

FH Long-Term Care and Community Care

Candida auris (*C. auris*) Fact Sheet



What is *Candida auris*?

Candida auris (*C. auris*) is a globally emerging fungus with the potential to cause serious healthcare-associated infections and outbreaks in acute and residential settings. It colonizes the skin of the affected individual and can cause infection when the pathogen gains entry into the body through various sites, including the ears, wounds and the bloodstream.

Why are we concerned about *C. auris*?

C. auris is often multi-drug resistant, i.e., it is resistant to common antifungal medications used to treat *Candida* species, and as a result infections with *C. auris* can be very difficult to treat. It is also difficult to detect with standard laboratory methods often leading to incorrect treatment. *C. auris* is known to persist on equipment and surfaces in the environment and can spread to other patients and residents.

Compliance with hand hygiene and following routine infection prevention and control best practices including environmental cleaning is the optimal way for staff to prevent spread and to protect themselves, their residents/clients, and visitors. *C. auris* cases in residential care and the community do not pose a significant risk to staff, healthcare workers and their families.

Where did *C. auris* originate?

C. auris was first reported in Japan in 2009. Since then, cases of *C. auris* infection have been reported in many parts of the world including Japan, Korea, India, Pakistan, Kuwait, South Africa, Venezuela, Columbia, the United Kingdom and the United States. The Public Health Agency of Canada reported the first case of multi-drug resistant *C. auris* in Canada in July 2017. A study on the prevalence of colonization with *C. auris* among patients within the Canadian acute care system is currently underway and is expected to inform surveillance practices for *C. auris* in Canada.

How can you prevent *C. auris* from spreading?

- Clean your hands when going from resident/client to the next resident/client
- Clean and disinfect all shared medical equipment between residents/clients
- Clean your hands before entering and when leaving a resident/client room or area
- Clean your hands before preparing or eating food

What are the recommendations for managing residents/clients with *C. auris* in Long-Term Care and community care settings?

In these settings, the following infection prevention and control best practices for managing residents/clients with *C. auris* are recommended:

Infection Prevention and Control Practices	<ul style="list-style-type: none"> ▪ Long-Term care and community care clients identified with C. auris should be placed on Contact Precautions ▪ Dedicate reusable resident/client care medical devices/equipment where possible ▪ Shared non-critical equipment must be cleaned and disinfected as per the recommended manufacturer's instructions for use (MIFU) using a 5000 ppm bleach wipe (i.e., Clorox or PCS 5000) between residents/clients ▪ If the resident/client uses a urinal or bedpan, use a washer/disinfector or macerator unit to clean/disinfect and dispose of contents ▪ If a washer/disinfector or macerator unit is not available, use closed systems such as disposable bags (e.g., HYGIE® bags) ▪ Consider using Chlorhexidine wipes (CHG 2%) for bathing
Accommodation	<ul style="list-style-type: none"> ▪ Accommodate the resident in a single occupancy room with dedicated toileting ▪ In the event a single room is not available, cohorting of residents colonized with C. auris can be considered in consultation with the Infection Prevention and Control specialist ▪ Residents whose secretions and bodily fluids are contained and who can be relied upon to perform hand hygiene can be allowed to leave their rooms ▪ Residents colonized with C. auris who receive physiotherapy or other shared services should have their session scheduled separately, not along with other residents, and as the last appointment of the day
Hand Hygiene	<ul style="list-style-type: none"> ▪ Clean your hands according to the 4 Moments of Hand Hygiene ▪ Educate and support residents/clients to clean their hands before meals and after toileting ▪ Hand hygiene sinks shall be dedicated for hand washing only ▪ Body fluids and bath water should be disposed of in appropriate locations (soiled utility sinks, macerators), never into hand hygiene sinks
Environmental Cleaning and Furnishings	<ul style="list-style-type: none"> ▪ Follow enhanced environmental cleaning and disinfecting protocols recommended by Infection Prevention and Control using a hospital-grade sporicidal cleaning and disinfectant product ▪ Following discharge of the resident, the room should receive a terminal clean with bleach, followed if possible by Ultra-Violet Germicidal Irradiation (UVGI) which can be coordinated through the Fraser Health Regional Infection Control Program ▪ Assess the integrity of patient care equipment and furnishings and remove damaged items from service (medical devices, wash basins, chair lifts, slings) ▪ Mattresses and pillows should be intact and have impervious covers ▪ Toilet brushes must be disposable or dedicated to the room; do not use in other rooms



NOTES:

- Residential and community care services should not be denied on the basis of colonization or infection with *C. auris*
- Routine screening at the time of moving into or returning to a Long-Term care facility is not indicated, however the Regional Infection Prevention and Control program may need to be consulted based on individual risk factors (please see contact information below)
- Community settings include Home Health, Primary Care, Public Health and Hospice
- These recommendations do not apply to community dialysis centers and outpatient clinics in acute care areas
- Dialysis services provided within a Long-Term Care setting shall follow long-term care guidelines

The above Fact Sheet has been developed using information on *C. auris* available from the websites of the Centers for Disease Control and Prevention and the Public Health Agency of Canada:

1. <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>
2. https://ipac-canada.org/photos/custom/Members/pdf/July%206_PHAC%20notice_Candida%20auris%20-%20V3.pdf.

Please contact your Infection Prevention and Control Community Practitioner with any questions or concerns at: [Ask IPC Community](#)