

# *Candida auris*: Working together to prevent spread in our healthcare facility



*C. auris* has attracted media attention

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This drug-resistant fungus is spreading.  
Scientists warn of new superbugs to  
come

# What is *Candida auris*?

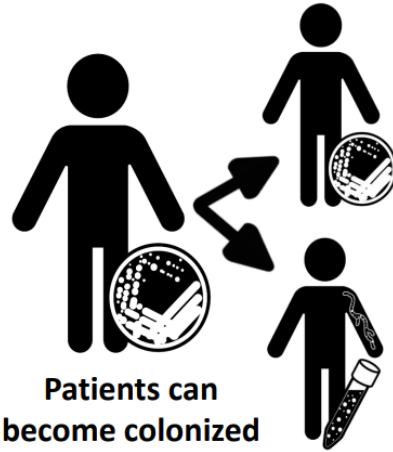
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- Newly identified species of fungus (2009, Japan)
- *Candida* is a common genus of yeast
  - *Candida albicans* is a common cause of infections such as thrush and vaginal yeast infections
  - Many *Candida* species are found inside and outside the body and, in most cases, does not cause serious infections
- However, ***C. auris* is different**

# Why are we concerned about *Candida auris*?



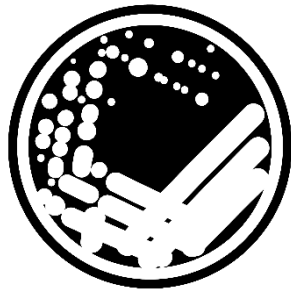
Highly  
drug-resistant



Patients can  
become colonized  
and develop  
invasive infections



Spreads in healthcare  
settings



Difficult to  
identify in the lab

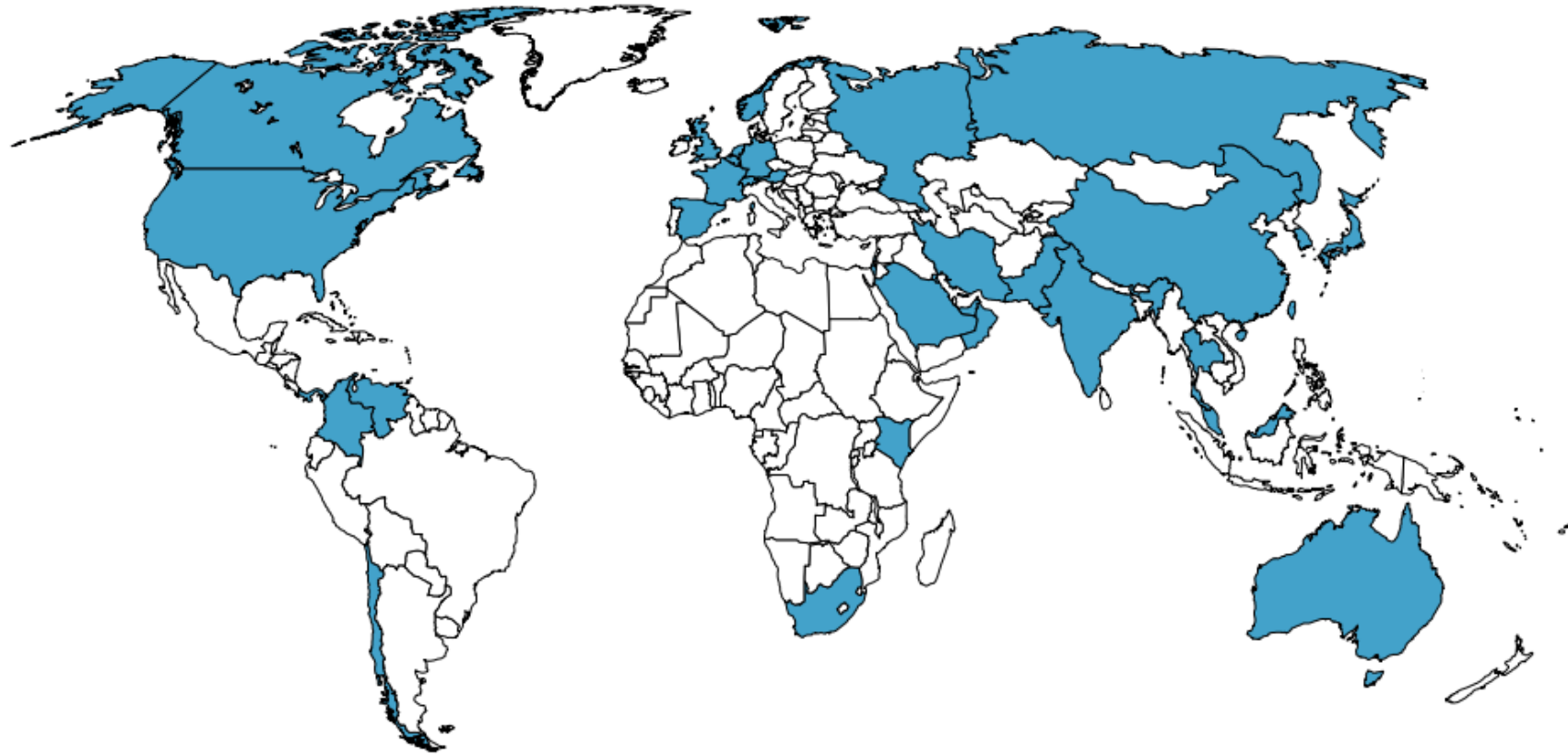


Severe disease  
and high mortality



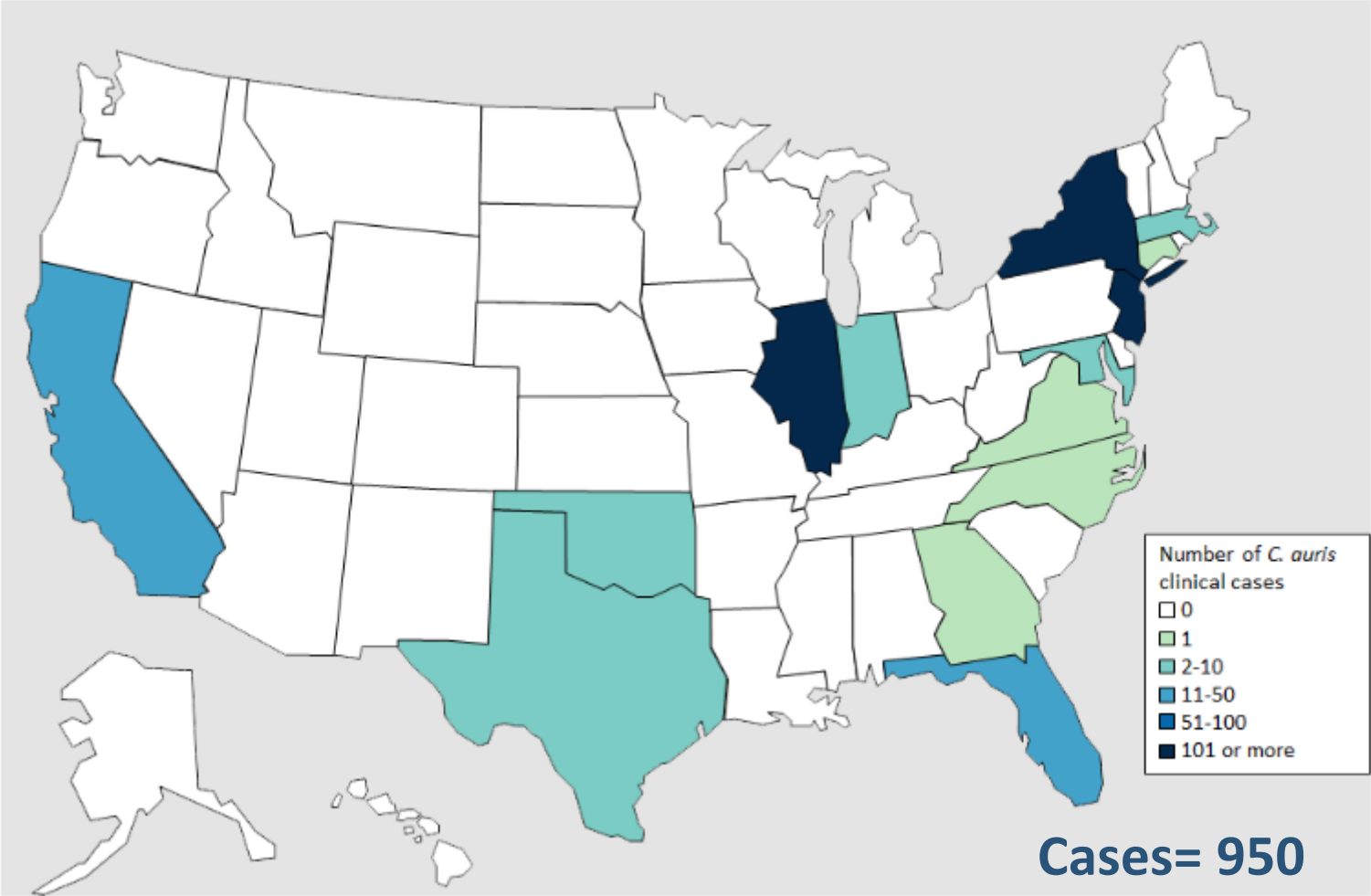
Persist in the  
environment

*Candida auris* cases have been reported in > 30 countries



<https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>

# *C. auris* cases reported by state of collection—United States, as of November 30, 2019



## *C. auris* typically affects the sickest patients

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- **Not a threat to general public or healthy individuals**
