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| *Candida auris (C. auris)* |
| Information for staff |

Multi-resistant organisms, which include bacteria, fungi and viruses, pose a continued threat to the health system. *Candida auris* is a yeast that can cause serious infections and is often multi-drug resistant. It is becoming increasingly identified as a cause of health care associated infections and outbreaks.

## What is *Candida auris*?

Candida is a family of yeasts that live on the skin and inside the human body. *Candida auris* (also called *C. auris*) is an uncommon yeast that can cause serious infections including bloodstream, urinary tract and other invasive infections.

In most cases, patients are colonised and carry the yeast somewhere on their body without causing any symptoms. People who are colonised with *C. auris* may be unaware and can pass the organism to others.

*C. auris* is much less common than other types of candida such as *Candida albicans* which is a common cause of yeast infections (for example, thrush).

## How is *C. auris* spread?

*C. auris* is most commonly found on the skin. *C. auris* may spread person-to-person through contact with someone who is infected or colonised and also via equipment that has been shared between patients and has not been adequately cleaned and disinfected between uses. *C. auris* can also survive on surfaces for lengthy periods so inadequate cleaning and disinfection of the environment is another way the organism can be spread.

## Is there treatment for *C. auris*?

Most *C. auris* infections are treatable with a class of antifungal drugs called echinocandins. However, some *C. auris* infections have been resistant to all three main classes of antifungal medications, making them more difficult to treat or untreatable.

In some situations, multiple classes of antifungals at high doses may be required to treat the infection.

## Why is *C. auris* a problem?

### It causes serious infections.

*C. auris* can cause bloodstream and other serious invasive infections, particularly in hospital and nursing home patients with multiple medical problems. More than 1 in 3 patients with invasive *C. auris* infection die.

### It’s often resistant to medicines.

Antifungal medicines commonly used to treat Candida infections often don’t work for *C. auris*. Some infections have been resistant to all three types of antifungal medicines.

### It’s becoming more common.

Although *C. auris* was only discovered in 2009, it has spread quickly and caused infections or facility outbreaks in more than a dozen countries across five continents.

### It’s difficult to identify.

*C. auris* can be misidentified as other types of yeast unless specialized laboratory technology is used. Unrecognised *C. auris* can spread to other patients and cause further outbreaks.

### It can spread in hospitals and nursing homes.

Like other multi-drug resistant organisms, *C. auris* can be transmitted in healthcare settings and cause outbreaks. *C. auris* has caused outbreaks in healthcare facilities in other countries. It can colonise patients for long periods, persist in the environment, and withstand disinfectants routinely used in health care facilities.

## How are patients tested for *C. auris*?

The best samples for screening patients for *C. auris* are axilla and groin swabs. These can be sent to the local laboratory for culture but may require further identification at a reference laboratory for confirmation.

## Who is at risk from *C. auris*?

People at higher risk of acquiring *C. auris* are generally similar to those who acquire other types of *Candida* infections, including having recent surgery, diabetes, and broad-spectrum antibiotic and antifungal use.

In Australia, *C. auris* infections are rare. All of the cases found in Australia to date have had admissions to hospitals overseas where there are many more cases of this yeast.

*C. auris* may be found in people who have had health care overseas, particularly in India, Pakistan and South Africa. Other countries that have had cases and experienced outbreaks include the United States, the United Kingdom and Spain.

## How long do people remain colonised with *C. auris*?

It is unknown exactly how long people can remain colonised with *C. auris*, but it is likely to be many months. Repeated admissions and treatment with antibiotics and antifungals will increase the risk of continued colonisation.

Until further evidence to the contrary is available, the current advice for the use of infection control precautions is that once a person is identified as a case of *C. auris*, they should be considered potentially infectious indefinitely. Patients with *C. auris* are to be placed into a single room with contact precautions **every time** they are admitted to a health care facility and precautions maintained until discharge (even if screening specimens taken at the time are negative for *C. auris*).

It is essential that health care facilities advise other health care or long-term residential care facilities of the diagnosis of *C. auris* whenever a patient is transferred.

## How can I help prevent the spread of *C. auris* in my facility?

It is important that all health care staff ensure they adhere to standard precautions at all times for all patients. This includes good hand hygiene and cleaning and disinfecting all shared patient equipment between each use.

If a person is identified with *C. auris* then further transmission-based precautions will need to be implemented. *C. auris* is spread via contact so **contact precautions** will be required.

This includes the following:

* Placing the patient in a single room with own ensuite.
* All staff to wear a long-sleeved gown and gloves for all patient contact.
* It is preferable that equipment be dedicated to the use of the patient. If this cannot be done, then equipment should be cleaned and disinfected with 1000ppm chlorine-based disinfectant or other sporicidal agent.
* Twice daily and discharge cleaning and disinfection of the patient room to include a 1000ppm chlorine-based disinfectant or other sporicidal agent.
  + If a non-touch disinfection method (for example, UVC or hydrogen peroxide vapour) is used for room discharge disinfection the times used may need to be longer than usual.

Visitors are not required to wear a gown and gloves. Please ensure all visitors are advised to perform hand hygiene before and after visiting the patient. Visitors should also be requested not to visit any other patients within the facility immediately after visiting someone with *C. auris*.

To receive this publication in an accessible format phone Communicable Disease Prevention and Control on 1300 651 160, using the National Relay Service 13 36 77 if required, or email infectious.diseases@dhhs.vic.gov.au

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