
Prevention and Response for *Candida auris*

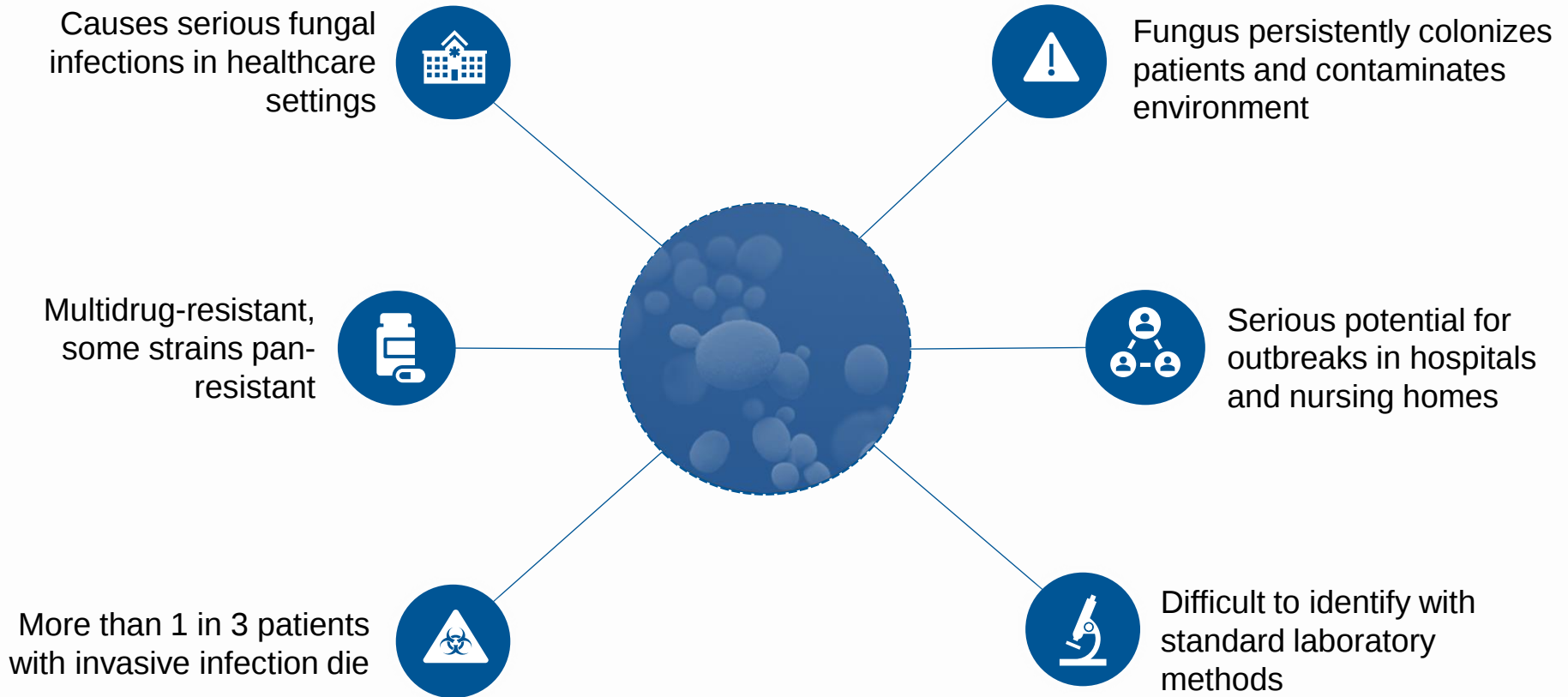
Mary Martin, RN, BSN, MScPH
Evelyn Donahoe, MPH, CIC



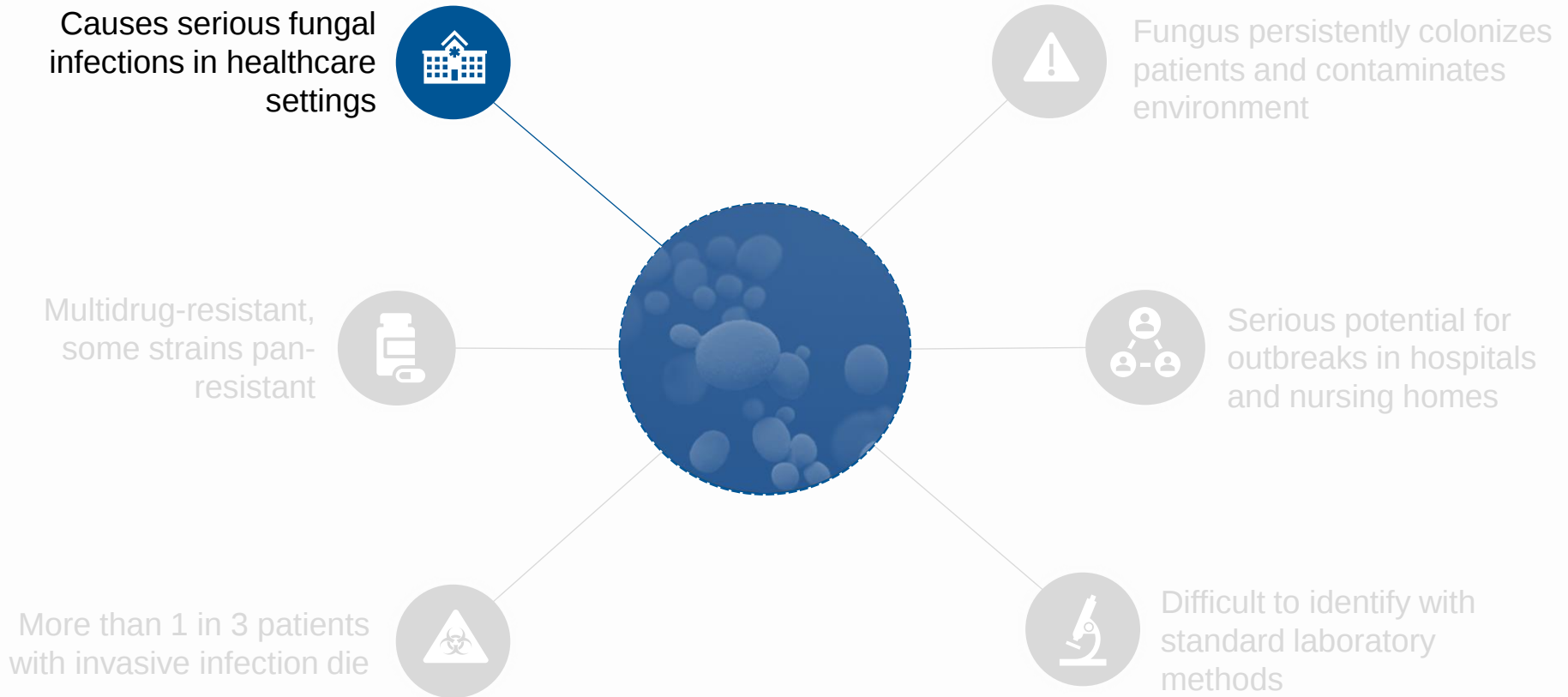
Candida auris

An overview

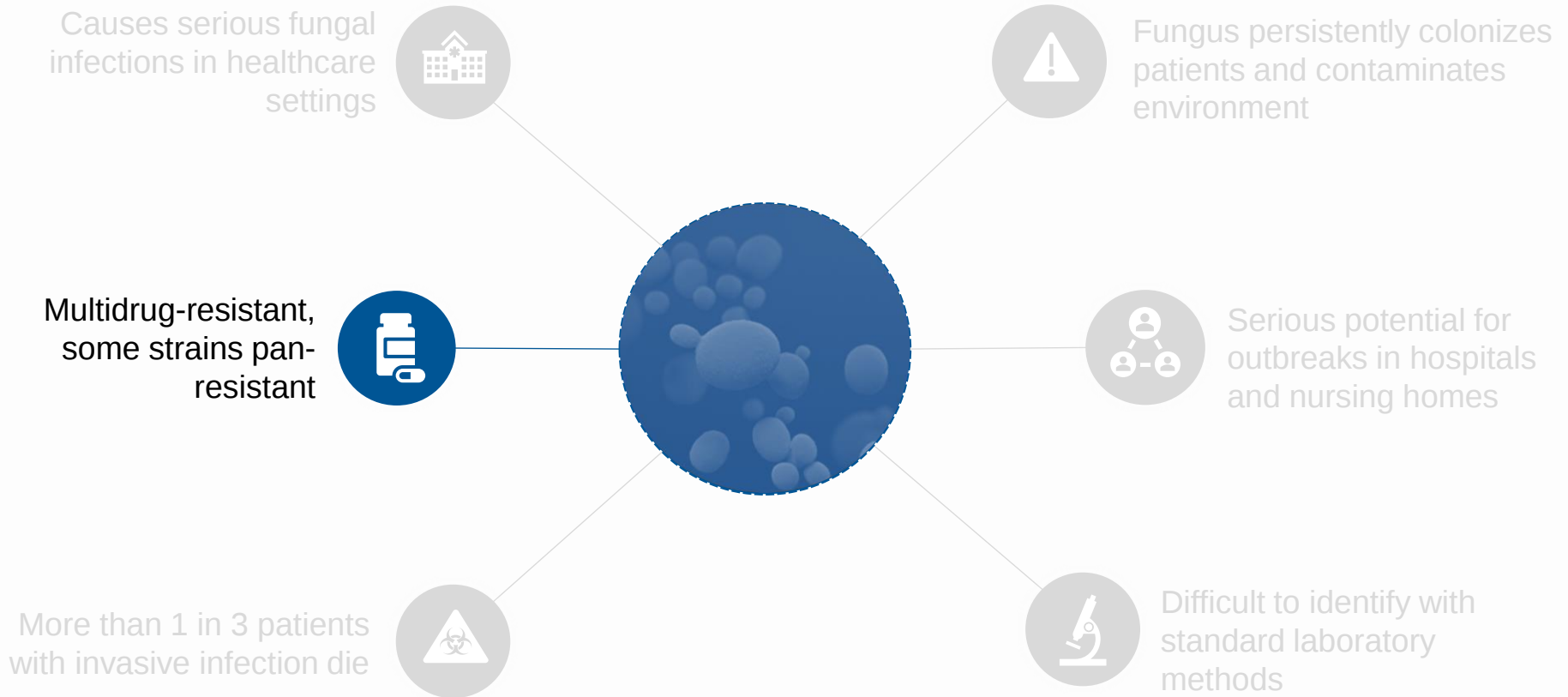
Candida auris:



