

Candida auris– information for staff

Candida auris (*C. auris*) is an emerging multidrug resistant opportunistic yeast (sometimes called fungus) that can cause serious infections including bloodstream, urinary tract and other invasive infections. These infections more commonly occur in hospitalised patients, residents of long term care facilities and those with significant medical co-morbidities.

Infections with *C. auris* are rare in Australia but have become more common overseas. In most cases, patients are colonised and carry the yeast somewhere on their body without causing any symptoms. People who are colonised with *C. auris* may be unaware and can pass the organism to others. *C. auris* is much less common than other types of candida such as *Candida albicans*, which is a common cause of yeast infections (for example, thrush).

Most cases of *C. auris* have either had overseas travel history, been admitted to an overseas hospital and received treatment (specifically in the United States of America, South Africa, Pakistan, India and United Kingdom), or have been contacts of these people.

People who are at high risk of acquiring candida infections may also be at risk of acquiring *C. auris* including those who have had broad-spectrum antimicrobials, surgical procedures, invasive medical devices, are immunosuppressed, have diabetes or other chronic diseases.

Transmission:

C. auris is most commonly found on the skin and may spread person-to-person through direct contact with someone who is infected or colonised. It may also be transmitted via equipment that has been shared between patients and has not been adequately cleaned and disinfected between uses. *C. auris* can also survive on surfaces for lengthy periods so inadequate cleaning and disinfection of the environment is another way the organism can be spread.

Treatment:

C. auris infection may be treated with a group of antifungal drugs called echinocandins, although some *C. auris* infections have been resistant to all three main classes of antifungal medications, making them more difficult to treat or untreatable. Treatment is not recommended for healthy people who carry the organism on their skin.

Screening:

Collection of bilateral groin and axilla swabs is recommended to screen for *C. auris* colonisation. Clinical specimens, such as blood cultures or tissue samples, are used to detect an infection.

Not all laboratories have the necessary technology to identify *C. auris*. If *C. auris* is suspected or being screened for, ensure that this is noted on the request form and liaise with the infection control service and/or the laboratory to ensure appropriate testing is performed.



Infection Prevention and Control:

It is important that all health care staff ensure they adhere to standard precautions at all times for all patients. This includes good hand hygiene and cleaning and disinfecting all shared patient equipment between each use.

Infection prevention and control measures based on your facility's policy and procedures for the management of multiresistant organisms should be followed. This would include increased awareness and education among staff, including environmental cleaning staff, of the importance of:

- strict adherence to hand hygiene
- transmission-based precautions
- patient screening – people who have been inpatients of an overseas hospital within the last 6 months and people who are identified contacts of a known case
- single patient rooms
- dedicated patient equipment (if this cannot be done, then equipment should be cleaned and then disinfected with 1000ppm sodium hypochlorite at a dilution of 1000ppm)
- enhanced environmental cleaning and then decontamination using sodium hypochlorite at a dilution of 1000ppm (twice daily and on discharge).

Note: quaternary ammonium compounds e.g. many disinfectant wipes, are not reliably effective against this organism

Visitors are not required to wear a gown and gloves. Please ensure all visitors are advised to perform hand hygiene before and after visiting the patient. Visitors should also be requested not to visit any other patients within the facility immediately after visiting someone with *C. auris*.

Further advice can be obtained from:

Your local Infection Prevention and Control service.

Queensland Health resources: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/management-advice/candida-auris-prevention-control>

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