Appendix 1 Candida auris – Quick reference guide

Term	Details
C. auris **background**	*Candida auris* (*C. auris*) is a multidrug resistant opportunistic yeast (sometimes called fungus) that can cause serious infections including bloodstream, urinary tract and other invasive infections. In most cases, patients are colonised and carry the yeast somewhere on their body without causing any symptoms. People who are colonised with *C. auris* may be unaware and can pass the organism to others. *C. auris* is much less common than other types of *Candida* such as *Candida albicans* (a common cause of yeast infections known as thrush). Internationally, colonisation or infections have more commonly occurred in hospitalised patients, residents of long-term care facilities and those with significant medical co-morbidities.
Risk groups	In Australia, most cases of *C. auris* have either had overseas travel history, been admitted to an overseas hospital and received treatment or have been healthcare associated contacts of *C. auris* cases. People who are at high risk of acquiring *Candida* infections may also be at risk of acquiring *C. auris* including those who have had broad-spectrum antimicrobials, surgical procedures, invasive medical devices, are immunosuppressed, have diabetes or other chronic diseases.
C. auris **transmission**	*C. auris* is commonly found on the skin and may spread person-to-person through direct contact with someone who is infected or colonised. It may also be transmitted via equipment that has been shared between patients and has not been adequately cleaned and disinfected between uses. *C. auris* can also survive on surfaces for lengthy periods so inadequate cleaning and disinfection of the environment is another way the organism can be spread. Patients who are colonised with *C. auris*, and have an invasive device are at increased risk of severe bloodstream infections known as candidaemia, if strict infection prevention and control practices are not adhered to.
C. auris **treatment**	*C. auris* infection may be treated with a group of antifungal drugs called echinocandins, although some *C. auris* infections have been resistant to all three main classes of antifungal medications, making them more difficult to treat or untreatable. Decolonisation is not recommended for healthy people who carry the organism on their skin.
C. auris **screening**	Provide information to patients requiring screening and obtain informed consent from patient prior to screening. Collection of bilateral groin and axilla swabs using a bacterial swab, is recommended to screen for *C. auris* colonisation. Clinical specimens, such as blood cultures or tissue samples, are used to detect an infection. If *C. auris* is suspected or being screened for, the laboratory must be informed to ensure appropriate testing is performed. Whole genome sequencing should be arranged for any positive isolates.

Term	Details
***C. auris* management**	PREPARE • Have an outbreak control plan in place for your facility. • Convene outbreak control team in an outbreak (one or more case).
	READINESS • Proactive patient screening – collection of axilla and groin swab for people who have been inpatients of an overseas hospital within the last 12 months, admitted from facility with a known outbreak, when patient is an identified contact of a known case, and for all inpatients in the ward whilst the positive *C. auris* patient is in the unit.
	RESPONSE • isolation of cases in single room with an unshared ensuite under standard and contact transmission-based precautions with strict adherence to the 5 moments of hand hygiene • dedicated patient equipment or clean and disinfect equipment and environment between each patient use or encounter • enhanced environmental cleaning and disinfection (daily and on discharge from any clinical zone) • use ARTG listed combined detergent and disinfectant products (2-in-1 clean), or ARTG listed chemical disinfectant that makes specific claims for use against *C. auris* (as part of a 2-step clean) • limit patient movement outside of room. If patient requires movement to another area, patient must clean hands on exit and standard and contact transmission-based precautions applied • waste should be discarded as per local procedures • strict adherence to intravascular device guidelines and bundles with prompt removal of all venous access devices if there is any sign of infection or when no longer needed • restrict broad-spectrum antimicrobial use in keeping with local antimicrobial stewardship recommendations • identify and screen contacts of newly identified cases to determine if they are colonised with *C. auris* • provide information to patients requiring screening • visitors do not need to wear gown and gloves but must perform hand hygiene. Visitors should not visit anyone else in the facility immediately after visiting someone with *C. auris*. • manage disposable curtains, blinds, as per manufacturer's instructions, or replace as necessary.
	RECOVERY • establish process to screen discharged contacts • undertake thorough discharge cleaning and disinfection • debrief and evaluate effectiveness of measures.