



## Frequently Asked Questions (FAQs) about *Candida auris*

The Los Angeles County Department of Public Health (LAC DPH) has created this guidance for patients and their families.

### **What is *Candida auris*?**

*Candida auris* (or *C. auris*) is a yeast that can colonize the skin, which means it can live on the skin without causing illness. It is one of many multi-drug resistant organisms (MDROs) that are of public health concern.

### **Who can get *C. auris* colonization and infection?**

*C. auris* typically only colonizes and causes illness in medically vulnerable patients. Colonization and infection in healthy persons is extremely rare. Patients are at higher risk if they have one or more of these risk factors:

- Prolonged hospital stay
- Have a long-term intravenous line (central venous catheter) or other tubes entering the body (e.g., feeding tube, breathing tube)
- Need chronic mechanical ventilation (breathing tube and breathing machine)

Residents in a Skilled Nursing or Residential Care settings who do not currently have the risk factors above are at a very low risk of colonization and/or infection- and if they are diagnosed as being a *C. auris* carrier, it is rare to have an infection.

### **What is the difference between colonization and clinical infection?**

If a patient is colonized, the yeast is living on the surface of the patient's skin, but is not getting into the skin or body. *C. auris* likes warm, moist areas, like the underarms and groin. Clinical infection happens when *C. auris* enters the body and causes a patient to have symptoms.

### **If I get colonized with *C. auris*, what is the chance that I will get an infection?**

Approximately 5-10% of high-risk individuals who are colonized develop a *C. auris* infection. It is rare to have an infection, even if colonized, if a patient does not have high risk conditions like a central venous catheter.

### **What are the symptoms of being colonized with *C. auris*?**

There are no symptoms of colonization. It is mostly detected by screening individuals, usually by swabbing the underarms and groin.

### **What are the symptoms caused by *C. auris* infection?**

The symptoms are related to where the infection occurs. The most common symptoms of *C. auris* infection are fever and chills. The most common illnesses caused by *C. auris* are infections of the urine and blood stream.

### **Is *C. auris* infection serious?**

Yes, some types of *C. auris* infection can be serious, especially if in the blood, though 90-95% of patients never develop any symptoms. Persons who get *C. auris* infections usually have very critical medical issues already, and *C. auris* infection can rarely contribute to their death.

### **Can *C. auris* infections be treated?**

Yes, *C. auris* infections can be treated. The strain currently circulating in Southern California is less resistant to drugs so is very easily treatable. However, some *C. auris* infections in other parts of the United States have been found to be resistant to all three main classes of antifungal medications, making them more difficult to treat.

### **Can *C. auris* colonization be treated?**

Only patients with infection should be treated. There is no recommended or effective treatment to get rid of colonization with *C. auris*. Usually, once a person is colonized with *C. auris*, it lasts for the rest of their life.

### **How is *C. auris* spread?**

*C. auris* is spread primarily in healthcare settings among patients with the risk factors listed above. A patient may become colonized if their skin is in direct contact with other persons who are colonized, or with clothing, bedding, or medical equipment where the germ resides.

### **Can I get re-tested to determine if I'm "clear"?**

Once a person tests positive for *C. auris*, Public Health does not recommend they be re-screened. Precautions should continue indefinitely as long as he/she is in a healthcare facility, but these precautions are not necessary once people go home.

### **A facility is refusing to accept me/my loved one due to *C. auris*. Why? What can I do?**

Public Health reminds all facilities that *C. auris* or other MDRO status alone can not be a reason to refuse persons for admission/re-admission/treatment. If you are having difficulty, we encourage you to work with the case managers at the facility to remind them of this. Healthcare facilities can always reach out to the Healthcare Outreach Unit of LACDPH for assistance or guidance if needed.

### **I got screened. Why was testing for *C. auris* colonization done?**

Public Health recommends facilities screen patients at high risk for *C. auris*, including those that have certain risk factors or may have been exposed to positive patients. This helps facilities to identify those who have it and take measures to prevent any further spread. Facilities also screen patients when there is suspected or confirmed transmission in the facility.

### **Do I need to tell my *C. auris* or other MDRO status to other care providers?**

*C. auris* is spread through contact, so any healthcare providers you see need to know to use proper precautions to prevent the organism from spreading to other susceptible people. Depending on the setting, some facilities may be able to put you in the same room as other patients with *C. auris* or use designated equipment.

### **Does a positive *C. auris* test impact visitation?**

No; the patient may still have visitors, as long as the visitors follow the precautions rules outlined by the healthcare facility. The visitors should perform hand hygiene and (if needed) change to a clean gown upon entering and exiting the room.

### **Does a positive *C. auris* test impact therapies or social activities?**

No; the patient may still visit common areas. The patient should perform hand hygiene and change into a clean gown if they leave their room. Any open wounds or other sites of bodily excretions should be covered and contained. Surfaces touched by the patient in common areas should be cleaned and disinfected. When possible, the patient should be scheduled for the last time slot in the day to allow ample time for proper disinfection before the next patient.

### **If I go home, should I be concerned about spreading it in my home?**

No, as long as you do not live with other people who are at risk (such as those who have medical lines or tubes entering the body, are on breathing machines, and/or have a severely weakened immune system). Healthy people are not at risk for *C. auris* colonization or infection. Fortunately, good handwashing practices is very effective in preventing any spread of *C. auris* to others.