

***Candida auris* healthcare worker information sheet**

What is *Candida auris*?

Initially reported in 2009, *Candida auris* then emerged rapidly and has become more common. *C. auris* is a 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 pose a big threat in 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 often spread through person-to-person contact with a colonised or infected person via uncleaned, patient-shared equipment. *C. auris* can also persist in an uncleaned environment, allowing for transmission between patients.

Is treatment available?

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 is 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 those at risk for 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 the emerging nature of *C. auris*, health professionals are still investigating how long can a person be colonised with it. Long-term and recurrent hospital admission prolong antimicrobial, and antifungal treatment poses a high risk of a longer colonisation period.

The 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.

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

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