

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



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Vision: To be the **Healthiest State** in the Nation

***Candida auris* Update: Information for Clinicians and Laboratorians**

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Contact the county health department if *Candida auris* infection or colonization is suspected. This is a nationally notifiable disease of public health concern. For more information, please contact the Health Care-Associated Infection Prevention Program at HAI_Program@FLHealth.gov.

This is an update to the Florida Department of Health detection and reporting guidance for multidrug-resistant *Candida auris* (*C. auris*). **We are actively identifying cases throughout the state.** This important fungal pathogen can cause invasive infections, is drug-resistant, persists in the environment and is transmitted in health care settings. Additionally, *C. auris* can be misidentified using standard laboratory methods.

From 2017 to January 24, 2022, the Department identified 325 people with clinical *C. auris* infections in Florida. From September 1, 2020 to August 31, 2021, the Centers for Disease Control and Prevention (CDC) reported 1,156 confirmed clinical cases of *C. auris* in 21 states and territories.

Most Florida cases result from local transmission in health care settings, especially in nursing homes and other long-term care facilities providing ventilator care. *C. auris* typically affects ill patients, often those who are ventilator-dependent, have tracheostomies, multiple health care exposures and may be colonized with other resistant pathogens. Patients colonized with *C. auris* often do not have symptoms, are capable of transmitting *C. auris* to others and are at risk of developing invasive infections. Patients with *C. auris* bloodstream infections have a 30-day mortality rate of 39% and a 90-day rate of 58%.¹ CDC reports 90% of isolates show resistance to at least one antifungal and 30% have resistance to at least two antifungal drug classes.

The Department is responding to the spread of *C. auris* by implementing a CDC containment strategy. The Department, in collaboration with facilities, provides ongoing technical assistance for conducting surveillance, works with laboratories to ensure the use of proper *C. auris* detection methods and provides guidance to facilities for infection prevention including hand hygiene, environmental cleaning and contact precaution strategies. Without these urgent activities for containment, it is likely Florida will follow the trend of other U.S. and international locations where *C. auris* has become endemic. Despite being a new emerging threat, infection control recommendations are similar to those for other multidrug-resistant organisms (MDROs) or *Clostridioides difficile* (*C. difficile*). Facilities that care for people with other MDROs or *C. difficile* are typically capable of caring for similar patients who have *C. auris*.

¹wwwnc.cdc.gov/eid/article/24/10/18-0649_article

Recommendations:

- 1. Test and identify all yeast isolates to the species level for specimens obtained from the bloodstream and other normally sterile invasive body sites (e.g., cerebrospinal fluid).**
 - *C. auris* is commonly [misidentified](#) as *Candida haemulonii* and other *Candida* species, as conventional biochemical identification is not reliable for speciation.
- 2. Test and identify all *Candida* isolates from non-sterile, non-invasive sites to determine species when:**
 - Clinically indicated in the care of a patient.
 - A case of *C. auris* infection or colonization has been detected in your facility or unit.
 - An increase in unidentified *Candida* species infections in a patient care unit is identified.
 - The patient has had inpatient health care at a facility outside the U.S. in the previous 12 months, especially if in a country with [documented *C. auris* transmission](#).
Note: Colonization for longer than one year has been identified among some *C. auris* patients; consider determining the *Candida* species isolated from patients with remote exposure to health care abroad.
- 3. Screen patients who are at high risk of *C. auris*, including:**
 - Close health care contacts of patients with newly identified *C. auris* infection or colonization.
 - Patients who have had an overnight stay in a health care facility outside the U.S. in the previous 12 months, especially if in a country with documented *C. auris* cases.
 - i. Strongly consider screening when patients have had such inpatient health care exposures outside the U.S. and have infection or colonization with carbapenemase-producing gram-negative bacteria. *C. auris* co-colonization with these organisms has been observed regularly.
 - Facilities may also work with the Department to further develop screening protocols based on local epidemiology and resource capacity.

Please contact the Health Care-Associated Infection Prevention Program at HAI_Program@FLHealth.gov for assistance.

Infection Prevention Measures:

- Patients with *C. auris* in acute-care hospitals and long-term acute-care hospitals should be managed using Contact Precautions and placed in a single or private room whenever possible. When single rooms are not available, facilities should implement strategies to minimize transmission between roommates, including cohorting by MDRO, ensuring beds have spatial separation of at least three feet between roommates, carefully disinfecting the environment and shared equipment and changing personal protective equipment and performing hand hygiene between care of roommates. Residents with *C. auris* in nursing homes, including skilled nursing homes with ventilator units, should be managed using either Contact Precautions or Enhanced Barrier Precautions, depending on the situation. [Additional guidance for use of Enhanced Barrier Precautions is available.](#)
 - CDC recommends continuing appropriate Transmission-Based Precautions for the entire duration of the patient's stay in the facility. Routine retesting for *C. auris* colonization is not recommended. Any retesting should be done in consultation with the HAI Prevention Program. [Additional infection control guidance is available.](#)
- Enforce good hand hygiene practices following the World Health Organization's [My Five Moments for Hand Hygiene](#). Alcohol-based hand sanitizer is preferred over soap and water except when hands are visibly soiled.

- Clean and disinfect rooms (daily and terminal) as well as shared and mobile equipment of patients with *C. auris* infection or colonization using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris*, also referred to as [List P](#).

Some disinfectant products, including those solely dependent on quaternary ammonium compounds (QACs), may not be effective against *C. auris*, despite EPA-registered label claims for fungi and *Candida albicans*.

- Communicate the patient's *C. auris* status when transferring them to other facilities.
 - An [example of a standard communication template](#) may be found in the *C. auris* resource materials from the Health Care-Associated Infection Prevention Program.

Reporting:

Immediately notify your local county health department if *C. auris* is suspected or identified to arrange confirmatory testing and conduct surveillance screening.

Additional Resources:

cdc.gov/fungal/candida-auris

cdc.gov/fungal/candida-auris/health-professionals.html

who.int/gpsc/tools/Five_moments/en/

FloridaHealth.gov/diseases-and-conditions/health-care-associated-infections/_documents/it-patient-colonized-candida-a-guidance.pdf