Indiana *Candida auris* Toolkit: *Candida auris* at a Glance

Candida auris (C. auris) is a fungus that can cause life-threatening, often multidrug-resistant, infections. *C. auris* affects ill or immunocompromised patients and is highly transmissible in healthcare settings. *C. auris* can cause infections in blood, wounds, ears and other parts of the body. Symptoms of infection are nonspecific and range in severity. Patients can be colonized without having symptoms. Colonized and infected patients can easily spread *C. auris* to other patients. In most instances, facilities equipped to care for patients with other multidrug-resistant organisms (MDROs) or *Clostridioides* difficile can also care for patients with *C. auris*.[1]

Risk factors

Patients at risk include those with underlying medical conditions who require complex and long-term medical care. In addition, those with invasive medical devices (breathing tubes, feeding tubes, catheters, central venous lines) and who are on long-term antibiotics and/or antifungals are also at an increased risk for infection. Healthy people without risk factors generally do not get infected or become colonized with *C. auris*. CDC typically does not recommend screening or testing healthcare providers or family members.[2]

How *Candida auris* spreads

Outbreaks often start when a patient who became colonized at one facility is admitted or transfers to another. Colonized patients shed *C. auris* onto nearby surfaces. These surfaces include, but are not limited to doorknobs, bedrails, bedside tables, mobile medical equipment, hands and clothing of healthcare personnel. *C. auris* can persist on surfaces for months at a time. Many commonly used hospital grade disinfectants are not effective against *C. auris*. A patient that has a history of screening positive for *C. auris* or a history of infection will indefinitely be considered colonized.[3]

Infection control

Healthcare facilities can prevent outbreaks through early detection of cases, patient screening, strict adherence to infection prevention and control practices, and environmental disinfection. When caring for patients with *C. auris*, healthcare providers should follow standard hand hygiene practices. Alcohol-based hand sanitizer is preferred for *C. auris* when hands are not visibly soiled. If your hands are visibly soiled, wash with soap and water. Wearing gloves is not a substitute for hand hygiene.[3]

Disinfectants that are effective against *C. auris* can be found on the Environmental Protection Agency (EPA)–registered hospital-grade disinfectant List P. Follow contact kill time. Please note that several common hospital disinfectants are not effective against *C. auris*. Some products with *C. albicans* or fungicidal claims may not be effective against *C. auris*. [3]

Transmission-based precautions and enhanced barrier precautions for *C. auris* are like those used for other multidrug-resistant organisms (MDROs). In acute care and long-term acute care hospitals, healthcare providers should use contact precautions. Skilled nursing facilities should use either Contact

Precautions or enhanced barrier precautions (EBP), based on the situation, facility policy, and local or state jurisdiction recommendations. Refer to the CDC Guidance on Enhanced Barrier Precautions for more details about when contact precautions versus enhanced barrier precautions would apply.

Communication about a patient's *C. auris* status is crucial. Communication about transmission-based precautions should be made to all staff as well as visitors. Also communicate *C. auris* status to all staff, EVS, EMS, transferring facilities, doctor's offices, dialysis, wound care and all other healthcare entities.[4] The Inter-Facility Infection Control Transfer Form can be a useful tool for clear communication.

Laboratory testing and submission

All *C. auris* isolates representing invasive (e.g. blood and cerebral spinal fluid), non-invasive (e.g. urine, wound and respiratory tract), and screening (e.g. an axilla/groin swab) sources should be sent to IDOHL for confirmation and further testing.[5]

C. auris can be misidentified as several different organisms when using traditional phenotypical methods for yeast identification. Acceptable methods of *C. auris* identification include updated matrix-assisted laser desorption/ionization time-of-flight (MALDI-TOF). An alternative method would include real-time PCR.[6]

Reporting *Candida auris*

C. auris is a nationally notifiable condition and is reportable to the state within one business day. If your laboratory or health care facility has identified a patient with *C. auris*, please use one of the following methods to report. Requested documents include the *C. auris* Reporting Form, a recent History and Physical, lab result, and the infectious disease consultation note if applicable to describe treatment.

