

Recommendations for the Routine Use of a Disinfectant Effective Against *Candida auris* in Healthcare Settings

This document outlines Virginia Department of Health (VDH) recommendations for healthcare facilities for the prevention of *Candida auris* (*C. auris*) through the routine use of a disinfectant effective against *C. auris* on environmental and non-critical reusable medical device surfaces. More information and additional resources can be found on the [VDH *C. auris* website](#).

Key Points

- *C. auris* can persist on surfaces for extended periods. Environmental cleaning and disinfection with an Environmental Protection Agency (EPA) – registered disinfectant effective against *C. auris* (EPA [List P](#)) is critical to preventing its spread.
 - Every healthcare facility in Virginia should have a [List P](#) product available.
- As *C. auris* cases rise across the state, the chances of patients/residents being infected or colonized (carrying it without symptoms) increase, raising the risk of unnoticed spread.
 - Routine use of a List P disinfectant for daily and terminal cleans, beyond rooms of patients/residents with *C. auris*, becomes an essential prevention strategy.
 - This is especially critical for facilities that are at **highest risk** for *C. auris* transmission due to their care of high-acuity patients/residents with long lengths of stay (e.g., long term acute care hospital [LTACH] or ventilator-capable skilled nursing facility [vSNF]).
- Important factors to consider when determining whether to expand use of a List P disinfectant:
 - Is your facility considered high-risk for *C. auris* transmission (e.g., LTACH, vSNF) or located in a region with a high burden of [C. auris cases](#)?
 - If yes, consider **facility-wide** usage.
 - Do you receive transfers from high-risk facilities?
 - If yes, consider **unit or facility-wide** depending on affected units and [patient/resident risk factors](#) on these units.
 - Has your local health department (LHD) recommended expanded List P use for suspected or confirmed *C. auris* transmission within your facility?
 - If yes, continue **unit or facility-wide per LHD recommendations**.
- Refer to [Table 1. Recommendations for Use of a Disinfectant Effective Against *Candida auris*, by Facility Type](#) for full considerations.

Table 1. Recommendations for Use of a Disinfectant Effective Against *Candida auris*, by Facility Type

	Patient/Resident Rooms	Unit-Wide	Facility-Wide
Acute Care Hospital	In rooms and shared/mobile medical equipment of patients with confirmed or suspected <i>C. auris</i>	<ul style="list-style-type: none"> High-risk units (including, but not limited to: adult, pediatric, and neonatal intensive care and step-down, burn, and oncology units) In affected unit(s) (with patients with <i>C. auris</i> or where transmission is suspected) 	<ul style="list-style-type: none"> Facility-wide in regions with high case counts, such as Northern and Central As recommended by the LHD
Long-Term Acute Care Hospital (LTACH)	<ul style="list-style-type: none"> In rooms and shared/mobile medical equipment of patients with confirmed or suspected <i>C. auris</i> All other patient rooms (facility-wide) 	All patient rooms (facility-wide)	All patient rooms (facility-wide)
Ventilator-Capable Skilled Nursing Facility (vSNF)	<ul style="list-style-type: none"> In rooms and shared/mobile medical equipment of residents with confirmed or suspected <i>C. auris</i> All other resident rooms (facility-wide) 	All resident rooms (facility-wide)	All resident rooms (facility-wide)
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> In rooms and shared/mobile medical equipment of residents with confirmed or suspected <i>C. auris</i> In rooms of residents who meet criteria for Enhanced Barrier Precautions or are on Contact Precautions for carbapenemase-producing organisms (CPOs) 	In affected unit(s) (with residents with <i>C. auris</i> or where transmission is suspected)	<ul style="list-style-type: none"> Facility-wide in regions with high case counts, such as Northern and Central As recommended by the LHD

Adapted from California Department of Public Health *Candida auris* Quicksheet. [Table 2. Recommendations for List P Disinfectant Use by Healthcare Facility Type and Response Phase.](#)

Other Cleaning and Disinfection Guidance

- Perform thorough daily and terminal cleaning of patient/resident rooms, especially [high-touch surfaces](#), like bedside tables and bedrails.
- Reusable and mobile medical equipment
 - Dedicate to patients/residents with *C. auris* when possible.
 - Clean and disinfect after use, prior to use on other patients/residents.
 - Consult reusable medical equipment manufacturer's instructions for disinfectant compatibility.
 - If a device's cleaning and disinfection instructions do not include a disinfectant effective against *C. auris*, consult with the manufacturer. If this does not provide resolution, conduct an infection control risk assessment.
- Floors: In rooms of patients or residents with *C. auris*, as well as during suspected or confirmed transmission (e.g., an outbreak), disinfect floors with a List P product.
 - For an outbreak, use a List P product on floors in the affected units at minimum, with facility-wide use preferred whenever possible.
- Ensure healthcare workers (HCWs) (e.g., clinical, environmental services) who use disinfectants receive training and follow all manufacturer's instructions for use, including contact times.
 - Alert HCWs when a List P disinfectant is needed for a single patient/resident room, unit-wide, or facility-wide.

Additional References

1. [CDC Infection Control Guidance: *Candida auris*](#).
2. [CDC Public Health Strategies to Prevent the Spread of Novel and Targeted Multidrug-resistant Organisms \(MDROs\)](#)
3. VDH Clinician Letter: [Candida auris Cases are on the Rise in Virginia. May 7, 2021](#).
4. VDH Clinician Letter: [Increase in Candida auris and Carbapenemase-producing Organisms](#). March 23, 2023.