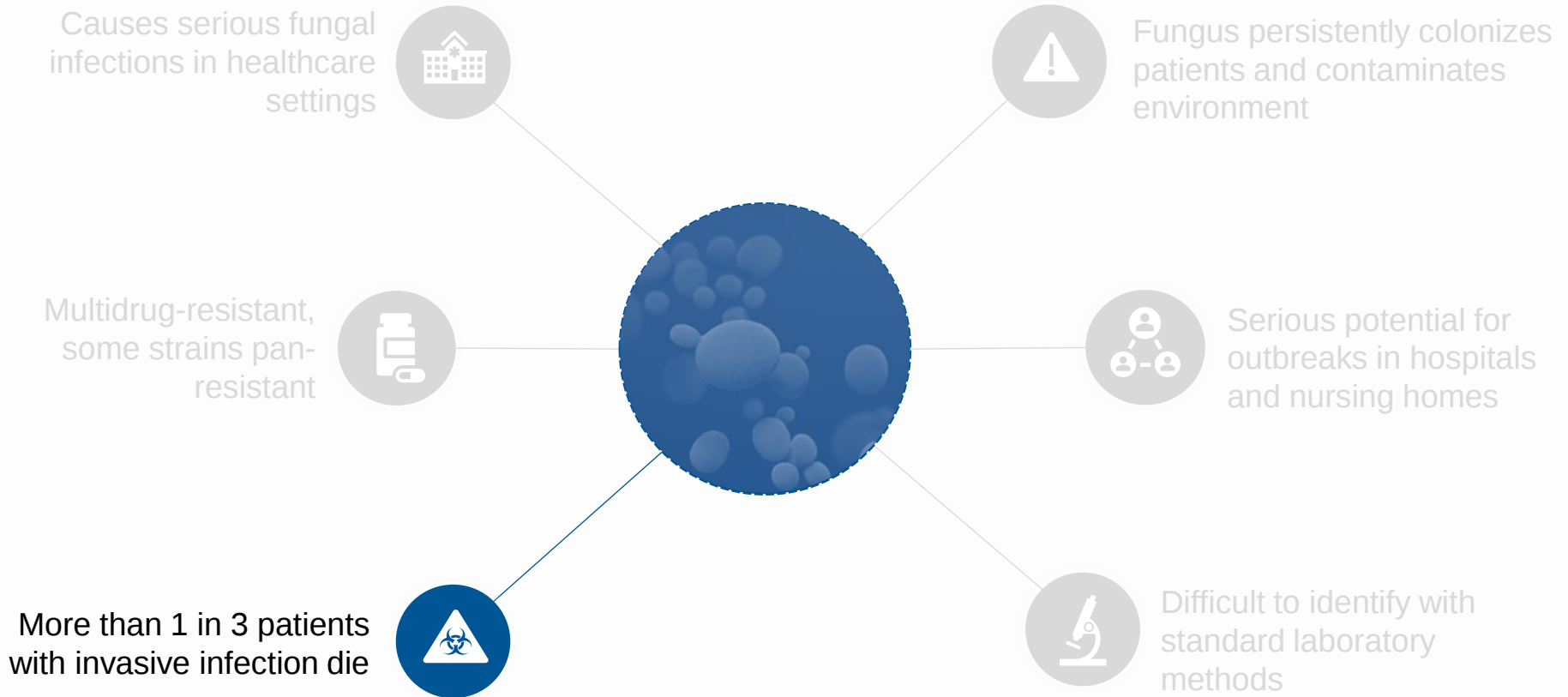
Candida auris:



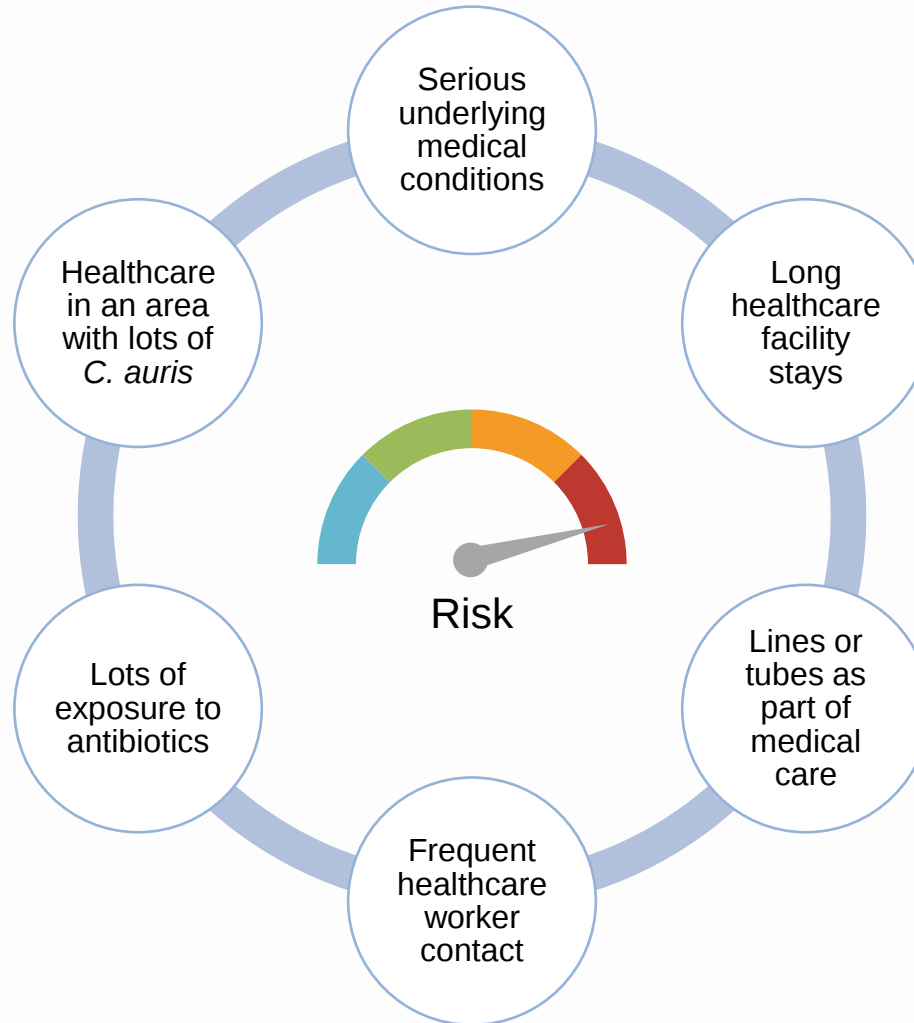
Candida auris:



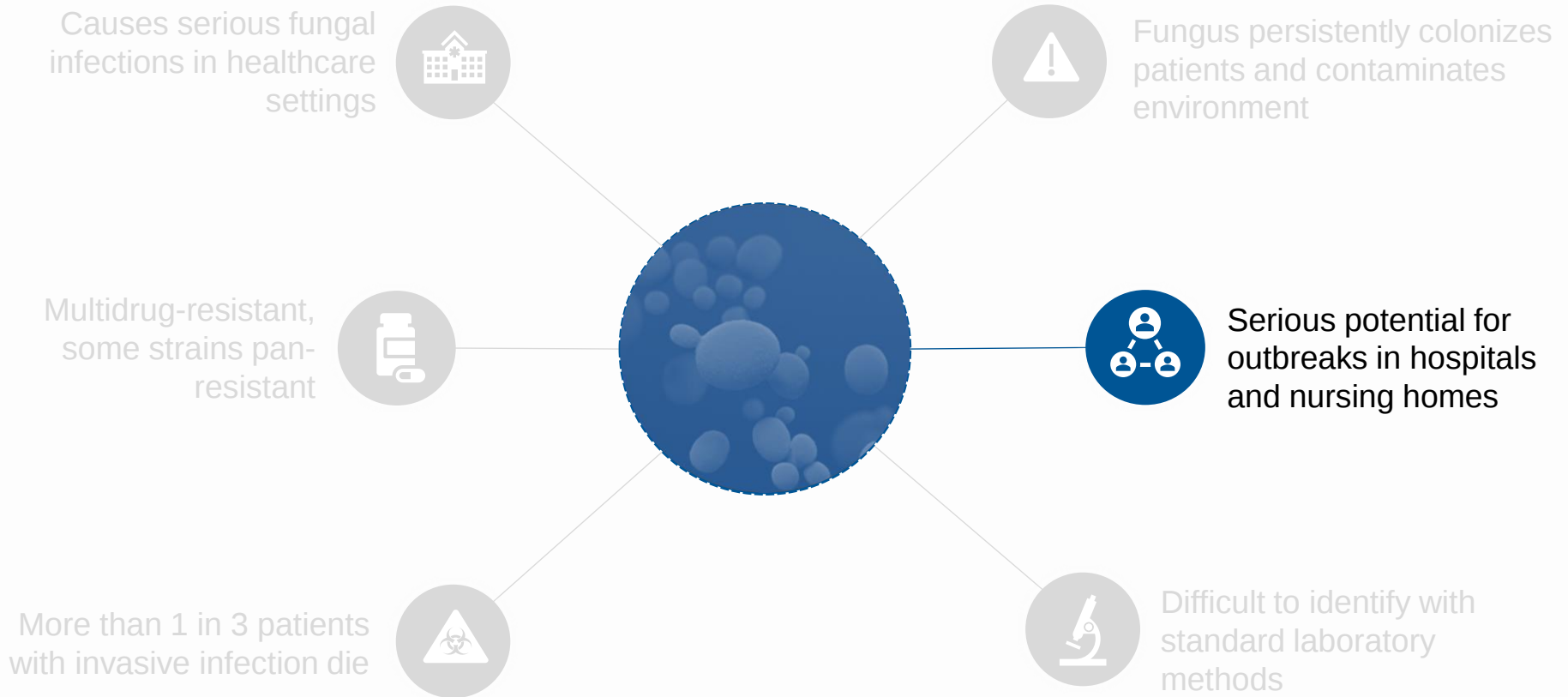
Candida auris:



