

*Candida auris* (*C. auris*) is an emerging fungus that can cause serious infections. *C. auris* is often multidrug-resistant and most commonly spreads in healthcare facilities. This fungus can be difficult to identify and therefore requires special laboratory testing. Patients and residents with *C. auris* can be cared for safely using the same infection prevention measures that are used for other multidrug-resistant organisms.

### Preparing for *Candida auris*

- Work with your laboratory to ensure the fungal identification method used for your facility can identify *C. auris*. If it cannot, know **when** to suspect *C. auris* and send suspected isolates to the Tennessee State Public Health Laboratory in Nashville
- Begin surveillance. Establish a protocol with your laboratory so that your department is promptly informed when *C. auris* is suspected.
  - If your laboratory is not equipped to identify *C. auris*, begin surveillance for the organisms that commonly represent a *C. auris* misidentification. Check [here](#) for common misidentifications by different yeast identification methods.
- Know which patients are at higher risk for *C. auris* infection or asymptomatic colonization. These include:
  - Patients who have received healthcare in post-acute care facilities (e.g., nursing homes), especially those with ventilator units.
  - Patients recently hospitalized outside the United States, especially in countries with known *C. auris* cases (click [here](#) for a map of countries), and patients infected or colonized with carbapenemase-producing bacteria.

### Managing *Candida auris*

- Check the [CDC website](#) for the most up-to-date guidance on identifying and managing *C. auris*.
- Report possible or confirmed *C. auris* test results immediately to your public health department.
- Ensure adherence to CDC recommendations for infection control, including
  - Placing patients infected or colonized with *C. auris* on Transmission-Based Precautions and, whenever possible, in a single room. Residents with *C. auris* in nursing homes, including skilled nursing facilities with ventilator units, should be managed using either **contact precautions or enhanced barrier precautions**, depending on the situation. Refer to the [CDC Guidance on enhanced barrier precautions](#) for more details about when contact precautions vs. enhanced barrier precautions would apply.
  - Making sure gown and gloves are accessible and used appropriately.
  - Reinforcing hand hygiene.
  - Coordinating with environmental services (EVS) to monitor and ensure the patient care environment is cleaned using a disinfectant with an Environmental Protection Agency claim for *C. auris* or, if not available, for *Clostridioides difficile*. These products can be found [here](#). Some disinfectants used in healthcare facilities (e.g., quaternary ammonium compounds [QACs]) may not be effective against *C. auris*, despite claims about effectiveness against *C. albicans* or other fungi. Work with the EVS team to monitor the cleaning process.
- After consulting with public health personnel, screen contacts of case-patients to identify patients with *C. auris* colonization. Use the same infection control measures for patients found to be colonized.
- When a patient is being transferred from your facility (e.g., to a nursing home or other hospital), clearly communicate the patient's *C. auris* status to receiving healthcare providers.

**See Full CDC Guidelines:**

[Infection Prevention and Control for Candida auris](#) | [Candida auris](#) | [Fungal Diseases](#) | [CDC](#)