

# *Candida auris*: A drug-resistant yeast that spreads in healthcare facilities

A CDC message to infection preventionists

*Candida auris* is a yeast that causes serious infections. Infection preventionists, healthcare workers, and laboratory staff can all help stop it from spreading.

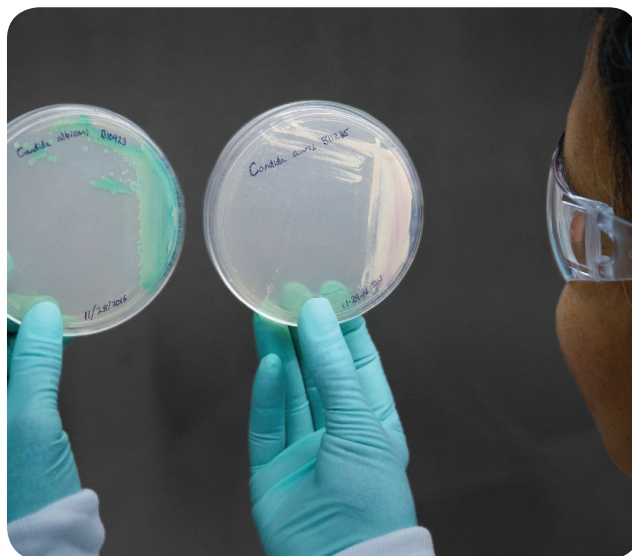
## Why is *Candida auris* a problem?

- **It causes serious infections.** *C. auris* can cause bloodstream and other types of invasive infections, particularly in patients in hospitals and nursing homes who have multiple medical problems. More than 1 in 3 patients die within a month of *C. auris* infection.
- **It is often multidrug-resistant.** Antifungal medications commonly used to treat *Candida* infections often don't work for *C. auris*. Some *C. auris* isolates are resistant to all three major classes of antifungal medications.
- **It's becoming more common.** Although *C. auris* was just recognized in 2009, it has emerged quickly. Since then, it has been reported from over 20 countries, including the United States.
- **It's difficult to identify.** *C. auris* can be misidentified as other types of yeast unless specialized laboratory methods are used. Unrecognized *C. auris* can spread to other patients in a facility, causing an outbreak. Identifying *C. auris* is critical to knowing what steps to take to control it in a healthcare setting.
- **It can spread in healthcare facilities.** Just like other multidrug-resistant organisms such as CRE and MRSA, *C. auris* can be transmitted in healthcare settings and cause outbreaks. It can colonize patients for many months, persist in the environment, and withstand many routinely used disinfectants in healthcare facilities.

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

## Prepare for *C. auris* in your facility

1. Work with your laboratory to ensure the yeast identification method used in your facility can identify *C. auris*. If it cannot, know when to suspect *C. auris* and send suspected isolates to your state or local public health department for further identification.
2. Begin surveillance. Establish a protocol with your laboratory so that your department is promptly informed when *C. auris* is suspected.
  - i. If your laboratory is not equipped to identify *C. auris*, begin surveillance for organisms that commonly represent a *C. auris* misidentification. See [www.cdc.gov/fungal/candida-auris](http://www.cdc.gov/fungal/candida-auris) for common misidentifications by yeast identification method.



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3. Know which patients are at higher risk for *C. auris*. These include:
  - i. Patients who have received healthcare in post-acute care facilities (e.g., nursing homes), especially those with ventilator units.
  - ii. Patients with a recent history of receiving healthcare outside the United States in a country with known *C. auris* transmission (visit [www.cdc.gov/fungal/candida-auris](http://www.cdc.gov/fungal/candida-auris) for a map of countries). These patients have a higher risk of *C. auris* infection or asymptomatic colonization.
4. Have a response plan. Discuss recommendations for infection prevention and control of *C. auris* with healthcare staff, including environmental services.



## What should I do if there is *C. auris* in my facility?

1. Check the CDC website for the most up-to-date guidance on identifying and managing *C. auris*: [www.cdc.gov/fungal/candida-auris](http://www.cdc.gov/fungal/candida-auris).
2. Report possible or confirmed *C. auris* immediately to your public health department.
3. Ensure adherence to CDC recommendations for infection control, including:
  - i. Place patients infected or colonized with *C. auris* in a single room on contact precautions
  - ii. Assess and enhance gown and glove use
  - iii. Reinforce hand hygiene
  - iv. Coordinate with environmental services to ensure the patient care environment is cleaned with a disinfectant that is effective against *C. auris* (i.e., those effective against *Clostridium difficile*) by searching “List K” at [www.epa.gov](http://www.epa.gov). Work with the environmental services team to monitor the cleaning process.
4. After consulting with public health personnel, screen contacts of case-patients to identify patients with *C. auris* colonization. Use the same infection control measures for patients found to be colonized.
5. When a patient is being transferred from your facility (e.g., to a nursing home or other hospital), clearly communicate the patient’s *C. auris* status to receiving healthcare providers.

For more information, please contact the Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases, Division of Foodborne, Waterborne, and Environmental Diseases.

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