

Candida auris

Candida auris (*C. auris*) is a type of yeast (sometimes known as a fungus) that is resistant to medications usually used to treat yeast infections and therefore can cause serious illness that is difficult to treat. Infections with *C. auris* are rare in Australia, although they have become more common in some overseas countries. Most people who have *C. auris* do not become sick—these people are described as being colonised. When patients are colonised or have a *C. auris* infection, the organism can be spread from their body to the environment and to other people, particularly in hospitals, nursing homes and residential care facilities.

If a healthcare facility identifies a patient with *C. auris*, testing of patients that have had contact with this person may be performed to find out if they have acquired the organism.

Treatment:

People who are colonised with *C. auris* do not require any treatment. If a person develops an infection caused by *C. auris* their treatment will be managed by a specialist infectious diseases doctor.

Testing:

C. auris is usually found on the skin, so the best way to test to see if it is present is to take swabs from the armpit and the area where the leg joins the body (groin). The nurse or doctor will use a swab to gently rub the armpits and groin. The pathology collection centre may require the person to collect the groin swab for themselves or for their child and will provide instructions on how to do this. The procedure is not painful and there are no side effects. A positive result indicates that the person is colonised with *C. auris*, that is they are carrying the organism on their body. Most people who are colonised never become sick and therefore do not need treatment.

If a doctor suspects *C. auris* infection, the tests performed will vary depending on the site of the infection.

Transmission:

C. auris can be spread directly from person to person or indirectly from contact with contaminated items in the environment. If a person is admitted to hospital with suspected or confirmed *C. auris* colonisation or infection, nurses and doctors will take extra steps to reduce the risk of transmission to other patients or residents. This means placing the person in a single room without a roommate and all staff wearing a gown and gloves when looking after them. Good hand hygiene is especially important.

The risk of spreading *C. auris* to family and friends is low, but family and visitors should clean their hands well after caring for or visiting a person with *C. auris*. This will reduce the risk of spreading *C. auris* to others. Anyone identified with *C. auris* colonisation or infection should also clean their hands often with either soap and water or an alcohol-based hand hygiene product.

Ongoing management:

People who have previously been colonised or infected with *C. auris* should let their healthcare providers know about this diagnosis. This is particularly important when receiving medical care at a healthcare facility such as a hospital, nursing home or residential care facility. Making healthcare providers aware of a previous *C. auris* diagnosis allows them to make the best treatment decisions for that person and take steps to prevent spreading the organism to others.

Other resources:

Infection prevention resources: www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention
(<http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention>)

Frequently asked questions about screening for *Candida Auris* www.cdc.gov/fungal/candida-auris/c-auris-screening-info.html
(<http://www.cdc.gov/fungal/candida-auris/c-auris-screening-info.html>)

Help and assistance:

Contact the Infection Control Service at your local hospital.