



# Candida auris (C. auris) Resources for Healthcare Staff

Visit: <https://www.cdc.gov/fungal/candida-auris/health-professionals.html> and for more infection prevention and control information, check out: [www.infectioncontrolma.org](http://www.infectioncontrolma.org) and [www.cdc.gov/infectioncontrol/projectfirstline/index.html](http://www.cdc.gov/infectioncontrol/projectfirstline/index.html)

## General Fact Sheet



**DRUG-RESISTANT CANDIDA AURIS**  
THREAT LEVEL URGENT

323 Clinical cases in 2018

90% Isolates resistant to at least **one** antifungal  
30% Isolates resistant to at least **two** antifungals

*Candida auris* (*C. auris*) is an emerging multidrug-resistant yeast (a type of fungus). It can cause severe infections and spreads easily between hospitalized patients and nursing home residents.

### WHAT YOU NEED TO KNOW

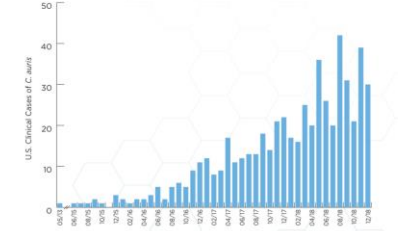
- *C. auris*, first identified in 2009 in Asia, has quickly become a cause of severe infections around the world.
- *C. auris* is a concerning drug-resistant fungus:
  - Often multidrug-resistant, with some strains (types) resistant to all three available classes of antifungals
  - Can cause outbreaks in healthcare facilities
  - Some common healthcare disinfectants are less effective at eliminating it
  - Can be carried on patients' skin without causing infection, allowing spread to others

Data represents U.S. cases only. Isolates are pure samples of a germ.



### CASES OVER TIME

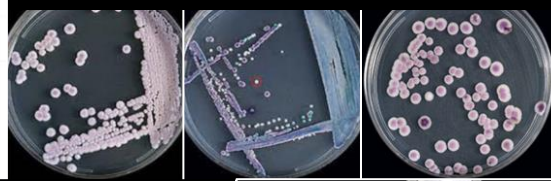
*C. auris* began spreading in the United States in 2015. Reported cases increased 318% in 2018 when compared to the average number of cases reported in 2015 to 2017.



## FAQ for Health Professionals

- Why is it important to implement infection control measures for *C. auris*?
- Are healthcare personnel at risk of acquiring *C. auris* infection?
- Can patients with *C. auris* be decolonized?
- How should *C. auris* infection be treated?

Visit: <https://www.cdc.gov/fungal/candida-auris/c-auris-health-qa.html>



### 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 to that they can help prevent it from spreading.

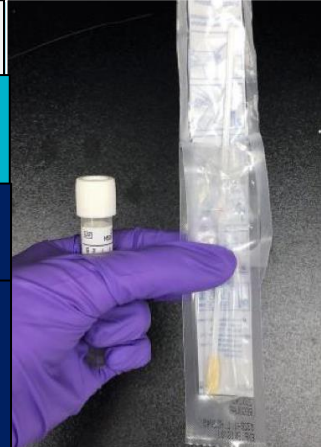
The procedure is not painful and there should be no side effects. If you agree to be tested, the process is simple. We would use a soft swab, like a Q-tip, to swab your armpit and your groin, the area where your leg joins your body.

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?



## For Infection Preventionists

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

A CDC message to infection preventionists

*Candida auris* is a fungus that causes serious infections and spreads in healthcare facilities. Infection preventionists, healthcare personnel, and laboratory staff can all help prevent it from spreading.

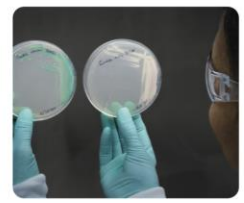
#### Why is *Candida auris* a problem?

