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TRIPLE S Healthcare Solutions

Recommendations for Infection Control Against *Candida auris*

Use of PERISEPT Sporicidal Disinfectant Cleaner

(EPA Reg. No. 10324-214-12120)

Candida auris

Candida auris is an emerging fungus that presents a serious global health threat. Healthcare facilities in several countries have reported that *C. auris* has caused severe illness in hospitalized patients. *C. auris* has caused bloodstream infections, wound infections, and ear infections. It also has been isolated from respiratory and urine specimens, but it is unclear if it causes infections in the lung or bladder. Some strains of *C. auris* are resistant to all three major classes of antifungal drugs. This type of multidrug resistance has not been seen before in other species of *Candida*. Also of concern, *C. auris* can persist on surfaces in healthcare environments and spread between patients in healthcare facilities. To date, the states with the largest outbreak are New York (77), New Jersey (23 and Illinois (4) with probable reports surfacing of infections in just about every other state.

The mainstay of infection control measures for *C. auris* in inpatient settings is as follows:

1. Placing the patient with *C. auris* in a single-patient room and using Standard and Contact Precautions.
2. Emphasizing adherence to hand hygiene.
3. Clean and disinfect the patient room (daily and terminal cleaning) with CDC and EPA recommended products, such as an EPA recommended disinfectant effective against C. difficile like **PERISEPT** Sporicidal Disinfectant Cleaner (EPA Reg. No. **10324-214**-12120).
4. Screening contacts of the patients to identify *C. auris* colonization. Because patients colonized with *C. auris* can be a source of *C. auris* transmission, these patients should be managed using the same infection control measures as for patients with *C.auris* infection.

Transmission-based Precautions

Patients with *C. auris* should be placed in single rooms and managed using Standard and Contact Precautions.

1. If a limited number of single rooms are available, they should be reserved for patients who may be at highest risk of transmitting *C. auris*, particularly patients requiring higher levels of care (e.g., bed-bound). Patients with *C. auris* could be placed in rooms with other patients with *C.auris*.
2. Patients colonized with *C. auris* and other multidrug-resistant organisms (MDROs) should be placed in rooms with patients colonized with the same MDROs. CDC does not recommend placing patients with *C.auris* in rooms with patients with other types of MDROs.
3. To the extent possible, minimize the number of staff who care for the *C.auris* patient. If multiple *C. auris* patients are present in a facility, consider cohorting staff who care for these patients.

Special Considerations for Nursing Home Residents

In general, nursing home residents should be placed on Standard and Contact Precautions.
Functional nursing home residents without wounds or indwelling medical devices (e.g., urinary and intravenous catheters and gastrostomy tubes) who can perform hand hygiene might be at lower risk of transmitting *C. auris*. Facilities could consider relaxing the requirement for Contact Precautions for these residents. However, in these instances, healthcare personnel should still use gowns and gloves when performing tasks that put them at higher risk of contaminating their hands or clothing. These tasks include changing wound dressings and linens and assisting with bathing, toileting, and dressing in the morning and evening.
Nursing home residents with *C.auris* can leave their rooms as long as secretions and bodily fluids can be contained and the patient can perform hand hygiene prior to leaving their room.
If residents with *C.auris* receive physical therapy or other shared services (e.g., physical therapy equipment, recreational resources), staff should not work with other patients while working with the affected patient. They should use a gown and gloves when they

anticipate touching the patient or potentially contaminated equipment. Ideally, affected patients should be the last to receive therapy on a given day. Shared equipment should be thoroughly cleaned and disinfected after use.

Duration of Infection Control Precautions

CDC currently recommends continuing Contact Precautions for as long as the person is colonized with *C. auris*. Information is limited on the duration of *C.auris* colonization; however, evidence suggests that patients remain colonized for many months, perhaps indefinitely.

Periodic reassessments for presence of *C.auris* colonization (e.g., every 3 months) for a patient with known *C.auris* colonization could help inform duration of infection control measures. Assessments of colonization should involve testing of, at minimum, swabs of the axilla and groin and sites yielding *C.auris* on previous cultures (e.g., urine and sputum). The patient should not be on antifungal medications active against *C.auris* at the time of these assessments. The optimal time between last receipt of antifungal medications and testing for *C. uris* colonization has not been established, but it is reasonable to wait one week. Wait at least 48 hours after administration of topical antiseptic (e.g., chlorhexidine), if such products are being used, before performing any testing for *C.auris* colonization.

1. If a patient's swab is positive, there is no need to repeat sampling for at least another three months.
2. If a patient's swab is negative, then at least one more assessment at least one week later is needed before discontinuing *C.auris* specific-infection control precautions.

Note that decisions to discharge the patient from one level of care to another should be based on clinical criteria and the ability of the accepting facility to provide care, and not on the presence or absence of colonization.

Hand Hygiene

Increased emphasis on hand hygiene is needed on the unit where a patient with *C.auris* resides.

When caring for patients for *C. auris*, healthcare workers should follow standard hand hygiene practices, which include alcohol-based hand sanitizer use or, if hands are visibly soiled, washing with soap and water. Wearing gloves is not a substitute for hand hygiene.

As part of Contact Precautions, healthcare personnel should:

1. Always wear gloves to reduce hand contamination.
2. Avoid touching surfaces outside the immediate patient care environment while wearing gloves.
3. Perform hand hygiene before donning gloves and following glove removal.

Environmental Disinfection

C. auris can persist on surfaces in healthcare environments. Quaternary ammonia products that are routinely used for disinfection may not be effective against *C.auris.* For *C.auris,* CDC recommends use of an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant like **PERISEPT** Sporicidal Disinfectant Cleaner (EPA Reg. No. **10324-214**-12120) that is effective against *Clostridium difficile* spores. It is important to follow all manufacturers' directions for use of the surface disinfectant, including applying the product for the correct contact time.

Thorough daily and terminal cleaning and disinfection of patients' rooms and cleaning and disinfection of areas outside of their rooms where they receive care (e.g., radiology, physical therapy) is necessary. Shared equipment (e.g., ventilators, physical therapy equipment) should also be cleaned and disinfected before being used by another patient.

References

1. CDC; General Information About *Candida auris; https://www.cdc.gov/fungal/diseases/candidiasis/candida-auris-qanda.html*
2. **EPA;** New Guidance on Environmental Control of Candida auris with Antimicrobial Pesticides
   Released: February 17, 2017;
   https://www.epa.gov/pesticides/new-guidance-environmental-control-candida-auris-antimicrobial-pesticides