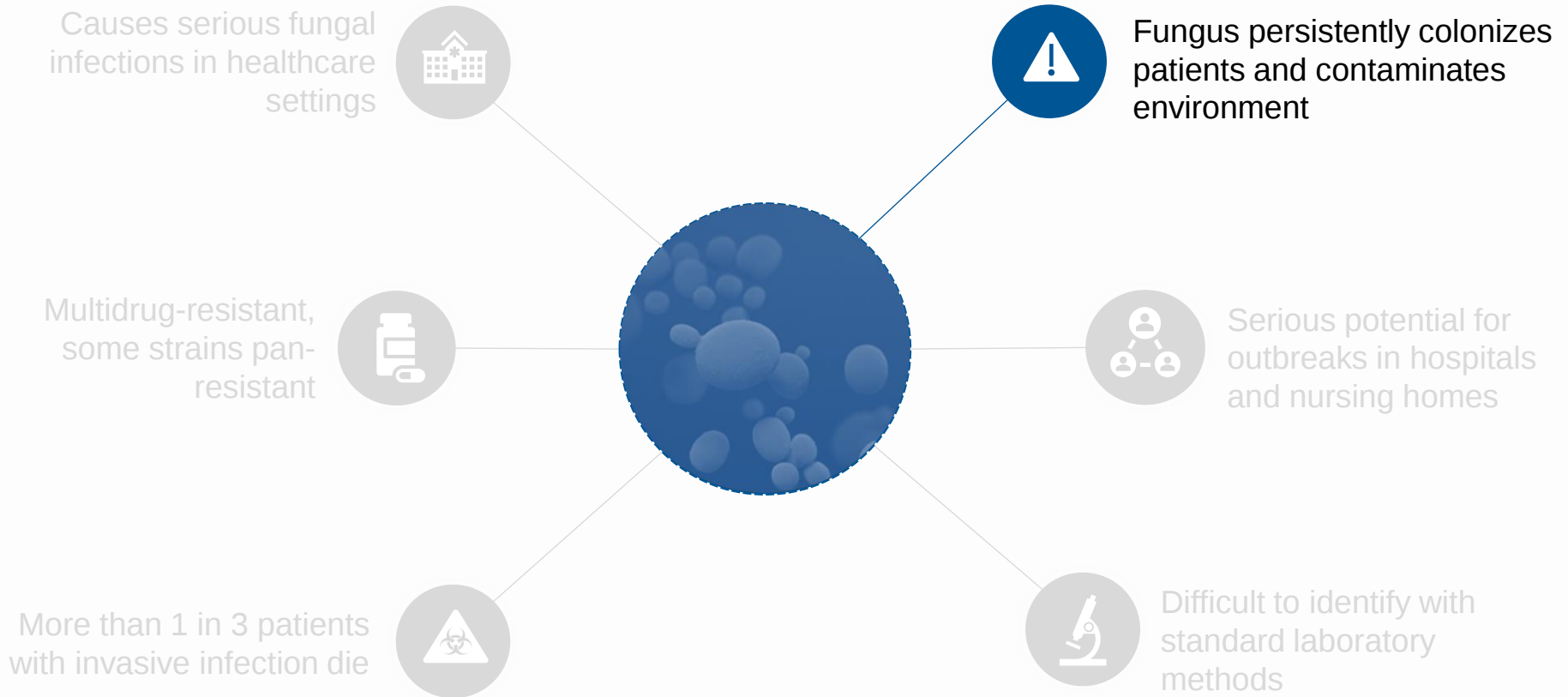
Risk Factors for *Candida auris*



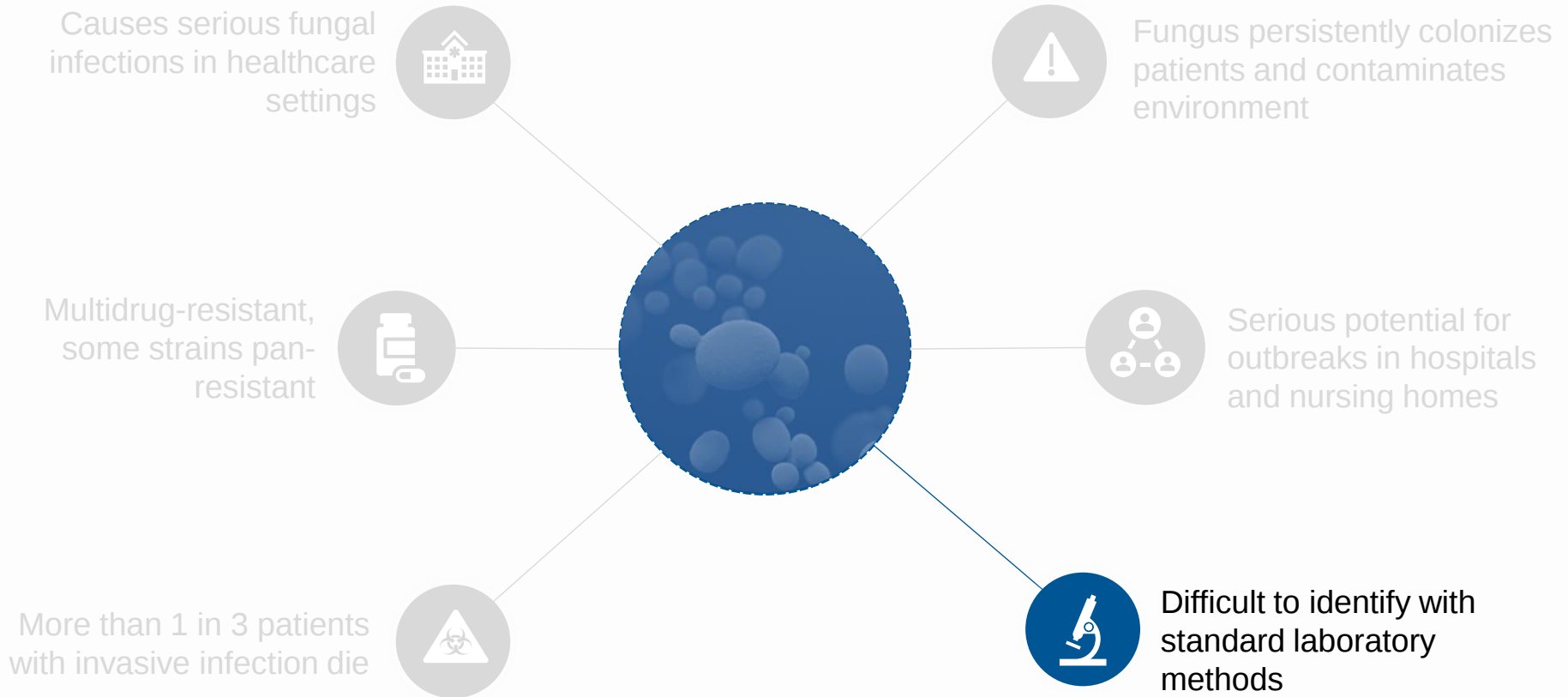
Candida auris:



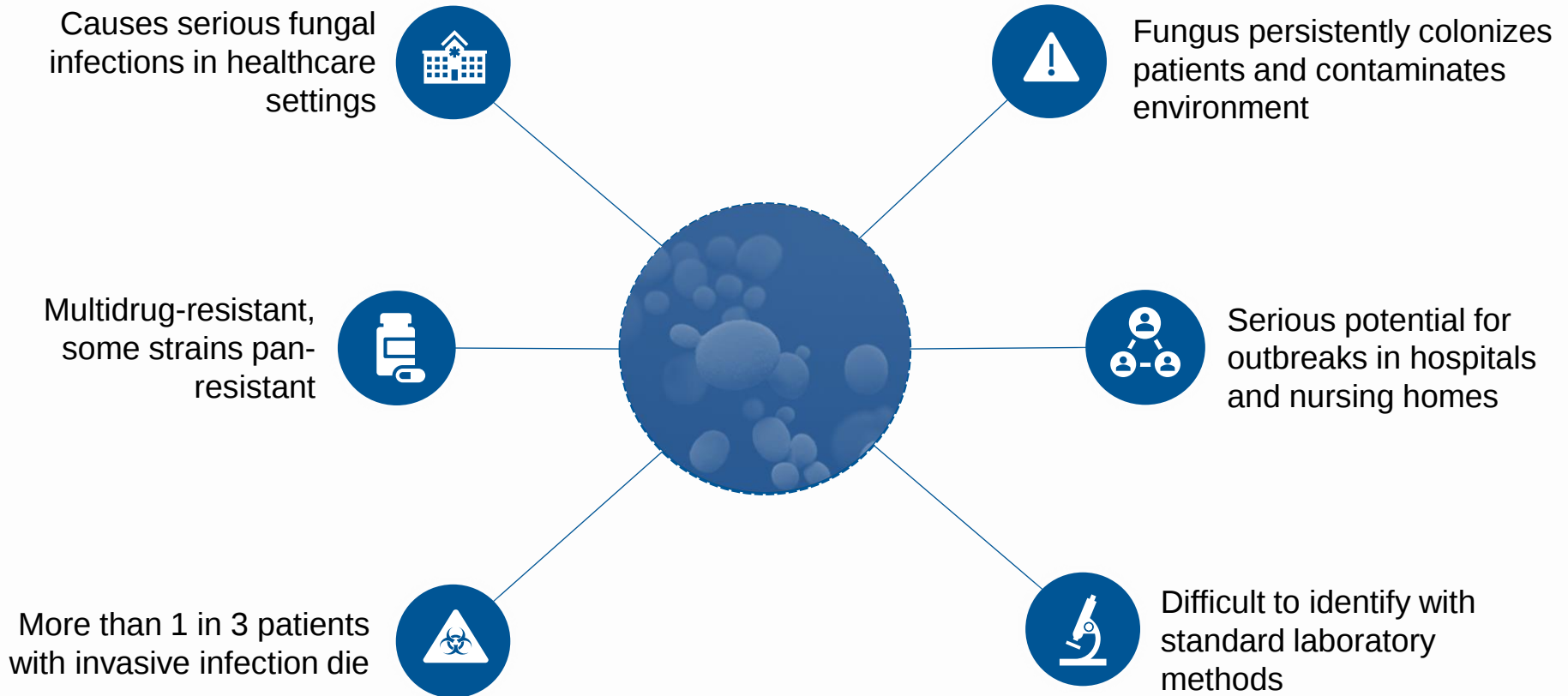
Candida auris:



Candida auris:



Candida auris: emerging pathogen threat in Oregon



Patients can be colonized or infected with *C. auris*

Clinical Cases

- *Candida auris* causes an infection in the body
- Often causes symptoms
- Can spread the disease
- Poor outcomes: 1 in 3 patients will die

Colonized Cases

- *Candida auris* lives on or in a person's body
- Does not cause an infection, no symptoms
- Long periods of time
- Can spread the disease
- At greater risk of developing an infection

Patients can be colonized or infected with *C. auris*

Clinical Cases

- *Candida auris* causes an infection in the body
- Often causes symptoms
- Can spread the disease
- Poor outcomes: 1 in 3 patients will die

Colonized Cases

- *Candida auris* lives on or in a person's body
- Does not cause an infection, no symptoms
- Long periods of time
- Can spread the disease
- At greater risk of developing an infection

Patients can be colonized or **infected** with *C. auris*

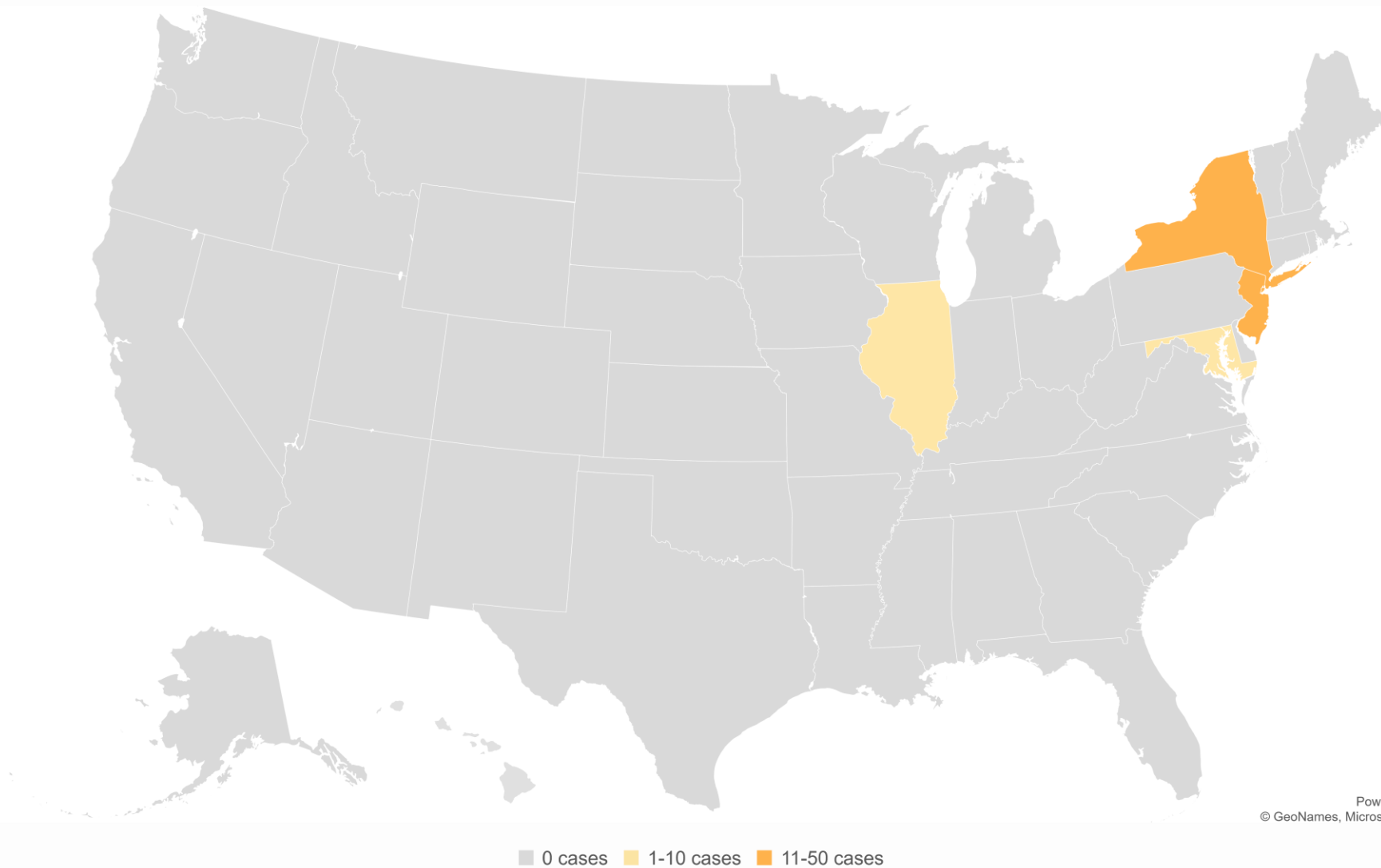
Clinical Cases

- *Candida auris* causes an infection in the body
- Often causes symptoms
- Can spread the disease
- Poor outcomes: 1 in 3 patients will die

