Candida auris
Infection Prevention in Long-Term Care Facilities

To stop the spread of *Candida auris* (*C. auris*) in your facility, VDH recommends employing the following infection prevention strategies.

1. Hand Hygiene

- Promote, monitor, and provide feedback on hand hygiene.
- Ensure supplies necessary for adherence to hand hygiene are accessible in resident care areas.

2. Transmission-Based Precautions

High-Risk Residents (see Table 1)

- Residents infected or colonized with *C. auris* and have acute diarrhea, draining wounds, or other sites of secretions or excretions that are unable to be covered or contained should be placed on contact precautions.

Low-Risk Residents (see Table 2)

- Enhanced Barrier Precautions should be used during high-contact resident care activities (dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, or wound care).
- Gown and gloves would not be required for non-high-contact care activities, unless otherwise necessary for adherence to standard precautions.

- Contact precautions should be implemented in the case of ongoing transmission (see Table 1).
- Monitor and provide feedback on proper adherence to transmission-based precautions.
- Empiric contact precautions might be used for residents transferred from high-risk settings (facilities in areas where *C. auris* is common or from facilities known to have *C. auris* colonized or infected patients).
- CDC does not recommend discontinuing transmission-based precautions in most situations.

3. Healthcare Personnel (HCP) and Visitor Education

- HCP and visitors should be educated about preventing transmission of *C. auris*.
- At a minimum this should include education and training on the proper use of personal protective equipment (PPE) including donning and doffing and hand hygiene.

4. Minimize Use of Invasive Devices

- Devices should be discontinued promptly when no longer needed.

5. Timely Notification

- Report any positive *C.auris* result to your local health department .

6. Communication of *C. auris* Status at Discharge and Transfer

- If a resident with *C. auris* infection/colonization is transferred to another facility, ensure that *C. auris* information is shared with the accepting facility.

7. Promotion of Antimicrobial Stewardship

- Ensure that antimicrobials are used for appropriate durations and that the appropriate narrowest spectrum antimicrobial is used.
- CDC has identified core elements for successful long-term care antimicrobial stewardship programs.

8. Environmental Cleaning

- Only products from List K or those that have an EPA registered claim effective against *C. auris* should be used.
- Thorough daily and terminal cleaning of rooms and shared equipment is necessary including areas where therapy is received.
- Dedicate non-critical patient-care equipment (e.g., stethoscope) to the isolated resident, if feasible.
- Intensify training of environmental staff and monitor their cleaning practices.

9. Single-patient rooms

- All residents infected or colonized with *C. auris* should be placed in a single room (see Tables 1 and 2).

10. Screening Contacts of *C. auris* Residents

- Screen residents with epidemiologic links to newly-identified *C. auris* colonized or infected residents.
- Contact your local health department for information about colonization screening for *C. auris*.

11. Active Surveillance Testing

- Consider screening high-risk residents at admission.
- Contact your local health department for information about colonization screening for *C. auris.*

Resources

- CDC *Candida auris* Infection Prevention Recommendations: https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html
- CDC MDRO Containment Strategy for Novel or Targeted MDROs: https://www.cdc.gov/hai/containment/guidelines.html
- Implementation of PPE in Nursing Homes: https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

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Intensity of infection prevention measures is based on *C. auris* resistance (pan-resistant or not pan-resistant), resident's clinical status, and factors that increase risk of transmission to other residents in the facility. General guidance is listed below.

Table 1. Recommendations for High-Risk Residents

High-risk residents are defined as any of the following:

- Residents who meet any of the following criteria: (1) requiring high level of care (bedbound); (2) unable to independently perform hand-hygiene; (3) with presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained.
- All residents on units or in facilities where ongoing transmission is documented or suspected.

Infection Prevention Measure	Pan-resistant		Not pan-resistant	
	Infected	Colonized	Infected	Colonized
Standard Precautions	Yes	Yes	Yes	Yes
Contact Precautions	Yes	Yes	Yes	Yes
Private Room	Yes	Yes	Yes	Yes
Restricted to Room*	Yes	Yes	Yes	Yes
Door signage	Yes	Yes	Yes	Yes
Designated or disposable equipment	Yes	Yes	Yes	Yes
Visitor Recommendations				
Perform hand hygiene often, and always after leaving resident's room	Yes	Yes	Yes	Yes
Wear gown/gloves if performing high-contact resident care activities#	Yes	Yes	Yes	Yes

A high-risk resident may transition to the recommendations for a low-risk resident when they no longer meet the criteria for high-risk.

Table 2. Recommendations for Low-Risk Residents

Low-risk residents are residents who do not meet any of the criteria for high-risk.

Infection Prevention Measures	Pan-resistant		Not pan-resistant	
	Infected	Colonized	Infected	Colonized
Standard Precautions	Yes	Yes	Yes	Yes
Enhanced Barrier Precautions^	N/A	N/A	Yes	Yes
Contact Precautions	Yes	Yes	No	No
Private Room	Yes	Yes	Yes	Yes, if feasible
Restricted to Room	Yes	Yes	No	No
Door signage	Yes	Yes	Yes	Yes
Designated or disposable equipment	Yes	Yes	Yes	Yes, if feasible+
Visitor Recommendations				
Perform hand hygiene often, and always after leaving resident's room	Yes	Yes	Yes	Yes
Wear gown/gloves if performing high-contact resident care activities#	Yes	Yes	Yes	Yes

Enhanced Barrier Precautions^ are intended to be a long-term strategy for gown/glove use during high-contact resident care activities# to be followed for the duration of a resident's stay in a facility given the prolonged, potentially life-long risk of remaining colonized with certain antibiotic resistant pathogens.

*Except for medically necessary care

#High-contact resident care activities such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care, or contact with body fluids.

^Enhanced barrier precautions are transmission-based precautions that fall between Standard and Contact Precautions, and requires gown and glove use for low-risk residents during specific high-contact resident care activities# that have been found to increase risk for MDRO transmission.

+If not feasible to dedicate non-critical patient-care equipment, apply thorough cleaning and disinfecting of these items between uses.

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