

## LTCF Toolkit for Response to *Candida auris*

*Candida auris* (also called *C. auris*) is a fungus that causes serious infections. Patients with *C. auris* infection, their family members and other close contacts, public health officials, laboratory staff, and healthcare workers can all help stop it from spreading.

### Why is *Candida auris* a problem?

**It causes serious infections.** *C. auris* can cause bloodstream infections and even death, particularly in hospital and nursing home patients with serious medical problems. More than 1 in 3 patients with invasive *C. auris* infection (for example, an infection that affects the blood, heart, or brain) die.

**It's often resistant to medicines.** Antifungal medicines commonly used to treat *Candida* infections often don't work for *Candida auris*. Some *C. auris* infections have been resistant to all three types of antifungal medicines.

**It's becoming more common.** Although *C. auris* was just discovered in 2009, it has spread quickly and caused infections in more than a dozen countries.

**It's difficult to identify.** *C. auris* can be misidentified as other types of fungi unless specialized laboratory technology is used. This misidentification might lead to a patient getting the wrong treatment.

**It can spread in hospitals and long term care facilities.** *C. auris* has caused outbreaks in healthcare facilities and can spread through contact with affected patients and contaminated surfaces or equipment. Good hand hygiene and cleaning in healthcare facilities is important because *C. auris* can live on surfaces for several weeks.



## LTCF Toolkit for Response to *Candida auris*

### Early detection and infection control can limit the spread of *C. auris*.

- Develop and maintain *C. auris* action plans to assure containment measures are in place should a patient with *C. auris* be detected in, or transferred to, the facility.
- Maintain vigilance for clinical illness that could be consistent with *C. auris*, particularly in patients at higher risk.
- Evaluate surveillance protocols with the laboratory to ensure prompt notification to the infection prevention and control program when *C. auris* is suspected.
- Deliver education to staff and providers about *C. auris* and the infection prevention and control measures necessary to contain it.

#### *If your facility identifies patients who are infected or colonized with C. Auris:*

- **Notify [Southwest District Health](#) Epidemiology program:**  
Phone: 208 455 5442, Fax: 208 455 5350
- **Implementation of Transmission-Based precautions** is necessary to prevent transmission, which can lead to outbreaks. Contact Precautions should be implemented by all HCFs, including long-term care facilities (LTCFs), as the primary option. For long-term management of these patients in residential facilities, consult Southwest District Health or [IDHW HAI program](#).
- Co-ordinate with Southwest district health to initiate **colonization screening** in your facility

### Information on Contact Precautions and Recommendations

- This patient should be placed in a **private room**, if possible.
- Healthcare personnel interacting with patients on Contact Precautions, or their environment, are required to wear **a gown and gloves**, donning their PPE upon room entry, and properly discarding before exiting (conventional capacity for PPE).
- Healthcare personnel should conduct diligent **hand hygiene** during and after contact with a *C. auris*-positive patient or their environment; ensure **alcohol-based hand rub** is readily available.
- **Disposable or dedicated patient-care equipment** should be used whenever possible.
- All **disinfection** should be completed with an Environmental Protection Agency (**EPA**) **registered disinfectant effective against *Candida auris* (List P)**. Cleaning and disinfection should be performed according to the manufacturer's instructions for use. Examples include
- Shared **equipment** (e.g., stethoscopes, X-ray machines, scales, ventilators) **should be thoroughly cleaned and disinfected after contact** with this patient
- The **patient's room** should be cleaned/disinfected daily and terminally upon discharge.
- **Transport vehicles/equipment** should be terminally cleaned/disinfected after use.
- Ensure written and verbal **communication** of the need for contact precautions for all intra- and inter-facility transfers.
- Refer to additional information from CDC on [C. auris infection prevention and control](#).

# ***Candida auris* Colonization**

## Information for Patients

*Candida auris* (also called *C. auris*) is a fungus that can cause serious infections. *C. auris* can spread from one patient to another in hospitals and nursing homes. Patients can carry *C. auris* somewhere on their body, even if it is not making them sick. This is called colonization. When people in hospitals and nursing homes are colonized, *C. auris* can spread from their bodies and can get on other people or nearby objects, allowing the fungus to spread to people around them.

