

# Identifying Patients at High Risk for *Candida auris* Colonization AND Infection

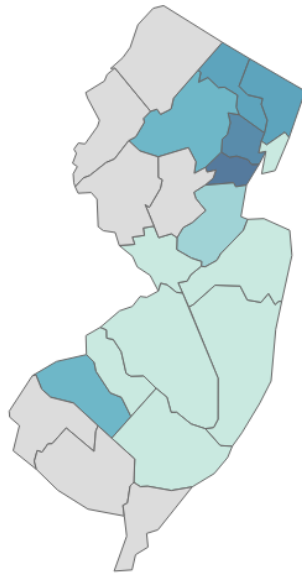
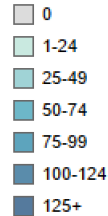


## BACKGROUND



Reported Cases of *C. auris* in New Jersey, 2016–2021  
Updated 10/14/2021 2:06:11 PM

### Case Count Ranges



- *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.

## SUMMARY

*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.

Reported clinical cases of *Candida auris*, June 1, 2020-May 31, 2021

