



Candida auris Update: Information for Clinicians and Laboratorians

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Contact the state and county health department if *Candida auris* infection or colonization is suspected. This is a nationally notifiable disease of public health concern. State point of contact: Nychie Dotson, PhD, MPH, CIC Nychie.Dotson@FLHealth.gov.

This is an update to Florida Department of Health (FDOH) detection and reporting guidance for multidrug-resistant *Candida auris* (*C. auris*). **We are actively identifying cases in Miami-Dade and Broward counties.** This important emerging fungal pathogen causes invasive infections, is drug resistant, persists in the environment, and is transmitted in health care settings. Additionally, *C. auris* can be misidentified using standard laboratory methods.

Since 2017, FDOH has identified 35 clinical cases of *C. auris* infections and 106 colonizations (including 18 clinical cases) for a total of 123 confirmed cases in Florida. As of December 31, 2019, the Centers for Disease Control and Prevention (CDC) reported 988 confirmed cases of *C. auris* infection in 16 states.

While *C. auris* has been introduced from abroad, most Florida cases have resulted from local transmission in health care settings, especially in nursing homes and other long-term care facilities providing ventilator care. *C. auris* typically affects ill patients, often those who are ventilator-dependent, have tracheostomies, and are colonized with other resistant pathogens. Some patients can be colonized with *C. auris* and do not have symptoms. Patients colonized with *C. auris* are still capable of transmitting *C. auris* to others and are at risk of developing invasive infections. Patients with *C. auris* bloodstream infections have a 30-day mortality rate of 39% and a 90-day rate of 58%.¹ CDC reports 90% of isolates show resistance to at least one antifungal and 30% have resistance to at least two antifungal drug classes.

FDOH is responding to the spread of *C. auris* by implementing a CDC containment strategy. FDOH, in collaboration with county health departments and facilities, provides ongoing technical assistance for conducting surveillance, works with laboratories to ensure the use of proper *C. auris* detection methods, and provides guidance to facilities for infection prevention including hand hygiene, environmental cleaning, and contact precaution strategies. Without these urgent activities for containment, it is likely Florida will follow the trend of other U.S. and international locations where *C. auris* has become endemic. Despite being a new emerging threat, infection control recommendations are similar to those for other multidrug-resistant organisms (MDROs) or *Clostridioides difficile* (*C. difficile*). Facilities that care for people with other MDROs or *C. difficile* are typically capable of caring for similar patients who have *C. auris*.

Recommendations:

- 1. Test and identify all yeast isolates to the species level for specimens obtained from the bloodstream and other normally sterile invasive body sites (e.g., cerebrospinal fluid).**
 - *C. auris* is commonly misidentified as *Candida haemulonii* and other *Candida* species, as conventional biochemical identification is not reliable for speciation. More information can be found at CDC: cdc.gov/fungal/candida-auris/recommendations.html

¹wwwnc.cdc.gov/eid/article/24/10/18-0649_article

2. **Test and identify all *Candida* isolates from non-sterile, non-invasive sites to determine species when:**
 - Clinically indicated in the care of a patient.
 - A case of *C. auris* infection or colonization has been detected in your facility or unit.
 - An increase in unidentified *Candida* species infections in a patient care unit is identified.
 - The patient has had inpatient health care at a facility outside the U.S. in the previous one year, especially if in a country with documented *C. auris* transmission:
cdc.gov/fungal/candida-auris/tracking-c-auris.html#world.
Note: Colonization for longer than one year has been identified among some *C. auris* patients; consider determining the *Candida* species isolated from patients with remote exposure to health care abroad.

3. **Screen patients who are at high risk of *C. auris*, including:**
 - Close health care contacts of patients with newly identified *C. auris* infection or colonization.
 - Patients who have had an overnight stay in a health care facility outside the U.S. in the previous one year, especially if in a country with documented *C. auris* cases.
 - i. Strongly consider screening when patients have had such inpatient health care exposures outside the United States and have infection or colonization with carbapenemase-producing gram-negative bacteria. *C. auris* co-colonization with these organisms has been observed regularly.
 - Facilities may also work with FDOH to further develop screening protocols based on local epidemiology and resource capacity.

Please contact the Health Care-Associated Infection Prevention Program at HAI_Program@FLHealth.gov for assistance. Screening is available at no cost.

Infection Prevention Measures:

- Patients with *C. auris* in acute care hospitals and long-term acute care hospitals should be managed using contact precautions and placed in single rooms whenever possible. When single rooms are not available, facilities should implement strategies to minimize transmission between roommates, including cohorting by MDRO, ensuring beds have spatial separation of at least three feet between roommates, carefully disinfecting the environment and shared equipment, and changing personal protective equipment and performing hand hygiene between roommates. Residents with *C. auris* in nursing homes, including skilled nursing homes with ventilator units, should be managed using either contact precautions or enhanced barrier precautions, depending on the situation. Guidance for when enhanced barrier precautions would apply can be found at CDC: cdc.gov/hai/containment/PPE-Nursing-Homes
 - CDC recommends continuing appropriate transmission-based precautions for the entire duration of the patient's stay in the facility. Routine retesting for *C. auris* colonization is not recommended. Any retesting should be done in consultation with the HAI prevention program. Additional guidance may be found at: cdc.gov/fungal/candida-auris/c-auris-infection-control.html

- Enforce good hand hygiene practices, following the World Health Organization's My Five Moments for Hand Hygiene (who.int/gpsc/tools/Five_moments/en/). Alcohol-based hand sanitizer is preferred over soap and water except when hands are visibly soiled.



- Clean and disinfect rooms (daily and terminal) as well as shared and mobile equipment of patients with *C. auris* infection or colonization using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris*. Current products with *C. auris* claims are:
 - Medline Micro-Kill Bleach Germicidal Bleach Wipes
 - Clorox Hydrogen Peroxide Disinfectant
 - Clorox Hydrogen Peroxide Disinfectant Wipes
 - Diversey Oxivir 1 Spray
 - Diversey Oxivir 1 Wipes
 - Diversey Oxivir Wipes
 - Diversey Avert Sporicidal Disinfectant Cleaner
 - Ecoloab OxyCide Daily Disinfectant Cleaner
 - PDI Sani Prime Spray
 - PDI Sani Cloth Prime

Due to the limited number of products with *C. auris* claims, CDC and EPA identified additional products effective against *C. auris*. CDC testing confirmed their efficacy for use against *C. auris*:

- Oxivir TB Spray
- Oxivir TB Wipes
- PDI Super Sani-Cloth

If none of the above products are feasible, use an EPA-registered hospital-grade disinfectant effective against *C. difficile* spores following all manufacturers' directions for use (i.e., List K: epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium).

Some disinfectant products, including those solely dependent on quaternary ammonium compounds (QACs), may not be effective against *C. auris*, despite EPA-registered label claims for fungi and *C. albicans*.

- Communicate the patient's *C. auris* status when transferring them to other facilities.

Reporting:

Immediately notify the state and county health department at _____ if *C. auris* is suspected or identified to arrange confirmatory testing and conduct surveillance screening.

Additional Resources:

cdc.gov/fungal/candida-auris
cdc.gov/fungal/candida-auris/health-professionals.html
who.int/gpsc/tools/Five_moments/en/