- Usually affects patients with
  - Tracheostomies
  - Ventilator-dependence
  - Indwelling medical devices
  - Drug-resistant organisms
  - Recent receipt of antibiotics or antifungals
  - International healthcare



More common in higher acuity facilities

*C. auris* prevalence in nursing home units with ventilator beds



**7.7%**

*C. auris* prevalence in regular nursing homes



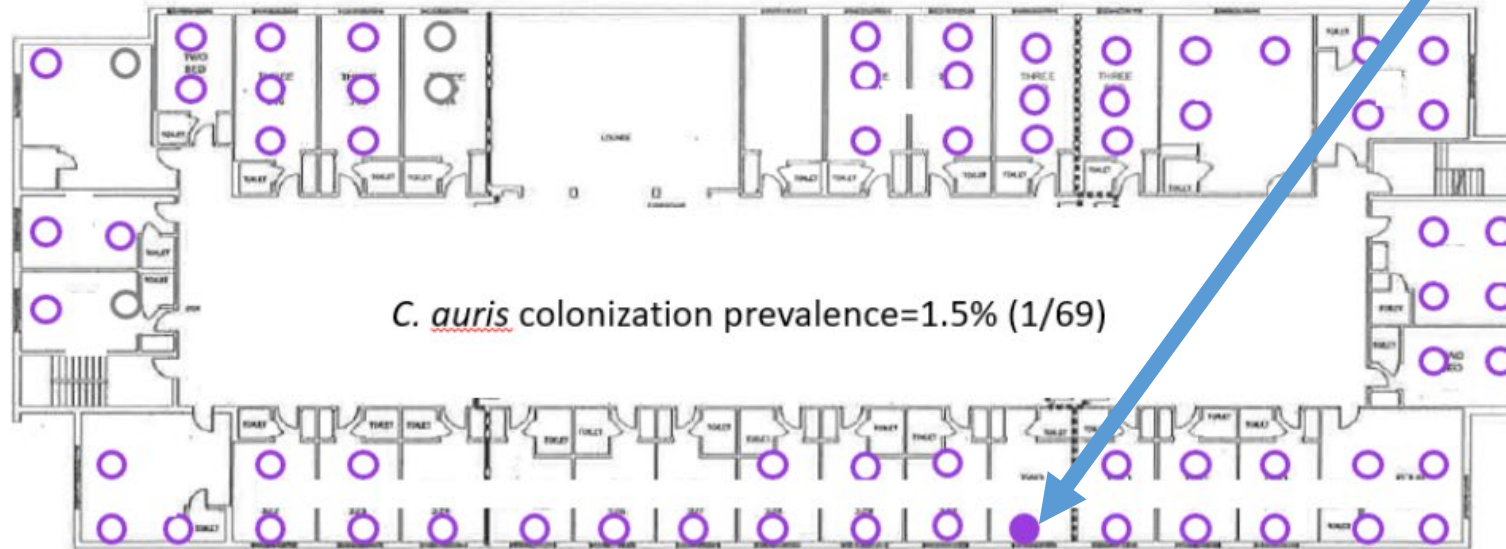
**0.7%**



# *Candida auris* spreads in healthcare facilities

## **vSNF A Ventilator/Trach Floor March 2017 *C. auris* PPS Results**

1 case of *C. auris*



*C. auris* colonization prevalence=1.5% (1/69)

