

Candida auris (*C. auris*)

Frequently Asked Questions (FAQs) for Dialysis Centers

Last updated: May 27, 2021

Candida auris (*C. auris*) is an emerging drug-resistant fungal pathogen that can cause serious infections and spreads through the healthcare system. Increased cases in Southern California were noted within several years, especially in the subacute and long-term acute care facilities. The Los Angeles County Department of Public Health (LACDPH) encourages all dialysis centers to develop an effective plan for early identification of *C. auris*, implement infection prevention strategies, and improve inter-facility communications to prevent *C. auris* infections.

Below are the frequently asked questions asked by dialysis centers regarding *C. auris* infections. To help you navigate, click on the links.

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[Why is *C. auris* is a concern for dialysis centers?](#)

The persistence of the *C. auris* organism on the patient and in the environment enables the spread of *C. auris*, particularly if proper cleaning and disinfection protocols are not followed. Patients are still colonized with *C. auris* on their skin after resolving a *C. auris* infection. Patients who are simply colonized with *C. auris* do not show any symptoms – so there is an opportunity for *C. auris* to spread silently if not recognized and contained early. While *C.*

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auris has primarily caused bloodstream infections, it is possible to develop infections in other sites such as wounds and ear infections.

What is the recommended transmission-based precaution for *C. auris*?

Use Contact Precautions when caring for patients with suspect or confirmed *C. auris* (colonized or infected). Contact Precautions means:

- Designate an area where patients with *C. auris* receive their dialysis treatment whenever possible.
- Healthcare providers should wear gloves and an isolation gown over their clothing while caring for patients with *C. auris*.
- Encourage visitors assisting the patients to wear gowns and gloves.
- Healthcare providers and visitors must remove their personal protective equipment (PPEs) and clean their hands properly when leaving the designated treatment area.
- Use a disinfectant that is effective against *C. auris* ([EPA List P](#) or [EPA List K](#)) to disinfect the treatment area and any shared equipment

Am I safe taking care of people with *C. auris* infection?

The risk of *C. auris* infection to healthcare personnel is very low. *C. auris* typically colonize persons who are immunocompromised and/or admitted to healthcare facilities because they are sick and need care. Infections are typically seen in people with serious underlying medical conditions who received multiple antibiotics, have vascular access catheters, have had prolonged hospital admissions, and resided in residential healthcare settings.

What are some standard infection control measures for the prevention of *C. auris* transmission at dialysis centers?

- Proper hand hygiene. Protect yourself and your patients by cleaning your hands the right way at the [right times](#). The use of alcohol-based hand sanitizer (ABHS) is the preferred method for cleaning hands when they are not visibly soiled and is effective against *C. auris*.
- Proper use of PPEs.
 - Place PPEs in an area that is visible and easily accessible for staff.
 - Wear PPEs (gowns and gloves) when caring for patients with *C. auris* or touching items at the dialysis station.
 - Use proper methods to don and doff PPEs, and properly dispose of used PPEs in an appropriate waste receptacle.
 - Reuse or extended use of PPE is not recommended when taking care of patients with *C. auris*. Remove PPEs when leaving the designated *C. auris* treatment area, and don new PPE when returning to the patient.

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- Disinfect the environment thoroughly (i.e., surfaces, dialysis chairs, side tables, dialysis machines, and remote control) between patients using a [disinfectant](#) effective against *C. auris*.
- When treating a patient with *C. auris*, designate an area of the treatment floor so that staff will know to disinfect the area using the proper disinfectant. The designated area does not need to be a separate room but a station with a few adjacent stations as possible (i.e., at the end or corner of the unit).
- Consider dialyzing the patient with *C. auris* on the last shift of the day.
- Ensure that the stations being used by patients with *C. auris* have visible signage for Contact Precautions while considering patient's privacy.
- Provide staff with routine education on the care of patients with *C. auris* in the outpatient dialysis setting.
- [Audit hand hygiene](#) and PPE practices regularly.
- Confirm each patient's suspect or confirmed status upon admission and discharge. Healthcare facilities may use this [inter-facility transfer form](#) to indicate a patient's infection/colonization status upon transfer to your facility.

Should we wait to accept new patients with *C. auris* until the infection clears?

No. Patients may be colonized with *C. auris* for life after their initial positive test result, particularly if they require ongoing medical care. While there is a concern for the spread of the disease, accepting new patients for dialysis treatments should not be a problem with proper infection control practices in place.

When should I suspect a patient may have *C. auris*?

If possible, verify if the patient may have been exposed to *C. auris* during their stay. In addition to those with risk factors for *C. auris* outlined below, these suspect patients should be kept on Contact Precautions during their treatment.

- Persons being admitted from a facility with the transmission of *C. auris*.
- Persons being admitted from any high-risk site, such as a long-term acute care hospital (LTACH) (per [3/18/21 CAHAN](#)) or any subacute unit of a skilled nursing facility (aka ventilator-capable SNFS (vSNFs))
- High-risk contacts of *C. auris* confirmed cases (i.e., roommates)
- Persons on a mechanical ventilator or with the presence of tracheostomy
- Persons who are colonized with rare [carbapenemase-producing organisms](#)
- Persons who have had an overnight stay in a healthcare facility in a [country with the widespread transmission or multiple cases of *C. auris*](#) in the past 12 months
- Persons who have had an overnight stay in a healthcare facility in a [state with a widespread transmission](#) of *C. auris* in the past 12 months

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How can we test for *C. auris* colonization?

Patients should be screened for *C. auris* colonization using a composite swab of the bilateral axilla and groin using a nylon-flocked or rayon tip swab. Confirm the method with your current laboratory. Some commercial labs offer *C. auris* testing (see [lab list](#)).

Do colonized patients require treatment?

Colonized individuals (i.e., positive via skin swab or urine culture without showing signs/symptoms of infection) do not require treatment. Guidance for infections can be found on the [CDC website](#).

Can patients be cleared of *C. auris*?

Studies have shown that patients colonized with *C. auris* rarely clear the organism. Patients should be considered positive for the duration of their admission until further guidance from the CDC is received. Swabs to test for clearance should not be collected. If a patient is accidentally re-swabbed and the result is negative, please disregard the result.

How often should patients be re-screened for *C. auris*?

Currently, there is no indication for repeat *C. auris* screening since there are no criteria for clearance. Once a patient has tested positive for *C. auris*, continue transmission-based precautions in all subsequent admissions.

If I have questions, who should I contact?

If you have additional questions or concerns, please email outpatient@ph.lacounty.gov.

Helpful links:

- [Department of Public Health - Acute Communicable Disease Control \(lacounty.gov\)](#)
- [Candida auris | Candida auris | Fungal Diseases | CDC](#)
- [Infection Prevention and Control for Candida auris | Candida auris | Fungal Diseases | CDC](#)
- [WHO | Five moments for hand hygiene](#)
- [List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris | Pesticide Registration | US EPA](#)
- [List K: EPA's Registered Antimicrobial Products Effective against Clostridium difficile Spores | Pesticide Registration | US EPA](#)
- [AuditToolHandHygieneCDPHdialysis.pdf \(ca.gov\)](#)
- [Interfacility Transfer form | Department of Public Health – Acute Communicable Disease Control \(lacounty.gov\).](#)