Candida auris

When should *Candida auris* infection be reported?

Healthcare facilities that suspect they have a patient with *C. auris* infection should contact state or local public health authorities and CDC (candidaauris@cdc.gov) immediately for guidance.

When should *C. auris* infection be suspected and how can *C. auris* be identified?

C. auris can be misidentified as a number of different organisms when using traditional biochemical methods for yeast identification. Accurate identification of *C. auris* requires use of sequencing or mass spectrometry. For detailed information about when *C. auris* infection should be suspected and how it can be identified, please see the Recommendations for Identification, Treatment, and Infection Prevention and Control of *Candida auris*.

How should *C. auris* infection be treated?

Consultation with an infectious disease specialist is highly recommended. Echinocandins should be used for initial treatment in most cases. For more detailed treatment information, see CDC's Recommendations for Identification, Treatment, and Infection Prevention and Control of *Candida auris*.

What is the difference between infection and colonization with *C. auris*?

C. auris can cause invasive infection (e.g. bloodstream, intra-abdominal) requiring antifungal therapy. However, *C. auris* also has been found in noninvasive body sites and can colonize a person without causing active infection. These sites include urine, external ear canal, wounds, and respiratory specimens. Because *C. auris* has also been found on the skin, colonization also can be determined by screening swab. It is important to note that recommended infection control measures are the same for both infection and colonization with *C. auris*. For more detailed information about screening and infection control measures, please see the Recommendations for Identification, Treatment, and Infection Prevention and Control of *Candida auris*.

What is the longest time period that a person can be colonized with *C. auris*?

Patients have been found to be colonized for several months after active infection has resolved. We don't know the maximum amount of time that a patient can be colonized.

Can patients with *C. auris* be decolonized?

There are currently no data on the efficacy of decolonization for patients with *C. auris*, such as the use of chlorhexidine or topical antifungals.

Are healthcare personnel at risk of acquiring *C. auris* infection?

- The risk of *C. auris* infection to otherwise healthy people, including healthcare personnel, is very low.
- In the United States, *C. auris* infection has primarily been identified in people with serious underlying medical conditions who have received multiple antibiotics, and who have had prolonged admissions to healthcare settings or reside in healthcare settings.
- Otherwise healthy people do not seem to be at risk for *C. auris* infections but can be colonized on their skin.
- In one study involving a *C. auris* outbreak (https://aricjournal.biomedcentral.com/articles/10.1186/s13756-016-0132-5), colonization with *C. auris* was detected in <1% of healthcare personnel. Colonization was transient on the hands and in the nostrils.
- Protect yourself and your patients by cleaning your hands. Be sure you clean your hands the right way at the right times.

Should healthcare personnel be tested if they have cared for a patient with *C. auris* infection?

- At this time, healthcare providers do not need to be tested for *C. auris* unless they are identified as a possible source of transmission to patients.
- Family members of healthcare personnel do not need to be tested for *C. auris*.

Why is it important to implement infection control measures for *C. auris*?

- *C. auris* can colonize patients' skin and other body parts months after active infection has resolved.
- *C. auris* can be shed into healthcare environments by colonized people and persist for weeks.
- Persistence of the organism both on patients and in the environment enables its spread.

What infection control measures should be used for patients with *C. auris* infection or colonization?

- In acute-care settings like hospitals, patients colonized or infected with *C. auris* should be placed in single rooms on Standard and Contact Precautions [PDF – 226 pages].
- Nursing home residents who are colonized or infected with *C. auris* should be housed in single rooms when available and placed on Contact Precautions.
- See the Recommendations for Identification, Treatment, and Infection Prevention and Control of *Candida auris* for the most up-to-date recommendations.

How long does *C. auris* persist in the environment?

Testing suggests that *C. auris* can survive on surfaces for weeks.

What type of environmental cleaning is recommended for *C. auris*?

Thorough daily and terminal cleaning and disinfection of these patients' rooms is recommended. For more detailed information, please see CDC's Recommendations for Identification, Treatment, and Infection Prevention and Control of *Candida auris*.

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