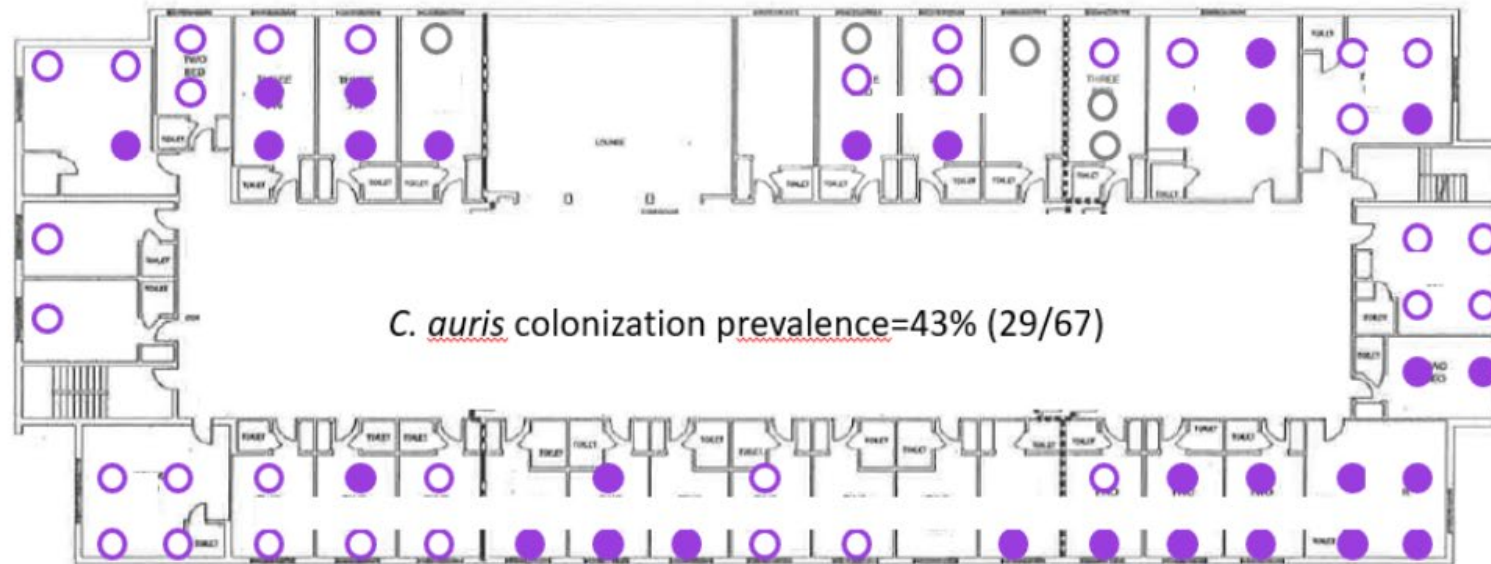
- *C. auris* positive
- Screened negative for *C. auris*
- Not tested for *C. auris* (refused or not in room)

Slide courtesy of Chicago Department of Public Health.

