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# NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) CANDIDA AURIS TOOLKIT- LONG TERM CARE FACILITIES

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Healthcare-Associated Infections/  
Antibiotic Resistance Program  
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## WHAT IS *CANDIDA AURIS* (*C. AURIS*)?

*Candida auris* is an emerging fungus that presents a serious global health threat. *Candida auris* has been reported to cause severe illness in hospitalized patients in healthcare facilities in several countries. In the United States, most cases of *C. auris* result from local spread within and among healthcare facilities in the same city or state. However, healthcare facilities should be on the lookout for new introductions of *C. auris* from residents who received healthcare elsewhere in the United States or abroad in areas with *C. auris* transmission. Residents who have had prolonged admission in healthcare settings, particularly high-acuity care settings including long-term acute care hospitals (LTACH), ventilator-equipped SNF (vSNF), high-acuity Acute Care Hospital units (e.g., intensive care units (ICU)) are at highest risk of *C. auris* and other multidrug-resistant organism (MDRO) colonization and infection. There have been no cases of *C. auris* reported in North Dakota as of April 2023. For up-to-date case counts, see [CDC's Tracking Candida Auris](#).

Our goal at HHS is to keep *candida auris* out of long-term care settings and in order to do this it's important to **screen those at high-risk, report suspected cases timely**, as well as **following best practices for infection control** such as hand hygiene, cleaning and disinfection and isolation.

## WHY IS *C. AURIS* A PROBLEM?

- **It causes serious infections.** *C. auris* can cause bloodstream and other types of invasive infections, particularly in patients in hospitals and residents in nursing homes who have many medical problems. More than 1 in 3 patients die within a month of being diagnosed with an invasive *C. auris* infection.
- **It is often multidrug-resistant.** Antifungal medications commonly used to treat other *Candida* infections often don't work for *C. auris*. Some *C. auris* isolates are resistant to all three major classes of antifungal medications.
- **It is becoming more common.** Although *C. auris* was just discovered in 2009, the number of cases has grown quickly. Since 2009, it has been reported in dozens of countries, including the United States.
- **It is difficult to identify.** *C. auris* can be misidentified as other types of fungus unless specialized laboratory methods are used. Correctly identifying *C. auris* is critical for starting measures to stop its spread and prevent outbreaks.
- **It can spread and cause outbreaks in healthcare facilities.** Just like other multidrug-resistant organisms such as carbapenem-resistant *Enterobacteriaceae* (CRE) and methicillin-resistant *Staphylococcus aureus* (MRSA), *C. auris* can be transmitted in healthcare settings and cause outbreaks. It can colonize residents for many months, persist in the environment, and withstand some commonly used healthcare facility disinfectants.

## WHAT ARE THE SYMPTOMS OF *C. AURIS* INFECTION?

- Symptoms may not be noticeable, because residents with *C. auris* infection are often already sick in the hospital with another serious illness or condition.
- The most common symptoms of invasive *Candida* infection are fever and chills that don't improve after antibiotic treatment for a suspected bacterial infection.
- Symptoms of *C. auris* infection depend on the part of the body affected. *C. auris* can cause many different types of infection, such as bloodstream infection, wound infection, and ear infection.

- Because symptoms can vary greatly, a laboratory test is needed to determine whether a patient has a *C. auris* infection.

## C. AURIS TESTING

Health and Human Services (HHS) Laboratory Services has the capacity to test suspected isolates for *C. auris*. Suspected isolates can also be sent to CDC's [AR Lab Network](#) for identification and antifungal susceptibility testing. This testing is performed free of charge but requires coordination through the state public health division's Healthcare-Associated Infections Program.

## SCREENING FOR COLONIZATION

Residents may be asymptotically colonized with *C. auris* on skin, nares, oropharynx, rectum, and other body sites. Residents colonized with *C. auris* can transmit *C. auris* to other residents within healthcare facilities and may be at risk for invasive *C. auris* infections. Screening residents for *C. auris* colonization allows facilities to identify those with *C. auris* colonization and implement infection prevention and control measures.

Consider screening residents who are at high risk for *C. auris*, including:

- Close healthcare contacts of residents with newly identified *C. auris* infection or colonization.
- Residents who have had an overnight stay in a healthcare facility outside of North Dakota or the United States in the previous one year, especially if in a [state/country with documented \*C. auris\* cases](#). Strongly consider screening when residents have had such inpatient healthcare exposures outside North Dakota or the United States and have infection or colonization with carbapenemase-producing Gram-negative bacteria. *C. auris* co-colonization with these organisms has been observed regularly.

