

The Do's and Don'ts of Candida auris

The purpose of this document is to outline practices that healthcare facilities (HCFs) should or should not take when one or more *C. auris*-positive individuals are present in their facility. HCFs should keep in mind that most strategies outlined here should also be followed for any multi-drug resistant organisms (MDROs), including carbapenem-resistant Enterobacteriales (CRE), CR- *Pseudomonas aeruginosa* (CRPA), or CR- *Acinetobacter baumannii* (CRAB).

Do:

Required		
1	Keep positive patients in a single room on Contact Precautions for the duration of their admission. If needed, you may cohort individuals by <i>C. auris</i> and other infectious organism status, but ensure staff treat each bed as a separate room. SNFs should follow the CDPH Enhanced Standard Precautions to determine the appropriate level of precautions for each resident. Other community care facilities can manage <i>C. auris</i> -positive individuals using Standard Precautions .	<input type="checkbox"/>
2	Thoroughly clean the patient care environment and any shared equipment/supplies with an effective disinfectant. For <i>C. auris</i> , use a disinfectant on EPA List P or EPA List K (following instructions for <i>C. diff</i> if using List K). Audit regularly.	<input type="checkbox"/>
3	Ensure all staff perform hand hygiene (HH) at all opportunities , especially before touching an individual, before clean/aseptic procedures, after exposure to body fluids, after touching an individual, and after touching individual surroundings. Audit regularly.	<input type="checkbox"/>
4	Ensure all staff utilize personal protective equipment (PPE) appropriately when interacting with the individual or individual's environment. Audit regularly.	<input type="checkbox"/>
5	Screen all patients/residents who may have been exposed to <i>C. auris</i> (epi-linked contacts). If using a culture-based test, consider pausing chlorhexidine bathing for 24-48 hours prior to swab collection. These persons should be kept in empiric precautions until negative results are obtained.	<input type="checkbox"/>
6	Inform facilities receiving known positive or suspect <i>C. auris</i> individuals of the individuals' status. Include clear written notification, ideally using an inter-facility transfer form . Provide a lab report.	<input type="checkbox"/>
7	Determine if your lab can accurately detect <i>C. auris</i> or not. If your laboratory isn't using certain instruments and/or software versions, you may identify presumptive <i>C. auris</i> (e.g., <i>C. haemulonii</i>).	<input type="checkbox"/>
8	Report new cases of confirmed or presumptive <i>C. auris</i> (all specimen sources) cases and outbreaks to LACDPH within 1 business day. Attach all lab report(s), including susceptibility testing results.	<input type="checkbox"/>
Recommended		
1	Cohort individuals based on <i>C. auris</i> status as needed. Ensure you consider other MDRO and COVID-19 status. Think "like with like" and keep it simple!	<input type="checkbox"/>
2	Dedicate equipment to individual or cohorts wherever possible. Use disposable equipment if possible.	<input type="checkbox"/>
3	Dedicate staff to individuals or cohorts wherever possible. This includes both direct and non-direct staff. If not possible, schedule procedures for <i>C. auris</i> -positive individuals for last of the day. Encourage all staff to see non- <i>C. auris</i> -positive individuals before seeing <i>C. auris</i> -positive individuals when feasible.	<input type="checkbox"/>
4	Increase audits of HH, PPE, and/or environmental cleaning compliance in units with one or more <i>C. auris</i> positive persons. Track compliance over time and use results to indicate where re-training is needed.	<input type="checkbox"/>