Colonized Cases

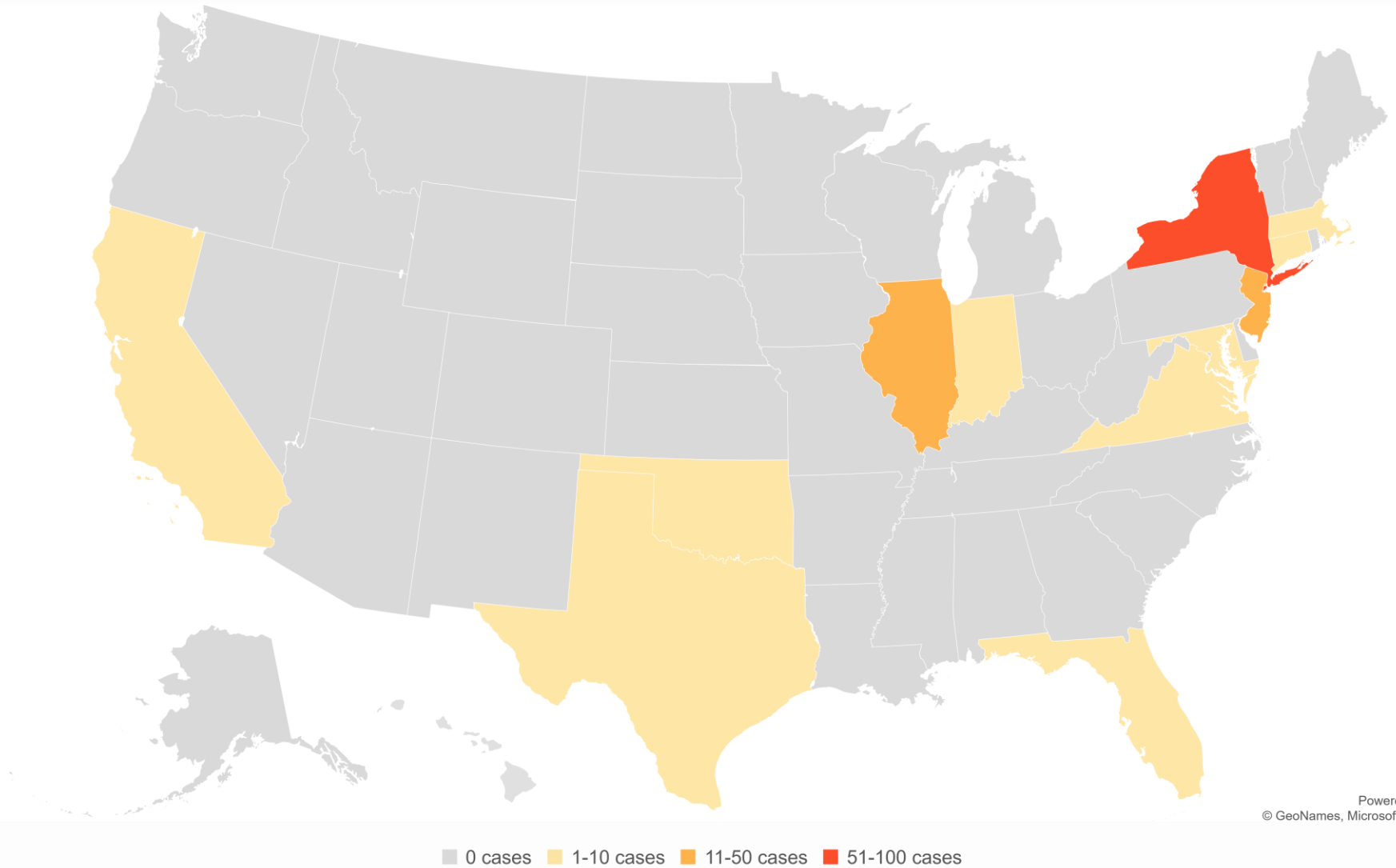
- *Candida auris* lives on or in a person's body
- Does not cause an infection, no symptoms
- Long periods of time
- Can spread the disease
- At greater risk of developing an infection

First reported clinical cases of *Candida auris* in the United States, 2013 - 2016



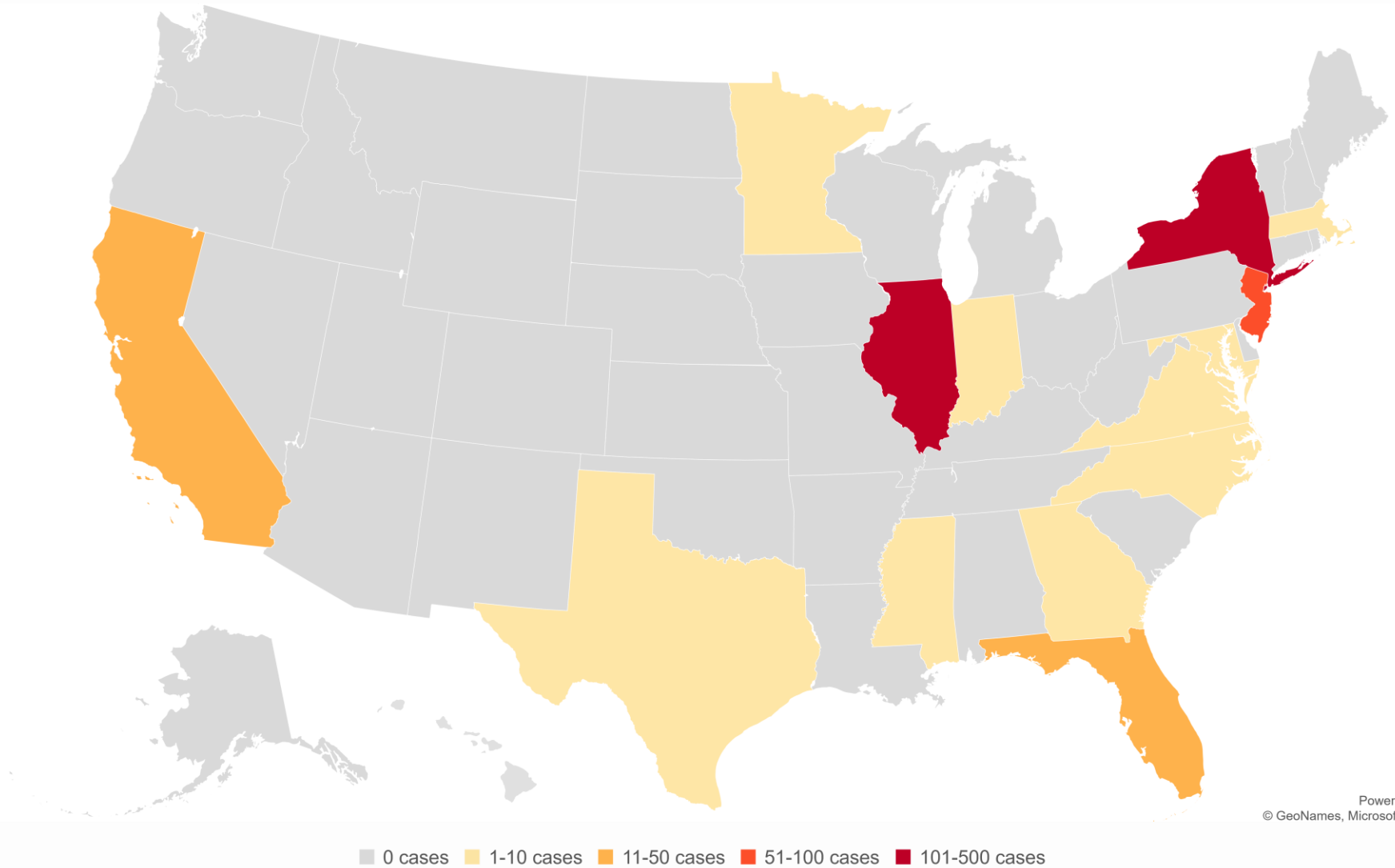
Powered by Bing
© GeoNames, Microsoft, TomTom

Reported clinical cases of *Candida auris*, 2017



Powered by Bing
© GeoNames, Microsoft, TomTom

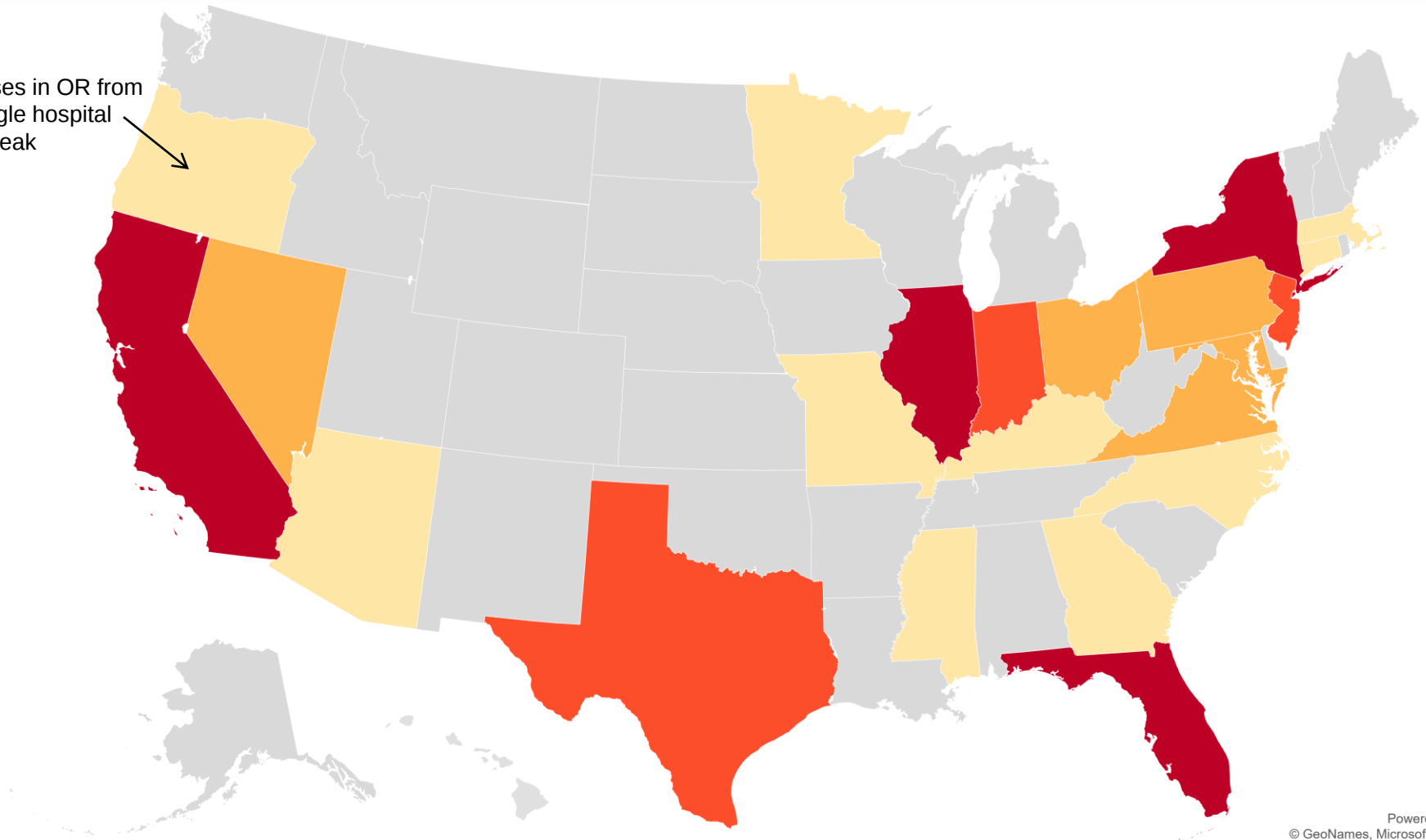
Reported clinical cases of *Candida auris*, 2019



