Candida auris (C. auris) is a pathogenic organism that is primarily healthcare-associated, can cause significant morbidity and mortality among infected individuals, and is often multidrug resistant, which complicates treatment options.

Patients with C. auris may be colonized without symptoms or infected and present with severe symptoms. Both colonized and infected patients can spread C. auris directly (from direct contact) and indirectly (from contaminated objects and the environment).

C. auris is persistent and can remain in the environment for weeks. However, EPA-registered List P products can effectively clean and disinfect medical supplies, equipment, and surfaces.

C. auris is a growing problem in NJ and across the United States. Classified as an urgent threat by the Centers for Disease Control and Prevention, C. auris was first discovered in NJ in 2017. C. auris has caused outbreaks of severe and fatal infections among vulnerable patients in all healthcare settings, especially in long-term care, long-term acute care, and ventilator-skilled nursing settings. C. auris persists in the environment, and patients can remain colonized indefinitely with the ongoing potential for silent transmission.

RISK FACTORS FOR C. AURIS COLONIZATION & INFECTION
PRESENCE OF MULTIPLE RISK FACTORS INCREASES AN INDIVIDUAL’S RISK

- History of prolonged hospitalization, admissions to long-term acute care facilities, and/or residence at ventilator-capable skilled nursing facilities.
- Prior admissions to healthcare facilities located in areas with relatively high C. auris case counts.
- Close contact with C. auris positive individuals (e.g., roommates, shared bathrooms, overlapping stays on a unit without contact or enhanced barrier precautions established).
- Invasive mechanical ventilation or tracheostomy.
- Indwelling devices (e.g., central lines, peripheral lines, indwelling catheters, dialysis ports).
- Immunocompromising conditions or other serious health conditions.
- Recent treatment using broad-spectrum antibiotic or antifungal medications.
- Documented colonization or active infection with other multidrug resistant organisms.
- Recent healthcare rendered outside of the United States.