# *Candida auris* spreads in healthcare facilities

## **vSNF A Ventilator/Trach Floor January 2018 *C. auris* PPS Results**

**10 months later,  
29 cases of *C. auris*!**

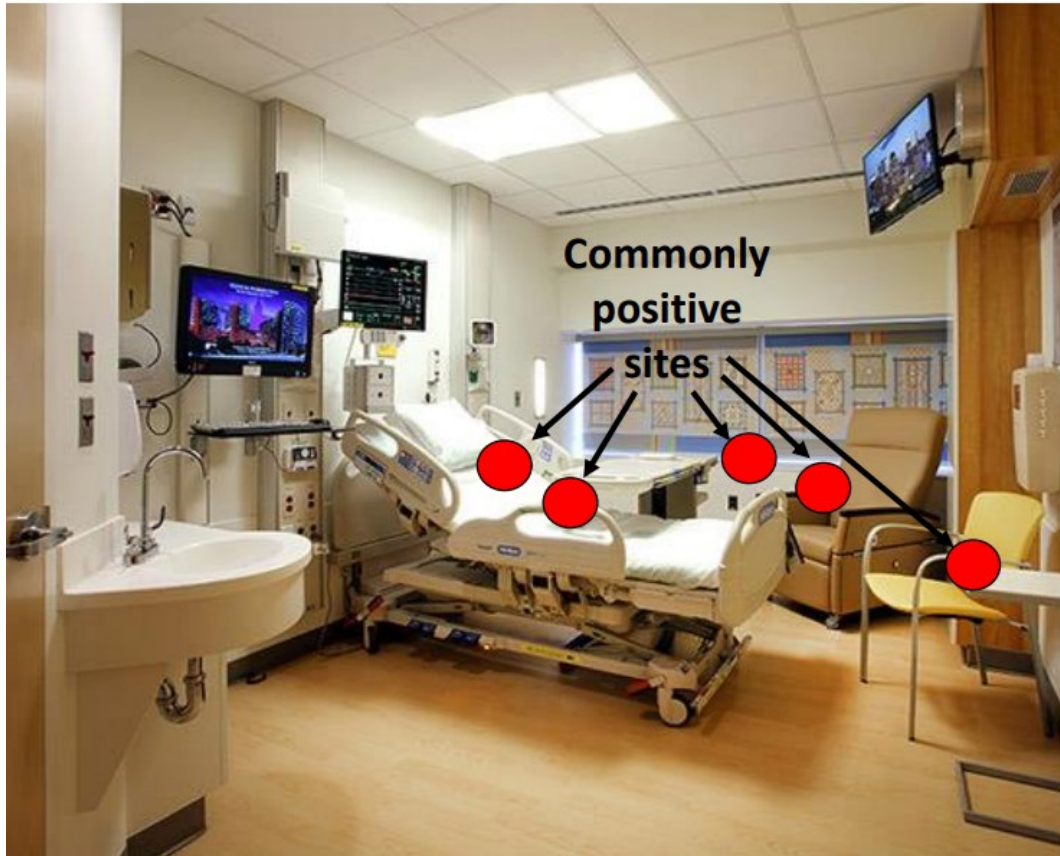


- *C. auris* positive
- Screened negative for *C. auris*
- Not tested for *C. auris* (refused or not in room)

Slide courtesy of Chicago Department of Public Health.

## C. auris persists in the environment and on mobile equipment

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- Can survive more than a month on common surfaces
- Quaternary ammonium disinfectants do not work
- Shed in patients' skin cells
- Mobile equipment (BP machine, pulse oximeters, thermometers, etc.) have been implicated in outbreaks

## How do we STOP *C. auris*?

- Patient placement
- Transmission-based precautions
- Hand hygiene
- Environmental cleaning and disinfection
- Personal protective equipment
- Reprocessing reusable medical equipment
- Colonization screening



# Patient placement

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- **Private room if possible** (or cohorted with another *C. auris* patient)

# Transmission-based precautions

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- Contact precautions
- Isolation
- Appropriate signage



# Standard precautions

- All patients
- All the time
- All healthcare facilities



# Contact precautions

**STOP** **CONTACT PRECAUTIONS** **STOP**  
**EVERYONE MUST:**

 Clean their hands, including before entering and when leaving the room.

**PROVIDERS AND STAFF MUST ALSO:**

 Put on gloves before room entry.  
Discard gloves before room exit.

 Put on gown before room entry.  
Discard gown before room exit.  
**Do not wear the same gown and gloves for the care of more than one person.**

 Use dedicated or disposable equipment.  
Clean and disinfect reusable equipment before use on another person.

CS19-306189-A

 U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



# Hand hygiene

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- Hand sanitizer works as well as soap and water, except when hands are visibly soiled (and not for Norovirus or C difficile)
- Hand sanitizer should be available in each patient room and at many sites in the hallways
- Clean hands before and after patient care, and always after removing gloves





Not enough hand sanitizer

# Environmental cleaning and disinfection

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- *C. auris* requires special cleaning solutions (See EPA list K for products effective against spore forming organisms)
- Train and audit environmental services staff



# Personal protective equipment

- Gowns and gloves for all room entry
- Additional PPE as needed if splashing is anticipated
- Signage should name level of precautions to use
- Isolation cart outside room
- Isolation waste disposal inside room





# Reprocessing reusable medical equipment

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- Patient should have dedicated personal equipment (stethoscope, BP cuff, pulse oximeter probe, gait belt) stored inside room
- All shared medical equipment must be thoroughly cleaned and disinfected after use according to manufacturers' instructions
- Make sure appropriate cleaning product is easily accessible for use



# Shared equipment

- Who cleans what?
- When? How often?
- With what product?
- What is contact time?





**I WANT YOU  
TO STOP  
C. AURIS!**