Candida auris (*C. auris*) & Carbapenemase-Producing Organisms (CPOs): Fact vs. Fiction

Myth # 1

Individuals colonized with *C. auris* and/or CPOs do not need to be on transmission-based precautions because they don't have any signs or symptoms of active infection.

Myth # 2

Individuals colonized or infected with *C. auris* and/or CPOs can be "cleared" through repeat testing and discontinued from transmission-based precautions.

Myth # 3

Individuals colonized or infected with *C. auris* and/or CPOs require Contact Precautions and room restriction in all healthcare settings.

Facts

Despite the absence of signs and symptoms of illness, individuals colonized with *C. auris* and/or CPOs can still spread the organism directly (from direct contact) and indirectly (from contaminated objects and the environment). As a result, **individuals colonized with *C. auris* and/or CPOs require transmission-based precautions in all healthcare settings, even if they do not have an active infection**. Additional infection prevention and control measures (e.g., use of gown and gloves, scheduling visits to occur at the end of the day) are recommended during the provision of healthcare in outpatient and home healthcare settings in order to prevent transmission to other patients cared for by the same healthcare providers.

NJDOH and CDC do <u>not</u> recommend reassessment of *C. auris* and/or CPO colonization because evidence has shown individuals positive for *C. auris* and CPOs remain colonized for years and may alternate between positive and negative test results following their initial identification. Any individual that has a history of being colonized or infected with *C. auris* and/or CPOs should remain on transmission-based precautions for all healthcare admissions and encounters following their initial identification.

In acute care settings, individuals colonized or infected with *C. auris* and/or CPOs require Contact Precautions with room restriction, except for medically necessary care.

In long-term care settings, individuals colonized or infected with *C. auris* and/or CPOs that do not have other conditions or diagnoses that would require Contact Precautions should be placed on Enhanced Barrier Precautions, which does not require room restriction.

For more information, please visit: <u>www.cdc.gov/hai/mdro-guides/index.html</u>

If you have additional questions, please contact the New Jersey Department of Health HAI/AR Unit at: <u>DOH.CDS.HAIAR.EPI@doh.nj.gov</u>.

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Myth # 4

Individuals colonized or infected with *C. auris* and/or CPOs require placement in a private room.

Myth # 5

Alcohol-based hand rub (ABHR) is not effective against *C. auris* or CPOs.

Myth # 6

Chlorhexidine gluconate (CHG) bathing can be used as a decolonization method for individuals colonized or infected with *C. auris* and/or CPOs.

Facts

While private rooms are preferred when available, **placement in a private room is not required**. Individuals colonized or infected with *C. auris* and/or CPOs can be placed in shared rooms with other individuals colonized or infected with the same multidrug-resistant organisms and resistance genes. In long-term care facilities where Enhanced Barrier Precautions are implemented, cohorting of individuals in shared rooms based on common organisms and resistance genes (e.g., *C. auris* and/or CPOs) is encouraged.

ABHR is effective against *C. auris* and CPOs, and is the preferred method of hand hygiene, except when hands are visibly soiled and when providing care to a patient/resident with diarrhea, due to evidence of better compliance compared to soap and water.

There are currently no proven effective methods of decolonization for individuals colonized or infected with *C. auris* and/or CPOs. High concentrations of CHG may suppress organism growth temporarily, but there is insufficient evidence of long-term organism suppression associated with the use of CHG.

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Myth # 7

The incubation period (i.e., the time between exposure and the onset of colonization or infection) for *C. auris* and/or CPOs is short.

Facts

There is no known incubation period for *C. auris* and/or CPOs. The lack of a known incubation period makes the use of serial point prevalence surveys, or unit-wide colonization screenings, especially important for assessment of transmission events and assessment of the effectiveness of control measures implemented.

Myth # 8

Healthcare facilities can refuse residents based on their positive *C. auris* and/or CPO status, or based on pending *C. auris* and/or CPO test results.

Under New Jersey Administrative Code §8:39-5.2(b) and federal regulation F550 §483.10(a)(2), **long-term care residents are entitled to treatment and services without discrimination based on diagnosis**. Therefore, "if the applicant's health care needs can be reasonably accommodated without reducing the quality of care provided to other residents, and are commensurate with the services provided by the facility," **refusal of residents based solely on positive or pending *C. auris* and/or CPO test results is prohibited in the State of New Jersey.**

Myth # 9

The family and household members of a case patient are at high risk for acquiring *C. auris* and/or CPOs.

Healthy people are not at increased risk of *C. auris* or CPO colonization or infection. *C. auris* and CPOs most often impact people who have had frequent hospital stays or live in nursing homes, have weakened immune systems from conditions such as cancer 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). Family members, household members, home caregivers and visitors should carry out good hand hygiene practices to effectively prevent the spread of pathogens, including *C. auris* and CPOs, to others.

For more information, please visit: www.cdc.gov/hai/mdro-guides/index.html

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