

Candida auris Healthcare Worker Information Sheet

What is a Candida auris?

Initially reported in 2009 but now has emerged rapidly and become more common, *Candida auris* is an emerging multidrug resistant opportunistic yeast that can cause serious infections. *C. auris* can cause invasive fungal infection and bloodstream infection among hospitalised patients with significant medical morbidities and patients in long term care facilities. *C. auris* isolates are mostly resistant to the three-major antifungals thus poses a big threat in the healthcare settings. Unidentified *C. auris* is easily transmitted in a healthcare setting and can cause an outbreak.

How is it transmitted?

Since *C. auris* is commonly found on the skin, it is commonly spread through person-to-person contact with a colonised or infected person via uncleaned patient shared equipments. *C. auris* can also persist in an uncleaned environment allowing for transmission between patients.

Is there available treatment?

C. auris can be treated with an antifungal drug called echinocandins. For optimal use of antifungal treatment, it is best to consult an infectious disease specialist so patients will be monitored closely for resolution of infection due to *C. auris* multidrug resistant nature.

Who are at risk?

To date in Australia, cases of *C. auris* have had overseas travel history, been admitted to an overseas hospital and received treatment at an overseas hospital specifically in South Africa, Pakistan, India and United Kingdom.

People who are at high risk of acquiring *C. auris* are similar to other *Candida* infections specifically those having broad-spectrum antimicrobial, having surgical procedure, immunosuppressed, diabetes and other morbidity complications resulting from chronic diseases.

How is it tested?

Collection of groin and axilla swabs is the best screening sample to confirm colonisation of *C. auris*.

How long can a person be colonised with it?

Due its emerging nature, health professionals are still investigating further how long can a person be colonised with *C. auris*. Long term and recurrent hospital admission, prolong antimicrobial and antifungal treatment poses a high risk of longer colonisation period.

Best practice advise at this stage until further evidence is available is to initiate infection, prevention and control measures based on your facility's policy and procedures. Provision



How can transmission be prevented in my facility?

It is essential for all healthcare workers to adhere strictly to their facility's infection prevention and control measures for all patients.

(Centers for Disease Control and Prevention 2017)

Further advice can be obtained from:

Local Public health units: www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units

Infection prevention resources: www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention

Frequently asked questions about screening for *Candida Auris* www.cdc.gov/fungal/candida-auris/c-auris-screening-info.html