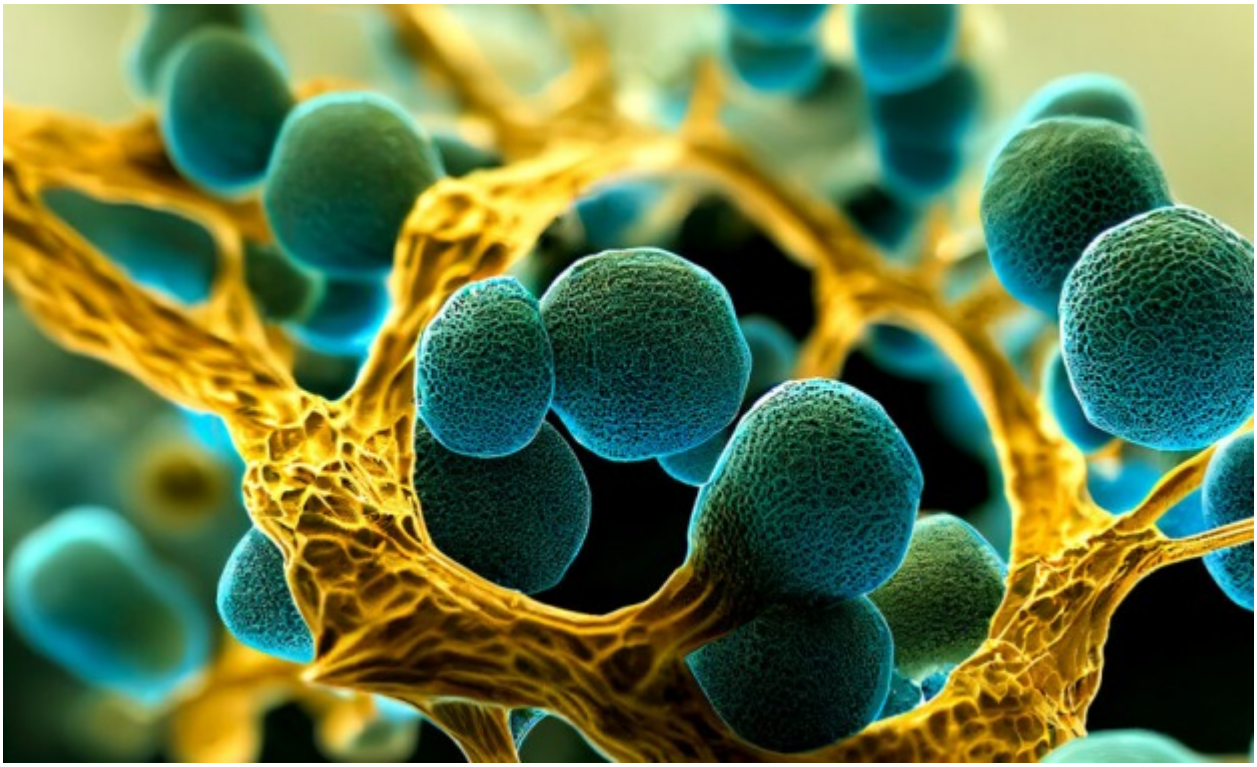
Fungal infection Candida auris that causes severe illness spreads into Massachusetts

“Candida auris (C. auris) is a type of yeast that can cause severe illness and spreads easily among patients in healthcare facilities. It is often resistant to antifungal treatments, which means that the medications that are designed to kill the fungus and stop infections do not work.

Symptoms
C. auris can cause infections in different parts of the body such as in the bloodstream, open wounds, and ears. The symptoms depend on the location and severity of C. auris infection. Symptoms may be similar to symptoms of an infection caused by bacteria. There is not a common set of symptoms specific for C. auris infections.

Colonization
People can get C. auris on their skin and other body sites without getting sick or having an infection. You may hear healthcare providers refer to this as ‘colonization.’ Someone who is colonized can still transmit C. auris onto surfaces or objects that they contact, which can then spread it to other patients.



IBSA Foundation photo.

Diagnoses (Testing and Screening)

There are two ways that a healthcare provider can see if a patient is infected or colonized with C. auris.

• Colonization screening– a healthcare provider swabs the patient's skin by rubbing a swab near the armpits and groin and sends the swab to a laboratory for testing.

• Clinical specimen testing– If a patient is showing symptoms of an infection of unknown cause, a healthcare provider may collect a clinical sample, like blood or urine. They usually test for many types of infections including those caused by bacteria and the results may show that the patient has C. auris.

Retesting patients infected or colonized with C. auris is not recommended and should not be used to change infection control measures because it does not ensure that the patient no longer has C. auris on their skin or other body sites and will not spread it to others.

Not a Threat to Healthy People

In general, C. auris is not a threat to healthy people. CDC

typically does not recommend screening or testing family members. Family members should use alcohol-based hand sanitizer or wash their hands before entering and leaving a patient’s room and before and after contact with the patient or a patient’s medical devices.

If a family member or someone else with frequent contact with a patient with C. auris needs to receive care at a healthcare facility, they should tell the healthcare provider.

Patients and family members should talk to a healthcare provider or the facility’s management if they are concerned about infection protection and control.

Risk Factors

C. auris mostly affects patients with severe underlying medical conditions and requiring complex medical care. Patients with invasive medical devices like breathing tubes, feeding tubes, catheters in a vein, or urinary catheters tend to be at increased risk for getting C. auris and developing an infection.

Healthy people without these risk factors, including healthcare workers and family members, have a low risk for getting infected with C. auris.

Resistance and Treatment

C. auris is often resistant to commonly used antifungal medications, most C. auris infections are treatable with a class of antifungal medicines called echinocandins.

However, some C. auris strains have been resistant to all three main classes of antifungal medicines, meaning none are able to treat the infection. In this situation, multiple antifungal medicines or newer antifungals may be used to treat the infection.

Patients who are colonized (have C. auris detected on their body but do not have symptoms of infection) should not be

treated with antifungals for C. auris. There is no evidence that this prevents sickness.

Outcomes
C. auris can cause a variety of infections from superficial (skin) infections to more severe, life-threatening infections. C. auris is the most dangerous when it causes invasive infections, such as bloodstream infections. However, many of the patients who become sick with C. auris are usually already very sick, which makes it hard to know how much C. auris contributed to their death.

Preventing Spread
Patient care goes beyond treating or managing an illness or condition. Sick patients face added risks of getting new infections in healthcare settings, even when staff follow prevention guidelines.

If a patient is colonized or infected, healthcare providers take special steps to prevent the spread of C. auris, including placing the patient in a room separated from those at risk, cleaning the rooms with special disinfectant products, and wearing gloves and gowns to deliver care.

Healthcare facilities should be informed if an incoming patient has ever:

• Tested positive for C. auris, with or without symptoms.
• Was exposed to another patient with C. auris.
• Was in a facility where an outbreak was occurring.

Patients with C. auris often continue to have it on their skin or other body sites for a very long time, whether or not they ever have symptoms. In most situations, these measures to prevent spread continue the whole time the patient is in the facility. However, some facilities, like some nursing homes, determine prevention measures on a case-by-case basis and based on the facility's policy."-CDC.

You can read the Centers for Disease Control and Prevention’s C. auris Fact Sheet here and their Colonization Fact Sheet on how it spreads here. You can download a 2-page PDF to read and share here.