where *C. auris* is more prevalent.

Those at high risk for infections include those who are undergoing complex or prolonged healthcare such as patients in acute care hospitals or ICUs with invasive medical devices or receiving broad spectrum antifungals as well as patients with weakened immune systems such as patients undergoing cancer treatment, who have received organ transplants, or multiple comorbidities.

Assessment and Intervention

Infection Control Precautions

- **Additional Precautions:** In addition to Routine Practices, Contact Plus Precautions and a private room will be implemented for all patients with *C. auris*. This includes previously known patients who were positive and newly identified patients. Droplet Precautions are indicated if the patient is coughing or ventilated in critical care. The Infection Control Practitioner will flag the patient care record on the Cerner system for all patients known to be colonized or infected with *C. auris*. The ward/unit nurse will ensure the appropriate Additional Precautions are ordered in Cerner and post the appropriate sign(s) on the door.
- **Hand Hygiene:** Hands should be cleaned before and after every patient contact, as well as after touching potentially contaminated items in the environment (i.e. commodes). Using an alcohol based hand rub solution is preferred if hands are not visibly soiled. Encourage and assist the patient to perform hand hygiene.
- **Patient Placement:** Required accommodation in acute care for patients with *C. auris* is a single room with a dedicated toilet and patient sink. The door may remain open. If a private room is not available, please refer to the Patient Placement Guidelines and contact IPAC.
- **Equipment:** Dedicate equipment whenever possible. Clean and disinfect equipment thoroughly using bleach wipes if using between different patients.
- **Environment:** All high-touch surfaces in the patient's room and bathroom must be cleaned and disinfected twice daily using a bleach-containing disinfectant. IPAC will coordinate with EVS for bleach cleaning. Keep the room free of clutter. Following discharge of the patient, the room should have a terminal clean carried out prior to the next patient being admitted.
- **Visitors:** Education should be provided regarding hand hygiene, and visitors must perform hand hygiene before entry and on leaving the room. PPE (gown and gloves) is not required unless the visitor is providing direct care.
- **Patient Transport:** The patient will remain in their room unless absolutely necessary. When the patient is required to leave the room for diagnostic or rehabilitative purposes:
    - Notify receiving department prior to transport of the precautions in place.
    - Encourage and/or assist patient to clean their hands.
    - Cover open wounds and/or lesions with a clean dressing as per Routine Practices, efforts will be made to contain body substances with leak proof garments.
    - Provide a medical mask to wear for patients who are coughing.
- **Unit Screening:** When a patient with *C. auris* is newly identified on a unit, IPAC will coordinate unit *C. auris* screening for patients who are/were present on the unit with significant exposure to the newly identified patient. Follow-up unit screening may be requested for patients with known *C. auris* who have prolonged admissions. Contact Precautions are not required for patients being screened during unit prevalence testing, unless already implemented for another reason.
- **Roommate Exposures:** In the case of potential exposure to a patient with known *C. auris* (i.e., patients who shared a room with a patient with *C. auris*), IPAC will order 3 sets of post-

exposure *C. auris* swabs for identified contacts - one at time exposure identified, one swab 7 days later, and a final swab 21 days after the first swab. If the exposure was greater than 30 days ago, just a single set of swabs will be ordered. Contact Precautions are required until final *C. auris* swabs result negative or the patient is discharged, whichever occurs first.

Lab Testing

- Screening swabs for *C. auris* will include nasal, combined axilla/groin, and rectal swabs (3 total) and will be ordered under direction from IPAC and collected by the most responsible nurse. Other sites may also be indicated (e.g., open wounds, urine if catheterized).
- *C. auris* may be identified through culture of specimens from several body sites including skin, wounds, blood, urine, stool, and the respiratory tract.
- Lab will send a notification to the unit when a specimen results positive for *C. auris*.

Treatment

- Patients with *C. auris* infections are typically managed by the Infectious Diseases consult service in collaboration with the Medical Microbiologist.
- There are no clinically proven methods of decolonization for *C. auris*.
- Usual wound care protocols will be followed. Intact skin around a wound or insertion site may be cleansed with an antimicrobial agent (i.e. aqueous chlorhexidine, Hibidil, Baxedin).

Transfer/Discharge Planning

- Notify the receiving facility, hospital, nursing home or community agency involved in the patient's care of their status.

Outbreak Management

- Direction will be provided to the unit/hospital staff, should the Infection Control Practitioner/Physician determine there is an outbreak of *C. auris*.
- Environmental testing is not routinely recommended. In selected situations, this may be done under the direction of the Medical Microbiologist and the IPAC Team.

Documentation

- Ensure order for Contact Plus Precautions is in patient's Cerner chart and Disease Alert for *C. auris* is present in Cerner banner bar.

Patient and Family Education

CDC Fact Sheets:

- Candida auris Colonization - Information for Patients
- Candida auris Testing - Information for Patients

Related Documents

- B-00-07-13074 - Contact Plus Precautions - Infection Control
- B-00-07-13030 - Droplet Precautions - Infection Control
- B-00-07-13087 - Patient Placement Guideline - Infection Control

References

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Definitions

"Direct care" includes providing hands-on care, such as bathing, washing, turning the patient, changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.

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