## Identification

*Candida auris*, a serious global threat, is a multidrug resistant emerging fungus that is becoming more common.

- CDC ranks *C. auris* 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 *Candida* 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.

## Risk factors

- 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 *C. auris* 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

## Transmission mode

Direct contact (person-to-person) with affected patients or indirect contact such as from contaminated surfaces or equipment (particularly portable equipment).

## Incubation period

Unknown

## Period of communicability

As long as a patient remains colonized, they can transmit *C. auris*.

## Signs and symptoms

- **Colonization:** no signs or symptoms
- **Active Infection:** fever and chills that don’t improve after antibiotic treatment for a suspected bacterial infection

## Vaccine preventable

No

## Infection prevention and control measures

- 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 *C. auris* patients together and/or cohorting staff to only *C. auris* 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 *Clostridioides difficile* or *C. auris* (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 *C. auris* colonization.
- Communicate with receiving facility when transferring *C. auris* patients.

## Recommended Cleaning and Disinfection Products

- Clorox Healthcare® Bleach Germicidal Disinfectants
- Clorox Healthcare® Spore® Defense™ Cleaner Disinfectant
- Clorox Healthcare® Hydrogen Peroxide Cleaner Disinfectants

10 *Clostridium difficile* spores only

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**References:**


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