- Report through NBS/NEDDS and attach requested documents
- Fax requested documents and Communicable Disease Reporting Form through secure fax to (317) 234-2812.
- Notify the *C. auris* epidemiologist at the Indiana Department of Health at (317) 670-1820

Screening and diagnosis

Screening patients for *C. auris* is an important way to prevent or stop outbreaks in healthcare facilities and keep patients safe. Identifying patients for *C. auris* colonization allows facilities to identify those with *C. auris* colonization and implement infection prevention and control measures. Facilities determine screening strategies based on local epidemiology, patient risk factors, facility characteristics, and intended purpose of screening. The screening process is non-painful and non-invasive and performed by rubbing a skin swab in the axillary and groin skin folds.[7]

Through a collaboration of IDOH, CDC, and Wisconsin State Laboratory of Hygiene, *C. auris* screening can be arranged at no cost for facilities. Please contact IDOH for more information at (317) 670-1820.

Treatment

Treatment of *Candida auris* clinical infections should be determined by the treating provider. Please find CDC *C. auris* treatment guidelines here.

Important links

General information

CDC webpage for *Candida auris*

IDOH webpage for *Candida auris*

Infection control

Infection Control Guidance: *Candida auris*

Implementation of PPE Use in Nursing Homes to Prevent Spread of MDROs

EPA's Registered Antimicrobial Products Effective Against Candida auris [List P]

CDC Environmental Checklist for Monitoring Terminal Cleaning

Laundering and Bedding

Reporting

IDOH *Candida auris* Reporting Form

Inter-Facility Infection Control Transfer Form

IDOH Communicable Disease Reporting Webpage

Infectious Disease Epidemiology & Prevention Division IDOH Website

Tracking *C auris* Across the United States (U.S. *C. auris* statistics)

Laboratory links

IDOH Guidelines for Shipment of C auris to IDOH - Laboratory

Laboratory Identification of *Candida auris*

Procedure for Isolation of *C. auris*

Videos

QSource Indiana *Candida auris* video

CDC: *C auris* Animation

Introduction of Enhanced Barrier Precautions in Nursing Homes

Enhanced Barrier Precautions in Nursing Homes

Posters and education

Introducing Enhanced Barrier Precautions to your Facility

Enhanced Barrier Precautions Pocket Guide

Enhanced Barrier Precautions Door Signage: English

Enhanced Barrier Precautions Door Signage: Spanish

Contact Precautions Door Signage: English

Contact Precautions Door Signage: Spanish

How to Read a Disinfectant Label

CDC's Germs can Live on Dry Surfaces

CDC's Germs can Live on Devices

CDC treatment guidelines

Clinical Treatment of *C. auris* infections

References

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2. Centers for Disease Control and Prevention. (n.d.). *About C. auris*. Centers for Disease Control and Prevention. Retrieved March 3, 2025, from https://www.cdc.gov/candida-auris/about/index.html
3. Centers for Disease Control and Prevention. (n.d.). *Preventing the spread of C. auris*. Centers for Disease Control and Prevention. Retrieved on March 3, 2025, from https://www.cdc.gov/candida-auris/prevention/index.html
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5. Indiana Department of Health. (n.d.). *Candida auris Testing: Specimen Requirements.* Indiana Department of Health. Retrieved March 3, 2025, from https://www.in.gov/health/laboratories/testing/candida-auris/#tab-737507-3-Specimen_Requirements
6. Centers for Disease Control and Prevention. (n.d*.). Identification of C auris.* Centers for Disease Control and Prevention. Retrieved March 3, 2025, from https://www.cdc.gov/candida-auris/hcp/laboratories/identification-of-c-auris.html
7. Centers for Disease Control and Prevention. (n.d.) Screening for *C. auris*. Centers for Disease Control and Prevention. Retrieved March 3, 2025, from https://www.cdc.gov/candida-auris/screening/index.html