CDC recommends testing patients who may have come in contact with *C. auris* to see if they are carrying the fungus. This allows healthcare providers to know who is carrying the fungus and take steps to prevent it from spreading to other people.

### **What does it mean to be colonized?**

Colonization, or being colonized with *C. auris*, means that a person has the fungus somewhere on their body but does not have an infection or symptoms of infection. A simple test can be done to see who is colonized with *C. auris*. People who are colonized with *C. auris* may not know and can pass the fungus to another person. People colonized with *C. auris* might later get sick from this fungus, so healthcare providers should consider taking extra steps to prevent infection.



To reduce spread to other patients, healthcare personnel should use precautions when caring for patients with *C. auris*, including:

- Placing the patient in a different room.
- Having healthcare personnel or other caregivers wear gowns and gloves during patient care.
- Cleaning the room with different products than usual.
- Having family members and healthcare personnel clean their hands thoroughly after visiting the patient. The patient may also be encouraged to wash their hands often.
- Performing another test later to see if the fungus is still there.

### **What can I do to help keep *C. auris* from spreading?**

Patients and family members should clean their hands thoroughly before and after touching each other or the area around the patient, particularly when leaving a patient's room.

Although the risk of *C. auris* infection in otherwise healthy people is low, patients and their family members should continue practicing good hand hygiene when returning home. If family members are caring for patients with *C. auris*, they should consider wearing disposable gloves when providing certain types of care like changing the dressing on wounds and helping the patient bathe.

If you are colonized with *C. auris*, tell your healthcare providers when visiting healthcare offices and when admitted to hospitals and nursing homes.



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**Want to learn more?**

[www.cdc.gov/fungal/candida-auris](https://www.cdc.gov/fungal/candida-auris)

# Candida auris Testing

## Information for Patients

*Candida auris* (also called *C. auris*) is a fungus that can cause serious infections. *C. auris* can spread from one patient to another in hospitals and nursing homes. Patients can carry *C. auris* somewhere on their body, even if it is not making them sick. This is called colonization. When people in hospitals and nursing homes are colonized, *C. auris* can spread from their bodies and can get on other people or nearby objects, allowing the fungus to spread to people around them. CDC recommends testing patients who may have come in contact with *C. auris* to see if they are carrying this fungus. This allows healthcare providers to know who is carrying the fungus and take steps to prevent it from spreading to other people.

### Why am I being tested for *C. auris*?

You may have come in contact with *C. auris* while you were in this or another healthcare facility.

To keep the fungus from spreading, we are testing patients to see if they are now carrying the fungus. You may be carrying it on your skin without having an infection or symptoms of an infection. This is called colonization.

**Fortunately, most people who carry *C. auris* do not get sick from it.**

Getting tested for *C. auris* helps our healthcare facility and the health department prevent the fungus from spreading in the facility and in the community.

### Why is *C. auris* concerning?

- It can cause serious infections.
- It is often resistant to medicines, making it difficult to treat.
- It is becoming more common.
- It is difficult to identify by routine lab tests.
- It can spread in hospitals and nursing homes.

### What should I expect if I get tested?

1. The nurse or doctor will wipe or rub a cotton swab on the skin near your armpits and the area where your leg joins your body (groin). The test is not painful.
2. The swab will be sent to a lab, and in 1 to 2 weeks, the lab will tell your doctor the results.
3. If the test shows you are carrying the fungus, then your nurse or doctor will talk to you about the results and what to do next.

You can choose not to be tested. Talk to your nurse or doctor if you have questions or concerns about testing.



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# Example verbal consent for collection of swab to assess colonization with *Candida auris*

Hi, my name is [insert name] and I work for [insert organization]. I'm here to talk to you about some testing that the [insert healthcare facility e.g., hospital or nursing home] is doing to check for a germ.

Recently, we identified a germ, which is rare in the U.S., in a patient who was cared for at this facility [or in the area]. The germ is called *Candida auris* and is a type of yeast that can be resistant to many of the drugs used to treat it. It can also spread from patient to patient in hospitals and nursing homes.

We are testing patients who might have come into contact with it to see if they are now also carrying the germ. Some people can carry it on their skin without knowing it, and they can spread the germ to others without knowing it.

