

Candida auris

Pathogen Education Sheet for Healthcare Professionals

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<p>Identification</p> 	<p><i>Candida auris</i>, a serious global threat, is a multidrug resistant emerging fungus that is becoming more common.</p> <ul style="list-style-type: none"> ▶ CDC ranks <i>C. auris</i> an urgent threat, the highest of the antimicrobial resistant threat levels. ▶ Causes serious invasive infections such as bloodstream infections with a mortality rate of 30-60%. ▶ Difficult to identify with standard laboratory methods and is often misidentified as other <i>Candida</i> spp. ▶ Can colonize patients for many months. ▶ Persists in the environment (on surfaces) for several weeks. ▶ Can withstand some commonly used disinfectants. ▶ Spreads rapidly resulting in outbreaks in healthcare settings.
<p>Risk factors</p>	<ul style="list-style-type: none"> ▶ Patients who received healthcare in post-acute facilities, especially those with ventilator units. ▶ Patients that have been hospitalized in the past year outside of the U.S, especially in countries with known <i>C. auris</i> transmission. ▶ Extended ICU stays ▶ Presence of invasive medical devices (lines or tubes). ▶ Certain chronic conditions (e.g., diabetes) or immunosuppression. ▶ Recent broad-spectrum antibiotics or antifungal use. ▶ Patients infected or colonized with carbapenemase-producing bacteria. ▶ Recent surgery
<p>Transmission mode</p>	<p>Direct contact (person-to-person) with affected patients or indirect contact such as from contaminated surfaces or equipment (particularly portable equipment).</p>
<p>Incubation period</p>	<p>Unknown</p>
<p>Period of communicability</p>	<p>As long as a patient remains colonized, they can transmit <i>C. auris</i>.</p>
<p>Signs and symptoms</p>	<p>Colonization: no signs or symptoms Active Infection: fever and chills that don't improve after antibiotic treatment for a suspected bacterial infection</p>
<p>Vaccine preventable</p>	<p>No</p>
<p>Infection prevention and control measures</p>	<ul style="list-style-type: none"> ▶ Have a response plan! ▶ Report possible or confirmed cases immediately to public health authorities. ▶ Contact isolation precautions, preferably in a single patient room with dedicated equipment. Continue precautions for duration of stay. ▶ Consider cohorting <i>C. auris</i> patients together and/or cohorting staff to only <i>C. auris</i> patients. ▶ Ensure that PPE (gowns and gloves), hand sanitizer, and ready-to-use disinfecting wipes are readily accessible at the point of use. ▶ Reinforce hand hygiene. ▶ Enhanced cleaning and disinfection of high-touch surfaces. ▶ Thorough cleaning and disinfection of environmental surfaces and equipment (pay special attention to portable equipment) using EPA-registered products with kill claims for <i>Clostridioides difficile</i> or <i>C. auris</i> (EPA List K or P respectively). Note that quaternary ammonium chloride disinfectants ("quats") may not be effective. ▶ Adjunct disinfection technology (e.g., electrostatics, UV, etc) recommended for terminal cleaning. ▶ Screen contacts for <i>C. auris</i> colonization. ▶ Communicate with receiving facility when transferring <i>C. auris</i> patients.
<p>Recommended Cleaning and Disinfection Products</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Clorox Healthcare® Bleach Germicidal Disinfectants</p> </div> <div style="text-align: center;">  <p>Clorox Healthcare® Spore¹⁰ Defense™ Cleaner Disinfectant</p> </div> <div style="text-align: center;">  <p>Clorox Healthcare® Hydrogen Peroxide Cleaner Disinfectants</p> </div> </div>

¹⁰ *Clostridium difficile* spores only

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