INTERIM INFECTION PREVENTION AND CONTROL GUIDANCE FOR CANDIDA AURIS IN HEALTHCARE

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Summary of Revisions

Date	Revision	Page
April 4, 2024	Bullet added regarding close contacts in Community	5

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Evidence for Recommendations:

Recommendations in this document are based on interim professional guidance for infection prevention and control for cases of *C. auris*, reports of outbreak investigations for this pathogen and expert opinion. As there is currently limited evidence upon which to base recommendations for *C. auris* control, the recommendations in this document will be revised as new information becomes available.

Background and Purpose:

Candida auris (C. auris) infections are an emerging issue in Canada. *C. auris* is a fungus that can cause healthcare-associated invasive infections and outbreaks. *C. auris* is often resistant to multiple antifungal drugs and can be challenging to identify in the laboratory. Mortality rates of invasive *C. auris* infections are estimated to be greater than 40%, which is similar to other drug-resistant organisms.

The propensity of *C. auris* to spread can have serious implications for the Canadian healthcare system. Invasive *C. auris* infections can lead to severe morbidity and mortality, especially among hospitalized patients who are immunocompromised or receiving intensive care.

C. auris can:

- become resistant to all available antifungal drugs
- be transmitted among patients in hospitals and LTC homes
- persist on surfaces and multi-use equipment for extended periods of time
- extensively contaminate healthcare environments occupied by *C. auris* positive patients
- be resistant to quaternary ammonium-based hospital disinfectants

For the purposes of this guidance, the term “patient” will be used to include those receiving healthcare who are traditionally and routinely referred to as patients, clients or residents.

Screening:

The following screening protocol of *C. auris* prior to admission of healthcare facilities (Acute and LTC) is recommended:

- Routine Practices, including adherence to hand hygiene, are required for the care of all patients at all times.
- Patients being admitted to hospital and LTC homes should be placed on pre-emptive Contact Precautions and screened for *C. auris* **IF** they have been admitted to a hospital or LTC home outside of the Newfoundland and Labrador (including Canada) within the prior 12 months or transferred from a healthcare facility with an ongoing *C. auris* outbreak (if known).
- C. auris screening includes a single bilateral swab of a patient's axilla and groin as well as a swab from any relevant site, such as wounds, exit site of devices, etc. for a clinical isolate.
- Patient to remain on Contact Precautions until result of screening swab is confirmed or positive. If negative, Contact Precautions may be discontinued.
- Public Health Microbiology Laboratory (PHML) in NL is capable of testing and identifying *C. auris*.
- If results of screen are positive, the patient's electronic record is flagged, and subsequent visits or admissions will be managed on Contact Precautions.

Case Management:

- Notify IPAC immediately or as soon as possible of any suspected or confirmed cases of *C. auris* as per policy.
- Patients suspected or confirmed to be positive for *C. auris* are cared for in a private room with a dedicated washroom on Contact Precautions. When a dedicated washroom is not available, a dedicated commode may be used at the bedside.
- When a previously unknown *C. auris* colonization or infection is identified in a patient not already on Contact Precautions:
    - All close patient contacts prior to the identification (such as past and present roommates, bathroom mates, or patients who occupied the room immediately before the case patient-regardless of exposure duration) should be placed in a private room on pre-emptive Contact Precautions and have specimens collected to test for *C. auris.* Screened close patient contacts should remain on Contact Precautions until cleared by infection prevention and control.
    - Ward or unit mates who are not close contacts should be tested (i.e. point prevalence testing). Consider Contact Precautions until point prevalence results are available. Private rooms are not required for unit or ward mates who are not close contacts while awaiting the results on point prevalence testing.
- For patients identified as colonized or infected with *C. auris*, private room accommodation and Contact Precautions to be in place for the duration of the hospital admission as well as any

subsequent or future hospital admissions. The duration of Contact Precautions for residents with *C. auris* in LTC home settings or other healthcare facilities should be determined in conjunction with local and regional epidemiology, facility and infection prevention and control professionals. **Note:** There are no proven clinical or microbiological criteria that can be used to reliably predict when the colonization/infection has cleared.

- Single use and disposable patient care supplies to be used for a patient with *C. auris* whenever possible. Reusable, non-critical patient care equipment and supplies to be identified and stored in the patient's room, dedicated to the patient for the duration of their admission and appropriately cleaned and disinfected prior to use on another patient.
- Environmental cleaning and disinfection of a room of a patient with *C. auris* to be done using Health Canada approved hospital or healthcare disinfectants with claims of efficacy against *C. auris* (with drug identification numbers (DIN)). Quaternary ammonium compounds **should not be used** due to reduced activity against *C. auris*. Manufacturer instructions for use, wet contact time and surface and equipment type should be followed. All horizontal and frequently touched surfaces should be cleaned at a minimum of twice daily and when visibly soiled.
- Terminal cleaning of the patient equipment and environment, including the removal and cleaning of hospital linens and privacy curtains, to be done upon patient discharge or transfer. All single use and disposable patient care supplies stored in the patient room to be discarded during terminal clean.
- Transfer of patients colonized or infected with *C. auris* within or between facilities to be avoided unless medically necessary and for transitions of care (such as acute care to LTC). The receiving unit, department or facility must be notified in advance. All healthcare facilities should be able to manage patients with *C. auris* and *C. auris* colonization/infection should not be a reason to refuse the transfer.
- **Any transmission** of *C. auris* among patients within a healthcare facility is considered an outbreak requiring additional infection prevention and control measures. Positive patients and close contacts will be managed on Contact Precautions. Outbreak duration will end when no further cases are identified for 21 days.
- Any discharged individuals identified as close contacts will be followed up by Public Health/CDC Program.

Treatment:

Most *C. auris* infections may be treatable with a class of antifungal drugs called echinocandins. However, some *C. auris* infections have been resistant to all three main classes of antifungal medications, making them more difficult to treat. Primary care providers should consult with Infectious Diseases prior to initiating a treatment regime.

Quick Reference:

Organism	Chart Flag	Admission Screen	Additional Precautions	Specimen Collection	ENV Cleaning
Candida Auris (C. auris)	Yes	Yes If admitted from outside NL (previous hospitalization within last 12 months)	Private Room and washroom on Contact Precautions during screening process and for duration of hospital admission if positive Contact Precautions for subsequent visits or admissions Contact Precautions and testing of roommates or close contacts in the event of exposure	One bilateral swab of axilla and groin Relevant sites such as wounds or device exit sites	Twice daily and as needed Quaternary Ammonium product NOT to be used

References:

https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2017-43/ccdr-volume-43-7-8-july-6-2017/first-reported-case-multidrug-resistant-candida-auris-canada.html

https://www.publichealthontario.ca/-/media/Documents/P/2019/pidac-ipac-candida-auris.pdf?rev=7f655451d9144044b38ca13c77649ee3&sc_lang=en

https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/notice-candida-auris-interim-recommendations-infection-prevention-control.html

https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html#:~:text=Most%20C.%20auris%20infections%20are,them%20more%20difficult%20to%20treat.