

Candida auris

CDC: A newly identified drug-resistant yeast that spreads in healthcare facilities¹

What is *Candida auris*?

Candida auris (*C. auris*), a type of yeast, is an emerging fungus that can cause bloodstream, wound, ear and other types of infections. It was first identified in Japan in 2009, and infections have now been reported in 30 countries. As of March 31, 2019, 613 clinical cases have been reported in the United States. Symptoms can vary greatly and are associated with the infected body site. The most common symptoms of invasive *Candida* infection are fever and chills that do not improve after antibiotic treatment for a suspected bacterial infection.^{1,2}



Why is *C. auris* a concern?

The Centers for Disease Control and Prevention (CDC) is concerned for the following reasons:

- ▶ It is often multi-drug resistant, making it difficult to treat.
- ▶ It is difficult to identify by symptoms. People who get invasive *Candida* infections are often already sick from other medical conditions.
- ▶ It is difficult to identify by culture, special laboratory technology is required.
- ▶ It can cause serious infections. More than 1 in 3 patients die when an invasive *C. auris* infection occurs in the blood, brain or heart.
- ▶ It can spread quickly and cause outbreaks in hospitals and nursing homes.^{1,3}
- ▶ It can persist for weeks on surfaces in healthcare environments.⁴

Who is at risk?

Risk factors for *C. auris* infections are similar to those for other types of *Candida* infections and include:

- ▶ A recent history of receiving medical care outside the United States.
- ▶ Lengthy hospitalization or stays in post-acute care facilities.
- ▶ A history of broad-spectrum antibiotic or antifungal use.
- ▶ Underlying medical conditions or procedures that compromise a patient's immune system.
- ▶ The presence of invasive devices, such as central venous catheters, breathing/feeding tubes.⁴

Infection control measures

1. Conduct surveillance for new cases.
2. Place *C. auris* patients in single-patient rooms and implement standard and contact precautions.
3. Emphasize adherence to hand hygiene protocols.
4. Clean and disinfect patient care environments and reusable equipment (daily and terminal cleaning) with CDC recommended products.
5. Screen contacts of newly identified case patients to identify *C. auris* colonization.
6. Prior to transfer, inform receiving facilities of patients with *C. auris*. CDC provides Inter-Facility IC Transfer Forms for this purpose.⁵

1. Bhalla A., Pultz N.J., Gries D.M. et al. "Acquisition of Nosocomial Pathogens on Hands After Contact With Environmental Surfaces Near Hospitalized Patients." Infection Control Hospital Epidemiology. Centers for Disease Control and Prevention. *Candida auris*: A Drug Resistant Germ that Spreads in Healthcare Facilities [Internet]. [cited 2019 Apr 30]. Available from: <https://www.cdc.gov/fungal/candida-auris/c-auris-drug-resistant.html>

2. Centers for Disease Control and Prevention. Tracking *Candida auris* [Internet]. [cited 2019 Apr 30]. Available from: <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>

3. Centers for Disease Control and Prevention. General Information about *Candida auris* [Internet]. [cited 2019 Apr 30]. Available from: <https://www.cdc.gov/fungal/candida-auris/index.html>

4. Centers for Disease Control and Prevention. Healthcare Professional FAQ [Internet]. [cited 2019 Apr 30]. Available from: <https://www.cdc.gov/fungal/candida-auris/c-auris-health-qa.html>

5. Centers for Disease Control and Prevention. Prevention Toolkits. [Internet]. [cited 2019 May 1]. Available from: https://www.cdc.gov/hai/prevent/prevention_tools.html

Cleaning & Disinfecting

The CDC recommends daily and terminal cleaning and disinfection with a disinfectant product listed on EPA List K, a list of disinfectants that are effective against *C. difficile*. It is important to follow the directions for use, including applying the product for the correct contact time. Increased attention to detail and monitoring for compliance should include:

- ▶ Surfaces in patient rooms
- ▶ Surfaces in areas where patients receive care (e.g., radiology, physical therapy, etc.)
- ▶ Mobile and shared equipment (e.g., ventilators, physical therapy equipment, axillary thermometers)⁴

Clorox Healthcare Product Recommendations

The following Clorox Healthcare® cleaner-disinfectants are listed on EPA List K, per CDC recommendation, to effectively manage *C. auris* on environmental surfaces and equipment in healthcare settings:

Clorox Healthcare® Bleach

Germicidal Wipes

EPA Reg. No. 67619-12
6" x 5" Clinical Wipes, 6/150 ct., Item No. 30577
6.75" x 9" Multipurpose Wipes, 6/70 ct., Item No. 35309
6.75" x 9" Germicidal Wipes, Individual 6/50 ct., Item No. 31424
6.75" x 9" Germicidal Wipes, Transport Pack 24/20 ct., Item No. 31469
12" x 12" Terminal Wipes, 2/110 ct., Item No. 30358
12" x 12" Terminal Wipes Refill, 2/110 ct., Item No. 30359



Germicidal Cleaners

EPA Reg. No. 56392-7
6/32 fl. oz. Spray, Item No. 68970
6/32 fl. oz. Pull-Top, Item No. 68832
8/22 fl. oz. Spray, Item No. 68967
6/64 fl. oz. Refill, Item No. 68973
4/128 fl. oz. Refill, Item No. 68978



Fuzion®

EPA Reg. No. 67619-30
9/32 fl. oz. Spray, Item No. 31478



Dispatch® Bleach

Hospital Cleaner Disinfectant Towels with Bleach

EPA Reg. No. 56392-8
6.75" x 8" Wipes Canister, 8/150 ct., Item No. 69150
9" x 10" Wipes Soft Pack, 12/60 ct., Item No. 69260
8" x 10" Wipes Patient Transport Pack, 24/40 ct., Item No. 69240
7" x 8" Wipes Individually Wrapped, 6/50 ct., Item No. 69101



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