

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

Contact Precautions (Table 1)

- Residents infected or colonized with *C. auris* who 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.
- Implement Contact Precautions if there is ongoing *C. auris* transmission.
- Discontinue Contact Precautions and apply [Enhanced Barrier Precautions](#) if the resident no longer meets criteria above.
- 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 residents colonized or infected with *C. auris*).

Enhanced Barrier Precautions (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.
- CDC does not recommend discontinuing Enhanced Barrier Precautions during the resident's admission.

For All Residents

- Monitor and provide feedback on proper adherence to Contact Precautions or Enhanced Barrier Precautions.
- Ensure adequate supplies are available to implement Contact Precautions or Enhanced Barrier Precautions.

3. Healthcare Personnel (HCP) and Visitor Education

- HCP and visitors should be educated about preventing transmission of *C. auris*.
- At a minimum, education and training should include the proper use of transmission-based precautions, including donning and doffing personal protective equipment (PPE) and hand hygiene.
- Post clear signage on the resident's door describing the type of precautions in place.

4. Minimize Use of Invasive Devices

- Devices (e.g., urinary catheters, central lines) 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

- Use products from [List P](#) or those that have an EPA-registered claim effective against *C. auris*.
- Thorough daily and terminal cleaning of rooms and shared equipment is necessary including areas where therapy is received.
- Dedicate non-critical resident care equipment (e.g., stethoscope) to residents with *C. auris* infection or colonization, if feasible.
- Intensify training of environmental services staff and monitor their cleaning practices.

9. Resident Placement

- Residents infected or colonized with *C. auris* who are on Contact Precautions should be placed in a private room whenever possible.
- Residents on Enhanced Barrier Precautions do not require a private room.

10. Screening Contacts of *C. auris* Residents

- Screen residents with epidemiologic links to residents with newly-identified *C. auris* colonization or infection.
- 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](#)
- [CDC Public Health Response to Contain Novel or Targeted MDROs](#)
- [CDC Implementation of PPE in Nursing Homes to Prevent Spread of MDROs](#)

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Intensity of infection prevention measures is based on resident's clinical status, presence of *C. auris* transmission in the facility, and factors that increase risk of transmission to other residents in the facility. General guidance is listed below.

Table 1. Infection Prevention Measures for Residents with *C. auris* Infection or Colonization Who Require Contact Precautions

These recommendations are applicable to residents with *C. auris* infection or colonization who:

- Have acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained **OR**
- Reside on units or in facilities where ongoing *C. auris* transmission is documented or suspected **OR**
- Have another condition or infection where Contact Precautions is recommended (e.g., *C. difficile*).

Healthcare Personnel Recommendations	
Standard Precautions	Yes
Contact Precautions	Yes; gown and gloves upon room entry
Perform hand hygiene often, and always after leaving resident's room	Yes
Private room	Yes
Restricted to room	Yes, except for medically necessary care
Door signage	Yes
Designated or disposable equipment	Yes*
Visitor Recommendations	
Perform hand hygiene often, and always after leaving resident's room	Yes
Contact Precautions	Yes; gown and gloves upon room entry

*If not feasible to dedicate equipment, clean and disinfect per manufacturer's instructions before use on another resident.

Residents may transition to the recommendations in Table 2 when they no longer meet the criteria for Contact Precautions.

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Intensity of infection prevention measures is based on resident's clinical status, presence of *C. auris* transmission in the facility, and factors that increase risk of transmission to other residents in the facility. General guidance is listed below.

Table 2. Infection Prevention Measures for Residents with *C. auris* Infection or Colonization Who Require Enhanced Barrier Precautions

These recommendations are applicable to residents with *C. auris* infection or colonization who **do not meet criteria for Contact Precautions**:

Healthcare Personnel Recommendations	
Standard Precautions	Yes
Enhanced Barrier Precautions	Yes; gown and gloves for high-contact resident care activities*
Perform hand hygiene often, and always after leaving resident's room	Yes
Private room	No
Restricted to room	No
Door signage	Yes
Designated or disposable equipment	Not required; clean and disinfect per manufacturer's recommendations before use on another resident
Visitor Recommendations	
Perform hand hygiene often, and always after leaving resident's room	Yes
Standard Precautions	Yes (e.g., wear gown and gloves if anticipating contact with blood or body fluids)

*Examples of **high-contact resident care activities** include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, caring for or using indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator), and providing wound care.