



MISSISSIPPI STATE DEPARTMENT OF HEALTH

***Candida auris* Information and Guidance for Nursing Homes**

The Mississippi State Department of Health (MSDH) has identified clinical cases of *Candida auris* and individuals colonized with *C. auris* in Mississippi. MSDH is providing the following guidance and information for nursing homes that may be admitting, readmitting or transferring residents with *C. auris* infection or colonization.

What is *Candida auris*?

C. auris is an emerging, often multi-drug resistant organism, that is associated with significant morbidity and mortality in vulnerable individuals. Cases and spread have been increasingly identified in multiple states in the U.S. Outbreaks of *C. auris* can occur through transmission resulting from contact with affected patients and contaminated surfaces or equipment. *C. auris* mainly affects persons who are frequently admitted to or live in health care settings, have chronic wounds or underlying health problems, or have indwelling lines and medical devices. People who are generally healthy with close contact with a person with *C. auris* are not considered at risk.

Individuals colonized with *C. auris* are those in whom *C. auris* is identified in a non-invasive site, such as skin, with no signs of infection or disease. Colonization can be persistent and/or intermittent and may last for years. There is no recommendation to treat colonized individuals, and because colonization may be intermittent and long lasting, no recommendation to perform testing to determine if clearance of the organism has occurred. Colonization may lead to infection in some individuals.

Individuals with *C. auris* infection usually have signs of invasive disease and test positive in sites including wound or blood. Residents who recover from *C. auris* infection may remain colonized thereafter.

Guidance and recommendations for Nursing Homes managing patients with *C. auris*

Residents should not be denied admission or readmission to the nursing home based on their colonization or infectious status with *C. auris*, or their potential exposure to *C. auris*. Proper infection control, Enhanced Barrier Precautions and environmental cleaning will mitigate the risk of transmission with the facility.

New admissions or current residents in nursing homes who have tested positive (colonized or infected) for *C. auris*, or exposed individuals with pending screening tests, should be managed with Enhanced Barrier Precautions (EBP). These persons do not need to be placed on contact precautions unless they have some other indication for them (e.g., uncontrolled draining wound, acute diarrhea or vomiting, scabies, norovirus, or other conditions requiring Contact Precautions). **If pending screening tests in exposed persons are negative, they may be taken off EBP.**

EBP require that healthcare personnel don a gown and gloves only when they will be performing high-contact care activities with the resident. High-contact care activities include:

- Dressing,
- Bathing/showering,
- Transferring,
- Providing hygiene,
- Changing linens,
- Changing briefs or assisting with toileting,
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, Wound care: any skin opening requiring a dressing.

Other considerations for individuals on EBP:

- Do not require isolation
- Do not require a private room (though preferred if possible)
 - CDC has some recommended practices to reduce transmission in all shared rooms (<https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>)
- If healthcare personnel need to enter the room of a resident on EBP to do something other than a high-contact care activity, they may simply follow Standard Precautions
- Other residents at high risk for acquisition (wounds, indwelling lines, medical devices) on the colonized resident's hall or unit will also need to be cared for utilizing EBP to protect them from potential exposure.

Admission and Transfer of Patients with *Candida auris*

- Facilities transferring patients with *C. auris* must communicate the patient status to the receiving facility to ensure that the receiving facility is aware of the need for EBP for that patient.
- Because proper hand hygiene and compliance with EBP will mitigate the risk of transferring *C. auris* to other persons, facilities are encouraged to accept admissions and transfers when otherwise appropriate. Residents should not be denied admission or readmission based solely on their colonization or infectious status with *C. auris*.
- Repeat testing for *C. auris* is not indicated for colonized or infected individuals.

Environmental Cleaning and Disinfection

- *C. auris* can persist on surfaces in healthcare settings for long periods of time.
- Quaternary ammonia compounds and other disinfectants may not be effective against it.
- Please refer to EPA's [List P: Antimicrobial Products Registered with EPA for Claims Against *Candida Auris*](#) for a complete listing of effective products.
 - If the products on List P are not accessible or otherwise suitable, facilities may use an EPA-registered disinfectant effective against *C. difficile* spores (EPA List K -Link) for the disinfection of *C. auris*.