Powered by Bing
© GeoNames, Microsoft, TomTom

Reported clinical cases of *Candida auris*, 2021

3 cases in OR from
a single hospital
outbreak

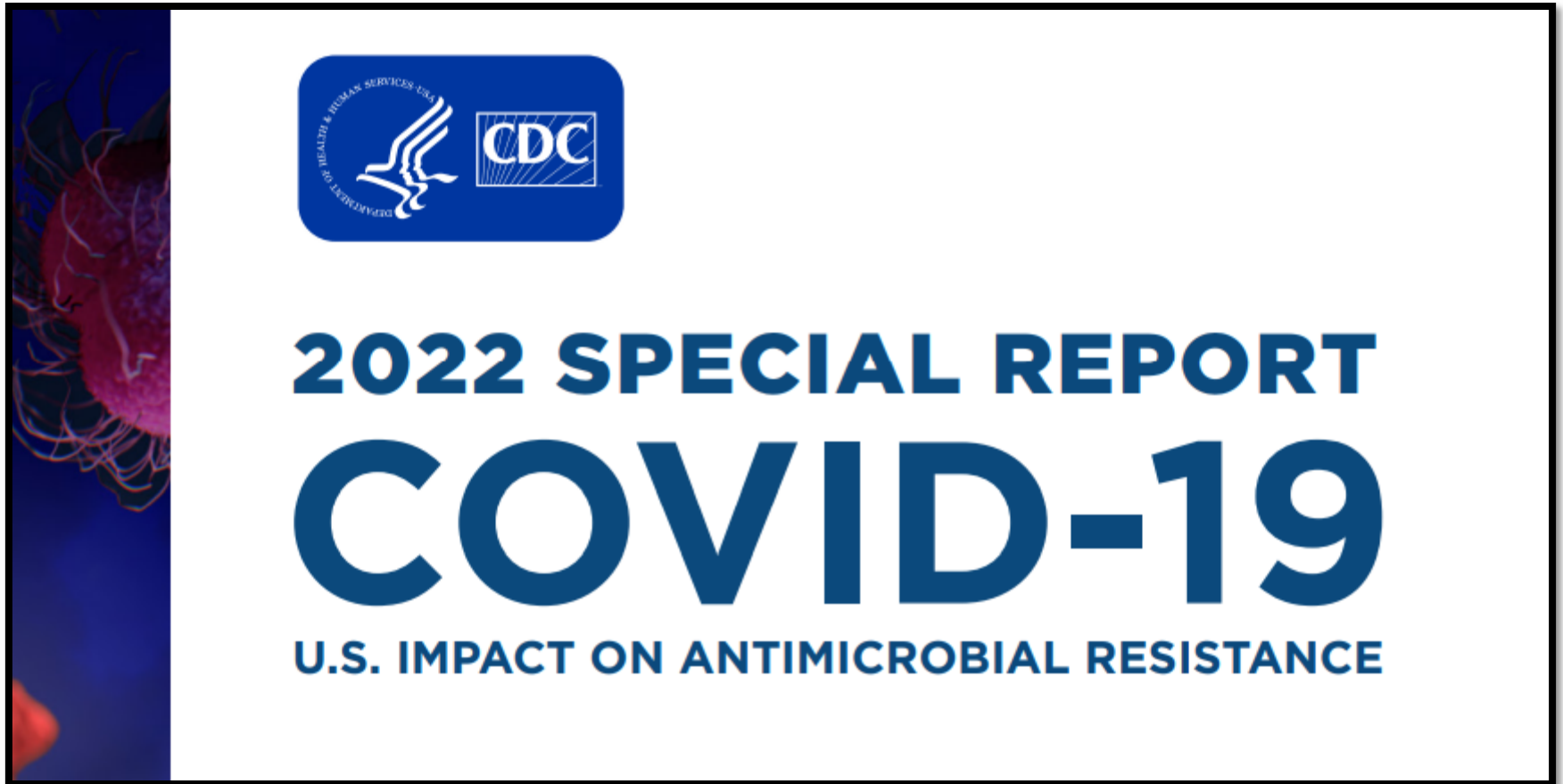


Powered by Bing
© GeoNames, Microsoft, TomTom

■ 0 cases ■ 1-10 cases ■ 11-50 cases ■ 51-100 cases ■ 101-500 cases

0 cases 1-10 cases 11-50 cases 51-100 cases 101-500 cases

Pandemic has led to increase in antimicrobial resistance



<https://www.cdc.gov/drugresistance/pdf/covid19-impact-report-508.pdf>



Available data show an alarming increase in resistant infections starting during hospitalization, growing at least 15% from 2019 to 2020.

- Carbapenem-resistant *Acinetobacter* (**↑78%**)
- Antifungal-resistant *Candida auris* (**↑60%**)*
- Carbapenem-resistant Enterobacterales (**↑35%**)
- Antifungal-resistant *Candida* (**↑26%**)
- ESBL-producing Enterobacterales (**↑32%**)
- Vancomycin-resistant Enterococcus (**↑14%**)
- Multidrug-resistant *P. aeruginosa* (**↑32%**)
- Methicillin-resistant *Staphylococcus aureus* (**↑13%**)

	Resistant Pathogen	2017 Threat Estimate	2018 Threat Estimate	2019 Threat Estimate	2017-2019 Change	2020 Threat Estimate and 2019-2020 Change
URGENT	Carbapenem-resistant <i>Acinetobacter</i>	8,500 cases 700 deaths	6,300 cases 500 deaths	6,000 cases 500 deaths	Stable*	7,500 cases 700 deaths Overall: 35% increase* Hospital-onset: 78% increase*
	Antifungal-resistant <i>Candida auris</i>	171 clinical cases*	329 clinical cases	466 clinical cases	Increase	754 cases Overall: 60% increase
	<i>Clostridioides difficile</i>	223,900 infections 12,800 deaths	221,200 infections 12,600 deaths	202,600 infections 11,500 deaths	Decrease	Data delayed due to COVID-19 pandemic
	Carbapenem-resistant Enterobacterales	13,100 cases 1,100 deaths	10,300 cases 900 deaths	11,900 cases 1,000 deaths	Decrease*	12,700 cases 1,100 deaths Overall: Stable* Hospital-onset: 35% increase*



Available data show an alarming increase in resistant infections starting during hospitalization, growing at least 15% from 2019 to 2020.

- Carbapenem-resistant *Acinetobacter* (+78%)
- **Antifungal-resistant *Candida auris* (+60%)***
- Carbapenem-resistant Enterobacterales (+35%)
- Antifungal-resistant *Candida* (+26%)
- ESBL-producing Enterobacterales (+32%)
- Vancomycin-resistant Enterococcus (+14%)
- Multidrug-resistant *P. aeruginosa* (+32%)
- Methicillin-resistant *Staphylococcus aureus* (+13%)

	Resistant Pathogen	2017 Threat Estimate	2018 Threat Estimate	2019 Threat Estimate	2017-2019 Change	2020 Threat Estimate and 2019-2020 Change
	Carbapenem-resistant <i>Acinetobacter</i>	8,500 cases 700 deaths	6,300 cases 500 deaths	6,000 cases 500 deaths	Stable*	7,500 cases 700 deaths Overall: 35% increase* Hospital-onset: 78% increase*
	Antifungal-resistant <i>Candida auris</i>	171 clinical cases*	329 clinical cases	466 clinical cases	Increase	754 cases Overall: 60% increase
URGENT	<i>Clostridioides difficile</i>	223,900 infections 12,800 deaths	221,200 infections 12,600 deaths	202,600 infections 11,500 deaths	Decrease	Data delayed due to COVID-19 pandemic
	Carbapenem-resistant Enterobacterales	13,100 cases 1,100 deaths	10,300 cases 900 deaths	11,900 cases 1,000 deaths	Decrease*	12,700 cases 1,100 deaths Overall: Stable* Hospital-onset: 35% increase*

***Candida auris* in a skilled nursing facility**

a case study from Chicago

Chicago Case Study: ventilator unit in a skilled nursing facility (SNF)

JOURNAL ARTICLE

Regional Emergence of *Candida auris* in Chicago and Lessons Learned From Intensive Follow-up at 1 Ventilator-Capable Skilled Nursing Facility ^{FREE}

Massimo Pacilli ✉, Janna L Kerins, Whitney J Clegg, Kelly A Walblay, Hira Adil, Sarah K Kemble, Shannon Xydis, Tristan D McPherson, Michael Y Lin, Mary K Hayden ... Show more

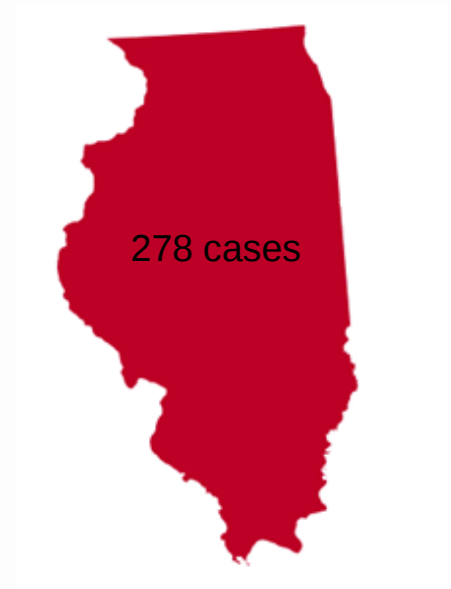
Clinical Infectious Diseases, Volume 71, Issue 11, 1 December 2020, Pages e718–e725, <https://doi.org/10.1093/cid/ciaa435>

Chicago ventilator SNF case study: statewide context

Number of clinical cases of *C. auris*
in Illinois, 2016



Number of clinical cases of *C. auris*
in Illinois, 2021



Chicago ventilator SNF case study

- In March 2017, **a single case of *Candida auris*** was identified at a SNF with a ventilator unit in Chicago

Chicago ventilator SNF case study

- In March 2017, a single case of *Candida auris* was identified at a SNF with a ventilator unit in Chicago
- In response, the Chicago Department of Public Health (CDHP) **screened 69 residents** on the ventilator capable unit

Chicago ventilator SNF case study

- In March 2017, a single case of *Candida auris* was identified at a SNF with a ventilator unit in Chicago
- In response, the Chicago Department of Public Health (CDHP) screened 69 residents on the ventilator capable unit
- “**Did not identify any colonized residents** other than the previously known case-patient”