## REPORTING

*Candida auris* is a nationally notifiable condition and is a [reportable condition](#) in North Dakota. Long-Term Care Facilities that **suspect they have a resident with *C. auris* infection should contact Disease Control immediately** by calling 701-328-8660 or by emailing Faye Salzer ([fsalzer@nd.gov](mailto:fsalzer@nd.gov)) and Nicole Droll ([ndroll@nd.gov](mailto:ndroll@nd.gov)).

## INFECTION CONTROL RECOMMENDATIONS

The most effective method to prevent the spread of *C. auris* in all healthcare settings, including long-term care facilities, is strict adherence to infection control activities. Appropriate environmental cleaning and disinfection is important to eliminate transmission and exposure risk. Some disinfectants commonly used in healthcare settings are not effective against *C. auris*. CDC's primary infection control measures for prevention of *C. auris* transmission in healthcare settings are:

- Adherence to [hand hygiene](#).
  - When caring for residents with *C. auris*, healthcare personnel should follow [standard hand hygiene practices](#). Alcohol-based hand sanitizer (ABHS) is the preferred hand hygiene method for *C. auris* when hands are not visibly soiled.
- Appropriate use of [Transmission-Based Precautions](#) based on setting.
  - Manage residents with *C. auris* in nursing homes, including skilled nursing facilities, using either [Contact Precautions](#) or Enhanced Barrier Precautions. Refer to the [CDC Guidance on Enhanced Barrier Precautions](#) for more details about when Contact Precautions versus Enhanced Barrier Precautions would apply.

- [Cleaning and disinfecting](#) the resident care environment (daily and terminal cleaning) and reusable equipment with recommended products, including focus on shared mobile equipment (e.g., glucometers, blood pressure cuffs). See [EPA's List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris](#)
  - Perform thorough routine (at least daily) and terminal cleaning and disinfection of residents' rooms and other areas where residents receive care (e.g., physical therapy, tub rooms) using an appropriate disinfectant.
- Monitoring Adherence
  - Use auditing tools to assess and track healthcare personnel adherence to infection control measures. Monitoring adherence and providing feedback to staff are critical to sustained implementation of infection prevention measures.
- Educate all healthcare personnel, including healthcare personnel who work with environmental cleaning services, about *C. auris* and the need for appropriate precautions. Follow-up education may be needed to reinforce concepts and to account for healthcare personnel turnover and guidance updates.
- Communication about resident's *C. auris* status when resident is [transferred](#).
  - When transferring a resident with *C. auris* colonization or infection to another healthcare facility or to another unit within a facility, notify the receiving facility or unit of the resident's *C. auris* infection or colonization status, including recommended Transmission-Based Precautions. Use the HAI Program [Interfacility-Transfer form](#) during all resident transfers.
- [Screening contacts of newly identified case residents](#) to identify *C. auris* colonization.
  - Screening residents to identify *C. auris* colonization is another important component for preventing spread of *C. auris*. Infection control measures described above also apply to residents found to be colonized through screening.
- Practice antimicrobial stewardship by assessing the appropriateness of antibiotics, especially antifungals, and discontinue them when not needed as this practice may help prevent *C. auris* colonization and infection.

## ADDITIONAL RESOURCES FOR *CANDIDA AURIS*

[Information for Laboratorians and Health Professionals](#)

[Procedure for collection of patient swabs for Candida auris \(cdc.gov\)](#)

[Screening for Candida auris Colonization](#)

[Frequently asked Questions about Screening for Candida auris](#)

[Identification of Candida auris](#)

[Guidance for Detection of Colonization of Candida auris](#)

[Surveillance for Candida auris](#)

[Antifungal Susceptibility Testing and Interpretation](#)

[Infection Prevention and Control for Candida auris](#)

[Candida auris: A Drug-resistant Germ That Spreads in Healthcare Facilities](#)

[Treatment and Management of C. Auris Infections and Colonization](#)

## CDC RESOURCES

[Hand Hygiene](#)

[Break the Chain of Infection](#)

[Infection Prevention and You- Long Term Care](#)

[Infection Prevention and You- Keep the Patient's Room Clean](#)

[Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes](#)

[Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\)](#)

## NORTH DAKOTA RESOURCES

[North Dakota Inter-facility Infection Control Transfer Form](#)