The chance that you carry this germ is low, and fortunately, most people who carry it don't get sick from it. There are a few reasons why it can be helpful to test patients for this germ. First, your doctors will be able to make better decisions for you about your medical care if they know whether you carry this germ. Second, the healthcare facility and health department need to know who is carrying the germ so that they can help prevent it from spreading.

The procedure is not painful and there should be no side effects. If you agree to be tested, the process is simple. We would use a soft swab, like a Q-tip, to swab your armpit and your groin, the area where your leg joins your body.

The swabs will be sent to a lab to check for the germ, and the results are usually available within a week or two. If the results show you carry this germ, someone will contact you to discuss what to do next. The test results will be kept confidential to the extent allowed by law.

Agreeing to these swabs is voluntary and you can choose not to be tested.

Do you have any questions? [pause for questions]

Is it OK if we collect the swabs?



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# Procedure for collection of patient swabs for *Candida auris*

## **PURPOSE**

*C. auris* is an emerging multidrug-resistant fungal pathogen that can cause invasive infections with high mortality and has been transmitted in healthcare settings. Identifying persons colonized with *C. auris* is a key step in containing the spread of *C. auris*. This document outlines the procedure for collection of swabs from patients to assess for *C. auris* colonization.

## **EQUIPMENT AND MATERIALS NEEDED**

- Culture collection and transport system
  - e.g., rayon tip swabs (Fisherfinest Amies Charcoal bacteriology culture collection and transport system; Fisher healthcare, Ontario, Canada) or nylon-flocked swab (BD ESwab collection and transport system; Becton Dickinson and Company, Sparks, MD)

## **PROCEDURE FOR COLLECTING THE SWAB**

The skin (specifically axilla and groin) appears to be the highest yield sites to swab to identify patients colonized with *C. auris*. *C. auris* has also been isolated from swabs taken from the nares, oropharynx, external ear canal, vagina, and rectum. These sites can also be considered for sampling.

1. Before beginning, perform hand hygiene and wear appropriate personal protective equipment (PPE) as indicated by the patient's clinical care team (e.g., gloves, gown, mask).
2. Open the swab package by grasping the plastic at the opposite end from the soft tip.
3. Carefully remove the tube from its packaging, leaving the swab tip enclosed in the package to prevent contamination.
4. Pull the swab from its package, being careful not to touch the soft tip. Firmly rub the soft end of the collection swab cross the indicated site at least 3-5 times.

Single swab axilla and groin composite collection method:

- i. Rub both sides of the swab tip over the left axilla skin surface and then the right, targeting the crease in the skin where the arm meets the body (i.e., swab both armpits, swiping back and forth ~5 times per armpit).



- ii. With the same swab used on the axilla, rub both sides of the swab tip over the left groin skin surface, targeting the inguinal crease in the skin where the leg meets the pelvic region and repeat with the right side (i.e., swab the skin of both hip creases swiping back and forth ~5 times per hip crease).
5. Remove the cap from the swab collection tube, then place the soft end of the collection swab into the tube. Be careful to keep the cap from touching any materials that may contaminate your sample.
6. Snap off the end of the swab at the marked line by bending the plastic handle against the edge of the transport media container.
7. Screw on the tube cap. You may need to adjust it until the snapped end of the swab slides into place in the center of the cap.
8. Write specimen information on the tube label or apply patient identification label.
9. Send or ship immediately to a testing laboratory.

\*If a delay in shipment cannot be prevented, store the swabs at 4°C or on ice until shipment.

## **SAFETY CONSIDERATIONS**

*C. auris* can survive for weeks on plastic surfaces, has reduced susceptibility to quaternary ammonia disinfectants, and can colonize skin of healthy individuals. Therefore, strict BSL2 laboratory safety precautions must be followed, when working with this organism. Specifically, it is recommended that cultures are processed within BSL2 biosafety cabinet, gloves and lab coats are required, and strong hand hygiene is enforced. The use of disinfectants with sporicidal claim, such as freshly made 10% bleach, are recommended for decontaminations after working with *C. auris* cultures.

## **DISCLAIMER**

This test has not been cleared or approved by the FDA. The performance characteristics have been established by CDC Mycotic Diseases Laboratory.



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