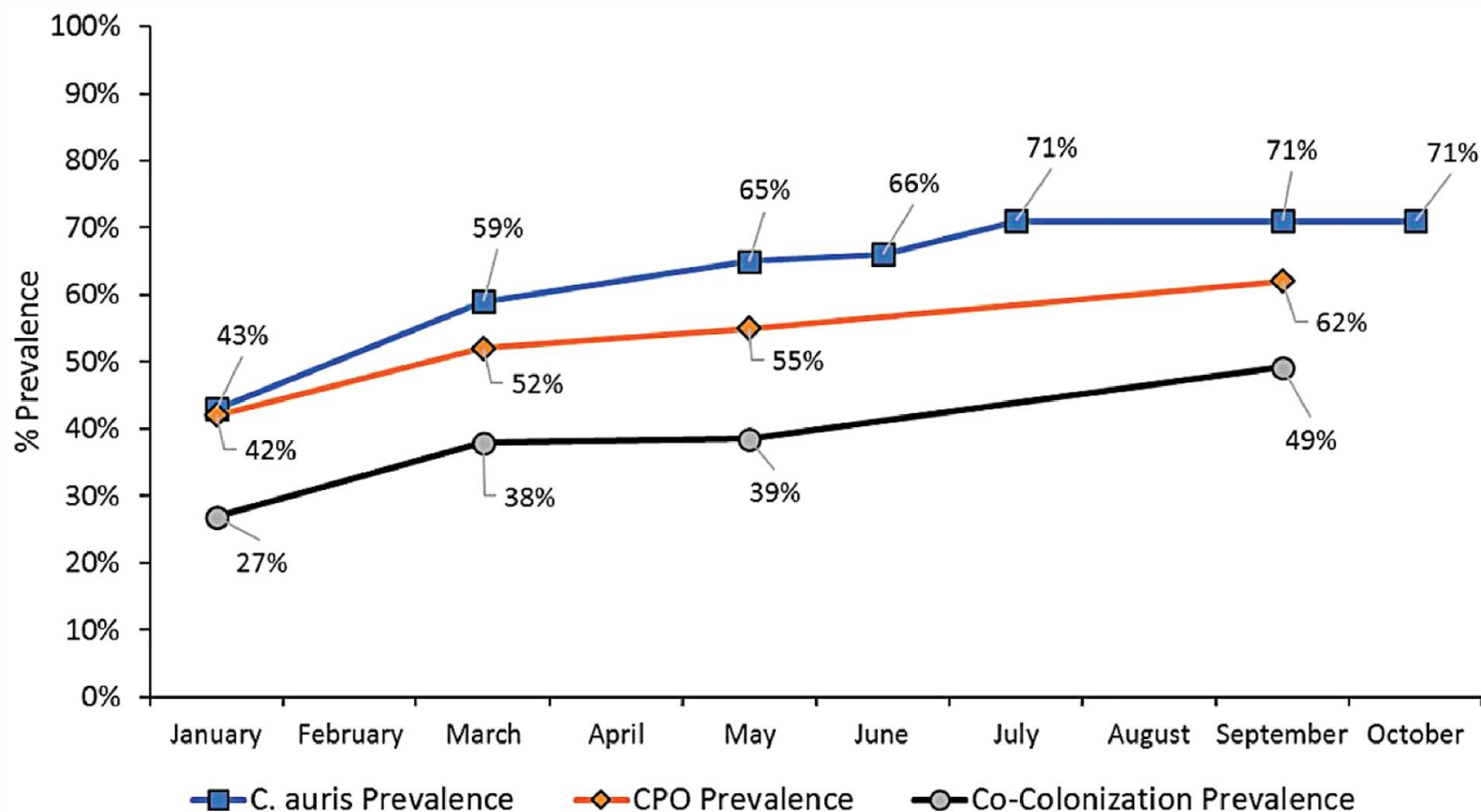
Chicago ventilator SNF case study

- In March 2017, a single case of *Candida auris* was identified at a SNF with a ventilator unit in Chicago
- In response, the Chicago Department of Public Health (CDHP) screened 69 residents on the ventilator capable unit
- “Did not identify any colonized residents other than the previously known case-patient”
- **Throughout 2018, conducted several point prevalence surveys for both *C. auris* and carbapenemase-producing organisms (CPO)**

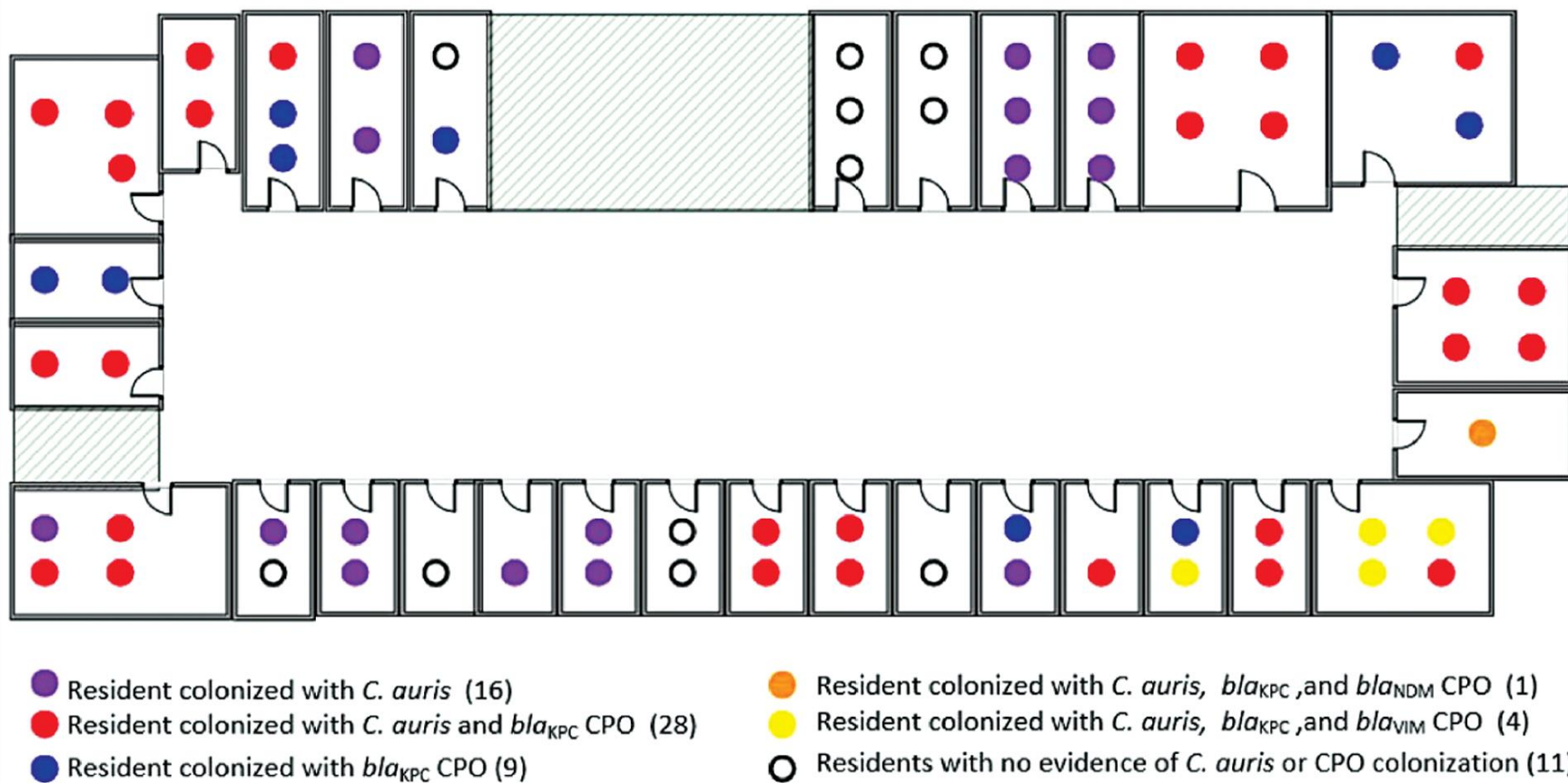
Chicago ventilator SNF case study

- In March 2017, a single case of *Candida auris* was identified at a SNF with a ventilator unit in Chicago
- In response, the Chicago Department of Public Health (CDHP) screened 69 residents on the ventilator capable unit
- “Did not identify any colonized residents other than the previously known case-patient”
- Throughout 2018, conducted multiple point prevalence surveys for both *C. auris* and carbapenemase-producing organisms (CPO)
- **Fall 2018:**
 - **71% *Candida auris* prevalence**
 - **61% CPO prevalence**

Candida auris and CPO prevalence in a Chicago SNF ventilator unit, January to October 2018

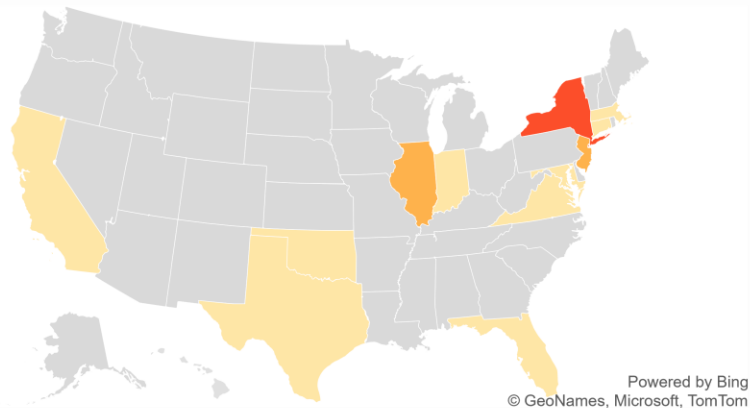


Resident *Candida auris* and CPO colonization status and room assignment in a Chicago SNF ventilator unit, October 2018



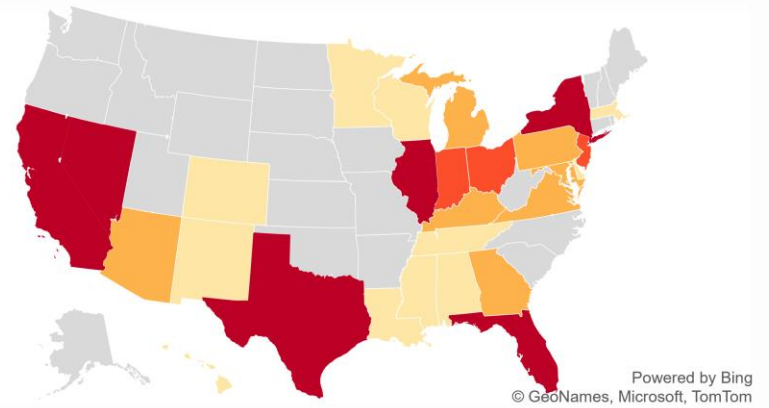
With such rapid spread, can *Candida auris* be contained?

Reported clinical cases of *Candida auris*, 2017



■ 0 cases ■ 1-10 cases ■ 11-50 cases ■ 51-100 cases

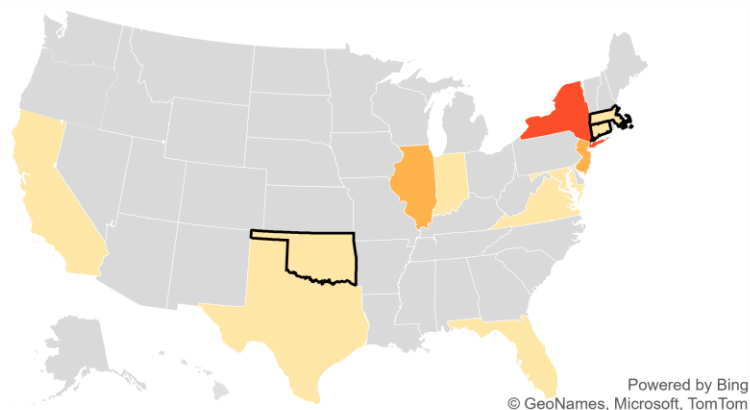
Reported clinical cases of *Candida auris*, 2022



■ 0 cases ■ 1-10 cases ■ 11-50 cases
■ 51-100 cases ■ 101-500 cases

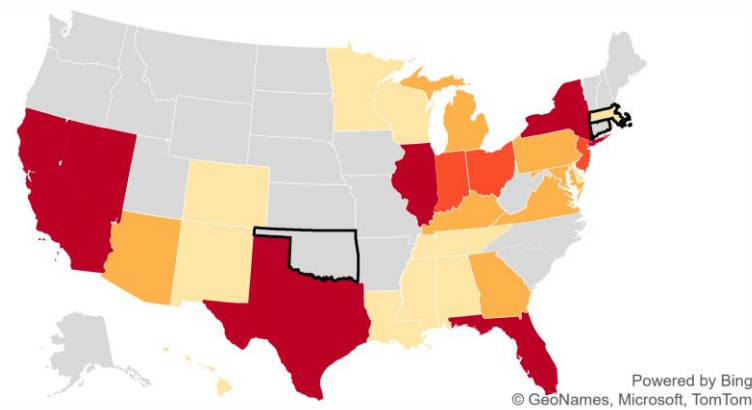
Some states have maintained a low number of clinical cases