- **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 many medical problems. More than 1 in 3 patients die within a month of being diagnosed with an invasive *C. auris* infection.
- **It is often multidrug-resistant.** Antifungal medications commonly used to treat other *Candida* infections often don't work for *C. auris*. Some *C. auris* isolates are resistant to all three major classes of antifungal medications.
- **It is becoming more common.** Although *C. auris* was just discovered in 2009, the number of cases has grown quickly. Since 2009, it has been reported in dozens of countries, including the United States.
- **It is difficult to identify.** *C. auris* can be misidentified as other types of fungus, unless specialized laboratory methods are used. Correctly identifying *C. auris* is critical for starting measures to stop its spread and prevent outbreaks.
- **It can spread and cause outbreaks in healthcare facilities.** Just like other multidrug-resistant organisms such as carbapenem-resistant Enterobacteriaceae (CRE) and methicillin-resistant *Staphylococcus aureus* (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 some commonly used healthcare facility disinfectants.

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 fungus 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 the organisms that commonly represent a *C. auris* misidentification. See <https://www.cdc.gov/fungal/candida-auris/recommendations> for common misidentifications by different yeast identification methods.



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## Procedure for Swab Collection

Visit: [https://www.cdc.gov/fungal/candida-auris/pdf/Candida\\_auris\\_sampling\\_job\\_aid-H.pdf](https://www.cdc.gov/fungal/candida-auris/pdf/Candida_auris_sampling_job_aid-H.pdf)

## Cleaning and Disinfection

### List P: Antimicrobial Products Registered with EPA for Claims Against *Candida Auris*

Visit: <https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris>

## Sample Script for Swab Collection

# Candida auris (C. auris) Resources for Patients and Families

## General Information

[https://www.cdc.gov/fungal/diseases/candidiasis/pdf/Candida\\_auris\\_508.pdf](https://www.cdc.gov/fungal/diseases/candidiasis/pdf/Candida_auris_508.pdf)



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

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 nursing homes.** 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.

#### How do I know if I have a Candida auris infection?

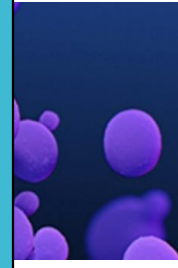
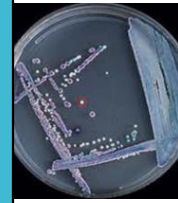
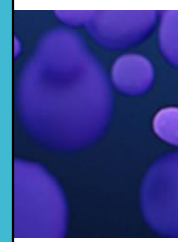
C. auris is still rare in the United States. People who get invasive Candida infections are often already sick from other medical conditions, so it can be difficult to know if you have a C. auris infection. The most common symptoms of invasive Candida infection are fever and chills that don't improve after antibiotic treatment for a suspected bacterial infection. Only a laboratory test can diagnose C. auris infection. Talk to your healthcare provider if you believe you have a fungal or healthcare-associated infection.



Most people who get serious Candida infections are already sick from other medical conditions.



Centers for Disease Control and Prevention  
National Center for Emerging and Zoonotic Infectious Diseases



## Colonization

[https://www.cdc.gov/fungal/candida-auris/pdf/Candida\\_auris\\_Colonization\\_H.pdf](https://www.cdc.gov/fungal/candida-auris/pdf/Candida_auris_Colonization_H.pdf)

Accessible version: <https://www.cdc.gov/fungal/candida-auris/fact-sheets/c-auris-colonization.html>

### 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.



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

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Want to learn more?  
[www.cdc.gov/fungal/candida-auris](https://www.cdc.gov/fungal/candida-auris)

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## Testing

[https://www.cdc.gov/fungal/candida-auris/pdf/C\\_auris\\_Patient\\_Testing\\_H.pdf](https://www.cdc.gov/fungal/candida-auris/pdf/C_auris_Patient_Testing_H.pdf)

### 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.



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

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Want to learn more?  
[www.cdc.gov/fungal/candida-auris](https://www.cdc.gov/fungal/candida-auris)

Accessible version: <https://www.cdc.gov/fungal/candida-auris/fact-sheets/c-auris-testing.html>

## Commonly Asked Questions!



Visit: <https://www.cdc.gov/fungal/candida-auris/patients-qa.html> and for more infection prevention and control information, check out:

September 2023

[www.infectioncontrolma.org](http://www.infectioncontrolma.org) and [www.cdc.gov/infectioncontrol/projectfirstline/index.html](https://www.cdc.gov/infectioncontrol/projectfirstline/index.html)