

Candida auris
Information
for Residents
and Family
Members

Candida auris (C. auris) is a type of fungus that can cause serious illness in hospitalized patients. Patients who have had prolonged admission in healthcare settings, particularly high-acuity care settings including long-term acute care hospitals (LTACH and high-acuity ACH units (e.g., intensive care units (ICU)) are at highest risk of *C. auris* and other multidrug-resistant organism (MDRO) colonization and infection. Here's what you need to know if you or a family member have a *C. auris* infection.

Frequently Asked Questions

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.
- 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.

Who is most likely to get C. auris infection?

- *C. auris* mainly affects residents who already have many medical problems.
- It often affects people who have had frequent hospital stays or live in nursing homes.
- C. auris is more likely to affect residents who have weakened immune systems from conditions such as blood cancers or diabetes, receive lots of antibiotics, or have devices like tubes going into their body (for example, breathing tubes, feeding tubes, catheters in a vein, or bladder catheters).

Are C. auris infections treatable?

- Most C. auris infections are treatable with a class of antifungal medications called echinocandins.
- Some C. auris infections have been resistant to all three main classes of antifungal medications, making them difficult to treat. In this situation, multiple antifungal medications at high doses may be needed to treat the infection.

Can a nursing home resident with *C. auris* participate in activities with others, such as meals or social gatherings, if they are on these special precautions?

In general, residents of nursing homes who have *C. auris* on their skin or other body sites or are sick with a *C. auris* infection can leave their rooms to attend meals and group functions if:

- They can wash their hands thoroughly on a regular basis.
- Wounds are bandaged to prevent any fluids from seeping out and infecting others.
- Other types of secretions like phlegm are contained.
- Items that residents touch often and shared equipment (for example, physical therapy equipment or recreational resources) should be cleaned and disinfected after use.

Why does a resident with *C. auris* infection need special precautions during care?

- C. auris can spread from one resident to another in healthcare settings, such as hospitals and nursing homes, even if C. auris is on the skin or other body sites and the resident does not have symptoms.
- Special precautions reduce the chance of spreading the fungus to other residents. These precautions may include:
 - Placing the resident in a single room.
 - Having healthcare personnel or other caregivers wear gowns and gloves during resident care.
 - Cleaning the room with different cleaning products.
 - Having family members and healthcare personnel clean their hands thoroughly after visiting the resident. The resident may also be encouraged to wash their hands often.

Can family members get sick?

- Family members who are healthy probably have a low chance of *C. auris* infection.
- C. auris is mainly a risk among people who are already sick with multiple medical problems and have spent a lot of time in healthcare settings.
- Family members and others caring for residents with *C. auris* should wash their hands thoroughly before and after touching the resident or touching medical devices.
- Handwashing is particularly important if the caregiver is caring for more than one ill person at home.
- In most instances, family members and other close contacts of residents with *C. auris* infections are not recommended to be tested for *C. auris*.