Reported clinical cases of *Candida auris*, 2017



■ 0 cases ■ 1-10 cases ■ 11-50 cases ■ 51-100 cases

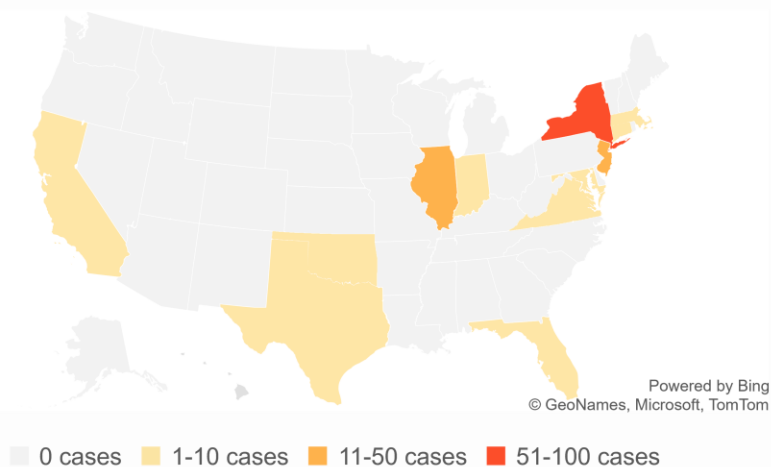
Reported clinical cases of *Candida auris*, 2022



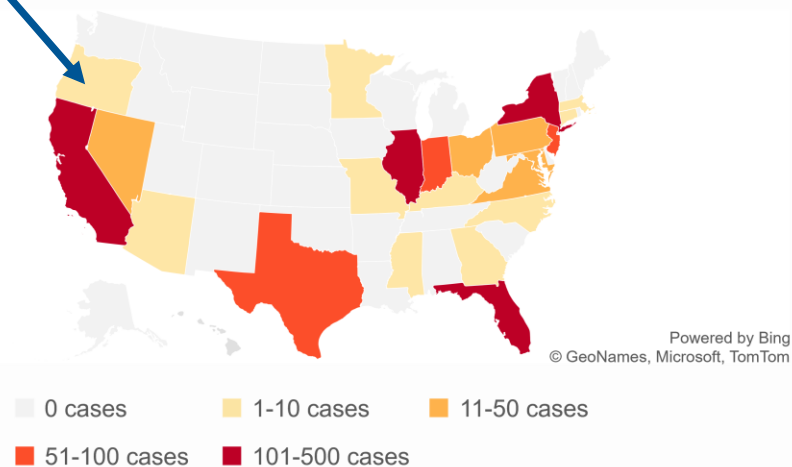
■ 0 cases ■ 1-10 cases ■ 11-50 cases
■ 51-100 cases ■ 101-500 cases

With first OR cases of *C. auris* in 2021, how can we continue to prepare for and prevent cases?

Reported clinical cases of *Candida auris*, 2017



Reported clinical cases of *Candida auris*, 2021



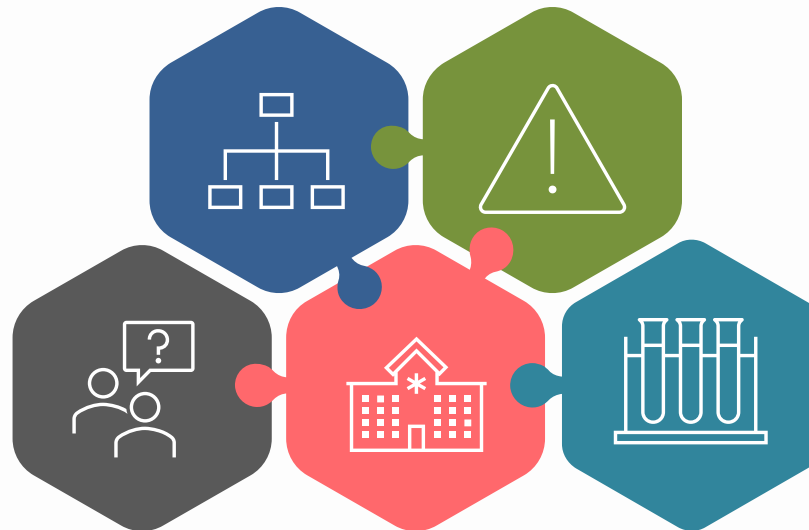
OHA is working to prevent *Candida auris* cases in Oregon

Expanding HAI team

Including an additional dedicated epidemiologist for multidrug-resistant organism surveillance and response

Supporting local public health

By providing targeted training and webinars on CPO and *C. auris* prevention and response



Antibiotic Resistance Information Exchange

ARIE alerts emergency departments and skilled nursing facilities when a patient with an MDRO is admitted, launched in October 2022

ARLN Partnership

OHA works with the Antimicrobial Resistance Laboratory Network (ARLN) to detect, respond to, and contain emerging threats like *C. auris*

Working closely with facilities

Who are most at risk of encountering a *C. auris* case, and who are at risk of an outbreak

OHA is working to prevent CPO and *C. auris* cases in Oregon

Expanding HAI team

Including an additional dedicated epidemiologist for multidrug-resistant organism surveillance and response

Supporting local public health

By providing targeted training and webinars on CPO and *C. auris* prevention and response



Antibiotic Resistance Information Exchange

ARIE alerts emergency departments and skilled nursing facilities when a patient with an MDRO is admitted, launched in October 2022

ARLN Partnership

OHA is working with ARLN (Antimicrobial Resistance Laboratory Network) to detect, respond to and contain emerging threats of organisms like *C. auris*

Working closely with facilities

Who are most at risk of encountering a *C. auris* case, and who are at risk of an outbreak

Infection Prevention and Control

of Candida auris in long-term care facilities

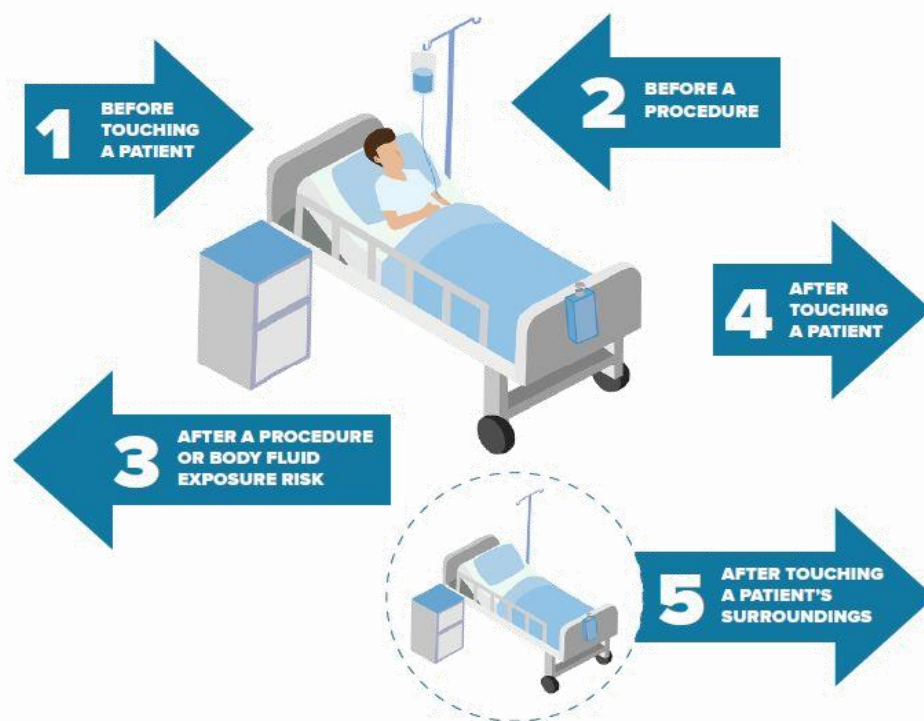
Preventing spread of *C. auris*: Infection Control

- Promote, audit, and enforce hand hygiene
- Use appropriate Transmission-Based Precautions
- Clean and disinfect the patient care environment and reusable equipment with recommended products
- Communicate about *C. auris* status when a patient is transferred
- Know what to expect if *C. auris* is identified in your facility/region
- Laboratory surveillance of clinical specimens

Hand Hygiene

- **Alcohol-based hand sanitizer (ABHS)** is the **preferred hand hygiene method** for *C. auris* when hands are not visibly soiled.
- If hands are visibly soiled, wash with soap and water.
- Wearing gloves is not a substitute for hand hygiene.
- Staff need to have access to Hand Hygiene!

5 Moments for HAND HYGIENE



Transmission Based Precautions

- All healthcare providers in all settings should use **contact precautions** for known or suspected cases of *Candida auris*
- Discuss with your OHA Infection Preventionist about questions around long-term patients and special situations. We may suggest Enhanced Barrier Precautions in your setting.



Environmental Disinfection

- Daily and terminal cleaning and disinfecting reduce transmission
- Focus efforts on:
 - reusable equipment
 - shared mobile equipment (e.g., glucometers, blood pressure cuffs).
- Avoid equipment sharing to the extent possible
 - Designate equipment for those colonized or infected with *C. auris*

CANDIDA AURIS RESPONSE

Healthcare Facility Toolkit

Environmental Disinfection and Cleaning

CDC Environmental Checklist for Monitoring Terminal Cleaning

Date:			
Unit:			
Room Number:			
Staff Initials:			

High-touch Room Surfaces	Cleaned	Not Cleaned	Not Present in Room
Bed Rails & Controls			
Tray Table			
IV Pole			
Call Button/ Box			
Telephone			
Bedside Table Handles			
Chair			
Room Sink			
Room Light Switch			
Room Inner Doorknob			
Bathroom Inner Doorknob			
Bathroom Light Switch			
Bathroom Handrail by Toilet			
Bathroom Sink			
Toilet Seat			
Toilet Flush Handle			
Toilet Bedpan Cleaner			
IV Pump Controls			
Monitor Controls			
Monitor Touch Screens			
Monitor Cables			

Mark the Monitoring Method Used				
Direct Observations	Swab Cultures	Fluorescent Gel	ATP System	Agar Slide Cultures

6

Environmental Disinfection

- Use an Environmental Protection Agency (EPA)–registered disinfectant effective against *C. auris*.
- Refer to EPA’s List P for a current list of EPA-approved products for *C. auris*.
- Important to follow all manufacturer’s directions for use
 - including applying the product for the correct contact time

How to Read a Disinfectant Label

Read the entire label.
The label is the law!

Note: Below is an **example** of information that can be found on a disinfectant label

Active Ingredients:
What are the main disinfecting chemicals?

EPA Registration Number:
U.S. laws require that all disinfectants be registered with EPA.

Directions for Use (Instructions for Use):
Where should the disinfectant be used?
What germs does the disinfectant kill?
What types of surfaces can the disinfectant be used on?
How do I properly use the disinfectant?

Contact Time:
How long does the surface have to stay wet with the disinfectant to kill germs?

Signal Words (Caution, Warning, Danger):
How risky is this disinfectant if it is swallowed, inhaled, or absorbed through the skin?

Precautionary Statements:
How do I use this disinfectant safely? Do I need PPE?

First Aid:
What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

Storage & Disposal:
How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?

Label Content Example:

ACTIVE INGREDIENTS:
Alkyl (60% C14, 30% C16, 5% C12, 5% C18) 10.0%
Dimethyl Benzyl Ammonium Chloride 90.0%
OTHER INGREDIENTS: 100.0%
TOTAL: 100.0%

EPA REG NO. 55555-55-55555

CAUTION

Directions for Use

INSTRUCTIONS FOR USE:
It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

For Disinfection of Healthcare Organisms:
Staphylococcus aureus, Pseudomonas aeruginosa.

To Disinfect Hard, Nonporous Surfaces:
Pre-wash surface.
Mop or wipe with disinfectant solution.
Allow solution to stay wet on surface for at least 10 minutes.
Rinse well and air dry.

PRECAUTIONARY STATEMENTS:
Hazardous to humans and domestic animals. Wear gloves and eye protection.

CAUSES MODERATE EYE IRRITATION. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling. Avoid contact with foods.