5	Increase frequency of daily environmental cleaning. In addition, when new cases are identified, ensure that thorough cleaning and disinfection of prior rooms, shared equipment and devices occurred.	<input type="checkbox"/>
6	High-risk facilities/units (i.e., subacute units, burn units, ICU) should use a disinfectant effective against <i>C. auris</i> for the entire unit/wing that any positive individuals are on. Strongly consider implementing this even if no known cases are currently in-house as a preemptive measure.	<input type="checkbox"/>
7	Have a <i>C. auris</i> plan ready to go. Review the CDC and LACDPH websites. LACDPH can provide sample policies if needed. All HCFs should be prepared to accept and care for <i>C. auris</i> -positive individuals.	<input type="checkbox"/>
8	Perform admission screening for <i>C. auris</i>. These persons should kept in empiric contact isolation until results are obtained. Notify the prior HCF if a positive result is obtained.	<input type="checkbox"/>
9	Increase passive surveillance for <i>C. auris</i> by increasing identification of <i>C. spp.</i> in non-sterile sources the species level. Share the C. auris FAQ for Laboratorians with your lab colleagues.	<input type="checkbox"/>
10	Set up a <i>C. auris</i> communication plan between healthcare facilities you commonly share individuals with to ensure both parties understand what must be communicated during the transfer process and how (who completes the transfer form, who calls the receiving facility, etc.).	<input type="checkbox"/>
11	Flag the medical records for future admissions, so that suspect or positive individuals can be placed on the appropriate precautions immediately upon any subsequent admission (especially if coming from home).	<input type="checkbox"/>
12	Work to prevent infections amongst known colonized individuals, especially central line-associated bloodstream infections (CLABSIs). Consider reviewing prevention strategies with staff caring for the patient.	<input type="checkbox"/>
13	Contact hai@ph.lacounty.gov anytime if you have questions or concerns.	<input type="checkbox"/>

Don't:

1	Panic. <i>C. auris</i> can be managed using basic infection prevention practices, including use of HH, PPE, and (most importantly) proper environmental cleaning .	<input type="checkbox"/>
2	Refuse or remove individuals simply due to their <i>C. auris</i> status. <u>All</u> HCFs should have the ability to care for <i>C. auris</i> positive individuals. Note that facilities may be reported to HFID for refusing individuals based on MDRO status alone.	<input type="checkbox"/>
3	Re-screen individuals that have ever tested positive (any specimen source). Individuals may be colonized for many months, perhaps indefinitely, even after an infection is resolved.	<input type="checkbox"/>
4	Cohort positive individuals with non-positive individuals, as much as possible.	<input type="checkbox"/>
5	Treat individuals with antifungals if they do not show signs/symptoms of a <i>C. auris</i> infection. Treatment guidance can be found on the CDC website , when needed.	<input type="checkbox"/>
6	Send presumptive nor confirmed <i>C. auris</i> isolates to LAC PHL without notifying HOU first.	<input type="checkbox"/>
7	Discontinue the appropriate level of transmission-based precautions for positive individuals. HCFs should maintain precautions for the entire admission.	<input type="checkbox"/>
8	Restrict <i>C. auris</i> individuals to their rooms. Allow them to leave with supervision.	<input type="checkbox"/>
9	Assume that all individuals in multi-occupancy rooms have the same infectious disease organism status. Treat each bed as a separate room.	<input type="checkbox"/>
10	Put all the cleaning and disinfection burden on housekeeping staff. Clarify responsibilities for both clinical and non-clinical staff, for all areas, surfaces, and devices- use this template if needed.	<input type="checkbox"/>
11	Hesitate to reach out to LACDPH (hai@ph.lacounty.gov) for support or if you have questions!	<input type="checkbox"/>

In Relation to All MDROs

HCFs should keep in mind that basic infection prevention practices can slow the spread of *C. auris*, just like any other MDRO or even COVID-19. It takes a team to ensure these strategies are carried out every time for every patient. The California Department of Public Health (CDPH) summarized containment measures for COVID-19 and MDROs below.

	<i>C. auris</i>	<i>Acinetobacter</i>	Other MDRO (e.g., CRE)	<i>C. diff</i>	SARS-CoV-2
Good hand hygiene, alcohol-based hand rub (ABHR) preferred	X	X	X	Soap & water	X
Contact precautions, single room if possible	X	X	X	X	+ respirator, eye protection
Thorough environmental cleaning and disinfection	Use List P Agent (or List K*)	X	X	Use List K agent	Use List N agent (List P/List K agent OK)
Routine adherence monitoring	X	X	X	X	X
Cohorting of patients, healthcare personnel, equipment	X	X	X	X	X
Lab surveillance	X	X	X	X	X
Screening of high-risk contacts	X	X	X		X

*If using List K for *C. auris*, follow manufacturer instructions for *C. difficile*.

Additional Resources

- LACDPH *C. auris* website: <http://publichealth.lacounty.gov/acd/Diseases/C.Auris.htm>
 - See more FAQ for HCFs here: http://publichealth.lacounty.gov/acd/docs/LACDPH_C.%20auris_FAQsforHCFs.pdf
- CDPH *C. auris* website: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/C.-auris.aspx>
- CDC *C. auris* website: <https://www.cdc.gov/fungal/C.-auris/health-professionals.html>

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