FIRST AID: IF IN EYES: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. **IF ON SKIN OR CLOTHING:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes.

POISON CONTROL: Call a Poison Control Center (1-866-366-5048) or doctor for treatment advice.

STORAGE AND DISPOSAL: Store this product in a cool, dry area away from direct sunlight and heat. When not in use keep center cap of lid closed to prevent moisture loss. Nonrefillable container. Do not reuse or refill this container.

EXP. MFG. CO. YYYY
6 55555 55555 6

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

PROJECT FIRSTLINE

EPA
United States Environmental Protection Agency

WWW.CDC.GOV/PROJECTFIRSTLINE

Commonly used *Candida auris* Disinfectants



Oxivir 1 Wipes
Dwell Time: 1 Minute for
Hard Non-porous Surfaces
Active Ingredients:
Hydrogen Peroxide
EPA Reg No.: 70627- 77

CaviWipes 1

Dwell Time: 1 Minute for
Hard Non-porous Surfaces

Active Ingredients:
Isopropyl Alcohol and
Quaternary Ammonium

EPA Reg No.: 46781-13



Sani-Cloth Germicidal Wipes

Dwell Time: 2 Minutes for
Hard Non-porous Surfaces

Active Ingredients: Isopropyl
Alcohol and Quaternary
Ammonium

EPA Reg No.: 9480-4

Resident Admission, Transfer, and Discharge

Admission

- Based on clinical status and ability of accepting facility to safely provide care
- *C. auris* patients can be safely managed with appropriate precautions
- Work with your Regional IP to address any questions or concerns about new admissions

Transfer

- Interfacility transfer notice is required for all patients with MDROs, including *Candida auris*

Discharge

- Educate patients with *C. auris* and their families about:
 - The importance of notifying healthcare providers of their *C. auris* status
 - Steps to prevent spread (e.g., hand hygiene)

Resident Admission, **Transfer**, and Discharge

Admission

- Based on clinical status and ability of accepting facility to safely provide care
- *C. auris* patients can be safely managed with appropriate precautions
- Work with your Regional IP to address any questions or concerns about new admissions

Transfer

- Interfacility transfer notice is required for all patients with MDROs, including *Candida auris*

Discharge

- Educate patients with *C. auris* and their families about:
 - The importance of notifying healthcare providers of their *C. auris* status
 - Steps to prevent spread (e.g., hand hygiene)

Interfacility Transfer Communication

- Written communication
- Verbal communication
- Directly to those who will be caring for the patient

Facility Logo

Inter-facility Infection Control Transfer Form

SENDING FACILITY TO COMPLETE FORM and COMMUNICATE TO ACCEPTING FACILITY

Please attach copies of latest culture reports with susceptibilities, if available

Patient/Resident Last Name	First Name	Date of Birth
<i>Print or place Patient Label</i>		
Sending Facility Name	Sending Facility Unit	Sending Facility Phone #

Is the patient/resident currently on antibiotics? ☐ NO ☐ YES DX: _____

Does the patient/resident have pending cultures? ☐ NO ☐ YES

Is the patient/resident currently on precautions? ☐ NO ☐ YES

Type of Precautions (check all that apply) ☐ Contact ☐ Droplet ☐ Airborne ☐ Other: _____

Does patient currently have an infection, colonization, or a history of a multidrug-resistant organism (MDRO), or have an infection with a pathogen requiring transmission-based precautions?	Colonization or history Check if YES	Active infection on treatment Check if YES
MRSA (methicillin-resistant <i>Staphylococcus aureus</i>)	☐	☐
VRE (Vancomycin-resistant <i>Enterococcus</i>)	☐	☐
<i>C. diff</i> (<i>Clostridioides difficile</i> , formerly known as <i>Clostridium difficile</i> , CDI)	☐	☐
<i>Acinetobacter</i> spp., multidrug-resistant	☐	☐
Gram-negative organism resistant to multiple antibiotics* (e.g., <i>E. coli</i> , <i>Klebsiella</i> , <i>Proteus</i> spp.)	☐	☐
CRE (carbapenem-resistant <i>Enterobacteriales</i>)	☐	☐
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	☐	☐
<i>Candida auris</i>	☐	☐
Other**:	☐	☐

*Culture report with multiple antibiotics marked resistant (R); send copy of report with susceptibilities.

**Other: lice, scabies, shingles, norovirus, influenza, tuberculosis, etc.

Does the patient/resident currently have any of the following?

Cough or requires suctioning	Central line/PICC
Diarrhea	Hemodialysis catheter
Vomiting	Urinary catheter
Incontinent of urine or stool	Suprapubic catheter
Open wounds or wounds requiring dressing change	Percutaneous gastrostomy tube
Drainage (source) _____	Tracheostomy

Notes:

Printed Name of Person completing form:	Signature:	Date:	Name and phone of individual at receiving facility who received information:

Oregon
Health
Authority

OHA (04/2023) adapted from CDC

Oregon
Health
Authority

Resident Admission, Transfer, and Discharge

Admission

- Based on clinical status and ability of accepting facility to safely provide care
- *C. auris* patients can be safely managed with appropriate precautions
- Work with your Regional IP to address any questions or concerns about new admissions

Transfer

- Interfacility transfer notice is required for all patients with MDROs, including *Candida auris*

Discharge

- Educate patients with *C. auris* and their families about:
 - The importance of notifying healthcare providers of their *C. auris* status
 - Steps to prevent spread (e.g., hand hygiene)

What to expect when *C. auris* is identified in **your region**

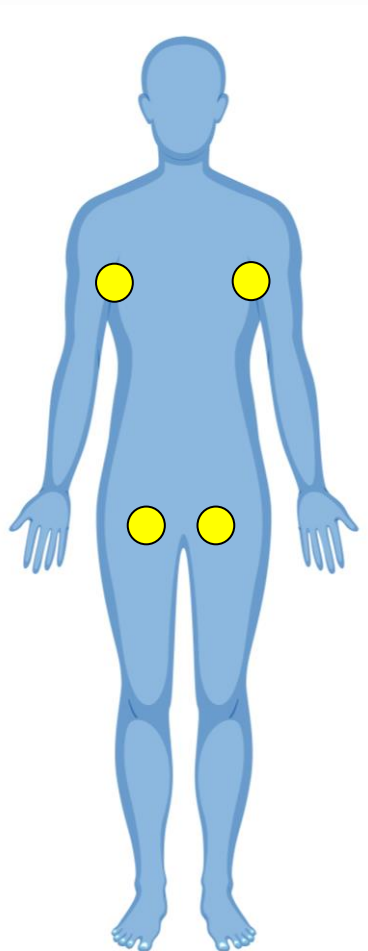
- Notification that *C. auris* has been identified by the Oregon Health Authority (OHA) or Oregon Department of Human Services (ODHS)
- Screening for residents from the facility with an outbreak
- Strongly recommend proactive use of disinfectants effective against *Candida auris* (if not already part of routine practice)

What to expect when *C. auris* is identified in **your facility**

- Partner call with Oregon Health Authority (OHA) subject matter experts within 24 business hours
 - Discuss case patient, next steps and recommendations together
- Onsite infection control assessment (ICAR) with OHA regional infection preventionist
 - Focused on technical assistance and support
- Resident colonization screening

Resident Colonization Screening

- OHA IP and Epi team will work with your staff to conduct a screening of residents
- Axilla-groin composite swab of residents with protentional exposure
- Supplies and support provided by OHA
- ARLN will report back with results and IP will conduct an ICAR to discuss IPC for your facility



Candida auris can be misidentified as a number of different organisms

Identification Method	Organism <i>C. auris</i> can be misidentified as
Vitek 2 YST*	<i>Candida haemulonii</i> <i>Candida duobushaemulonii</i>
API 20C	<i>Rhodotorula glutinis</i> (characteristic red color not present) <i>Candida sake</i>
API ID 32C	<i>Candida intermedia</i> <i>Candida sake</i> <i>Saccharomyces kluyveri</i>
BD Phoenix yeast identification system	<i>Candida haemulonii</i> <i>Candida catenulata</i>
MicroScan	<i>Candida famata</i> <i>Candida guilliermondii</i> ** <i>Candida lusitaniae</i> ** <i>Candida parapsilosis</i> **
RapID Yeast Plus	<i>Candida parapsilosis</i> **

Candida auris can be misidentified as a number of different organisms

Identification Method	Organism <i>C. auris</i> can be misidentified as
Vitek 2 YST*	<i>Candida haemulonii</i> <i>Candida duobushaemulonii</i>
API 20C	<i>Rhodotorula glutinis</i> (characteristic red color not present) <i>Candida sake</i>
API ID 32C	<i>Candida intermedia</i> <i>Candida sake</i> <i>Saccharomyces kluyveri</i>
BD Phoenix yeast identification system	<i>Candida haemulonii</i> <i>Candida catenulata</i>
MicroScan	<i>Candida famata</i> <i>Candida guilliermondii</i> ** <i>Candida lusitaniae</i> ** <i>Candida parapsilosis</i> **
RapID Yeast Plus	<i>Candida parapsilosis</i> **

- Talk to your lab about what method they use and whether they can identify *Candida auris*.
- Contact the OHA ACDP On-Call Team at 971-673-1111

Questions to ask now:

Is your current contracted lab able to identify *Candida auris*?

- Does your lab know when to send an isolate for additional testing?

Do your current cleaning and disinfecting solutions work against *Candida auris*?

- If not, stock products that work against *C. auris* now, before you need them

Are gowns and gloves accessible to staff?

- If not, ensure PPE is available where it will be used (e.g., outside each patient's room)

Are staff familiar with contact precautions procedures?

- If not, establish regular training that allows staff to practice donning and doffing.

Candida auris: Key Concepts

- ***Candida auris* is a yeast that can cause serious, hard to treat infections**
 - Spreads person-to-person or via contact with contaminated surfaces
 - Still rare in Oregon but poses a serious threat
 - CAN be safely managed in long-term care and other settings
 - Visit CDC's Tracking *Candida auris* website for updated case counts
- **Spread of *C. auris* in LTC and other settings can be prevented!**
 - Check whether your laboratory can identify *C. auris*
 - Initiate use of disinfectants effective against *C. auris* in your facility now
 - Ensure strong PPE practices, hand hygiene, and appropriate precautions
 - Immediately report cases to your Local Public Health Authority
- **OHA's HAI team is here to help with preparedness or response!**

Questions? Contact us!

Evelyn Donahoe, MPH, CIC

MDRO Epidemiologist

evelyn.donahoe2@oha.oregon.gov

971-378-5807

Heather Hertzel, MPH

MDRO Epidemiologist

heather.hertzel2@oha.oregon.gov

971-346-0724

Lex Zhang, MPH, CIC

HAI Epi and Data Systems Manager

alexia.y.zhang@oha.oregon.gov

971-271-0071

Mary Martin, MScPH, BSN, RN

HAI Region 2 Infection Preventionist

mary.e.martin@oha.oregon.gov

503-847-6287

Dat Tran, MD, MS

Medical Director, HAI Program

dat.j.tran@oha.oregon.gov

971-409-8616

Rebecca Pierce, PhD, MS, BSN

HAI Programs Manager

rebecca.a.pierce@oha.oregon.gov

971-673-3498

Contact Information: OHA HAI Infection Preventionists

- **Therese Phin, RN, CIC, LTC-CIP**
therese.phin@oha.oregon.gov
- **Mary Martin, MScPH, RN, BSN**
mary.e.martin@oha.oregon.gov
- **Rachel Geissler, BSN RN**
rachel.c.geissler@oha.oregon.gov
- **Meghan Millet, BSN, RN**
meghan.a.millet@oha.oregon.gov
- **Elizabeth Johnson, RN, BSN**
elizabeth.j.johnson@oha.oregon.gov
- **Pamela Bruhn, RN, BSN, MAN, ANP**
pam.s.bruhn@oha.oregon.gov

