

## **Public Health Agency of Canada Communication Notice**

### **Emerging Global Healthcare Associated Infection**

#### **Antimicrobial Resistant Issue**

##### ***Candida auris***

The Public Health Agency of Canada (PHAC) has recently been informed of a case of multidrug-resistant (MDR) *Candida auris*. Whole genome sequence analysis performed by the National Microbiology Laboratory (NML) was consistent with *C. auris*. Further analyses to compare the isolate with global strains are pending. A case report will be published in the Canada Communicable Disease Report (CCDR) this week.

*C. auris* is an emerging fungal infection that can cause invasive healthcare-associated infections, bloodstream infections, wound infections, and otitis. It was first reported in Japan in 2009; information available to date indicates that cases of *C. auris* have occurred in at least 17 countries including Japan, Korea, India, Pakistan, Kuwait, South Africa, Venezuela, Colombia, the United Kingdom and the United States.

This emerging AMR pathogen may have potential implications for healthcare facilities and for public health laboratories. *C. auris* can be transmitted in healthcare settings, with reports of severe illness in hospitalized patients. Of concern is that *C. auris* can persist on surfaces in healthcare environments and may spread between patients, unlike most other *Candida* species. The precise mode of transmission is unknown. Adherence to infection prevention and control practices and environmental cleaning may help prevent transmission in healthcare settings. Some *C. auris* strains have shown resistance to all 3 major classes of available antifungal medicines (i.e., are MDR).

The following interim guidance is based on the best available evidence, and will be updated as new information becomes available.

##### **Interim recommendations for infection prevention and control in healthcare settings (revised):**

1. Consistent application of Routine Practices is expected for the care of all patients, at all times, across the continuum of care.
2. Patients suspected or confirmed to be colonized or infected with MDR *C. auris* should be cared for in a single room with Contact Precautions, in addition to Routine Practices.

3. Reusable non-critical patient care equipment should be dedicated to the patient with MDR *C. auris* for the duration of their admission and cleaned and disinfected prior to use on another patient.
4. All equipment and supplies should be identified and stored in a manner that prevents use by or for other patients.
5. Cleaning and disinfection of the patient environment should be done with chlorine-containing cleaning agents (at least 1,000 parts per million) or other sporicidal agents.
6. All horizontal surfaces and frequently touched surfaces in the patient's environment should be cleaned at least twice daily and when soiled.
7. Terminal cleaning of the patient environment, including the removal and cleaning of the privacy curtains, should be done upon discharge or discontinuation of Contact Precautions.
8. Duration of Contact Precautions should be determined in conjunction with the infection prevention and control professional or delegate.
9. Transfer of patients within and between facilities should be avoided unless medically indicated. If a medically indicated transfer is unavoidable, the transferring service, receiving unit, or facility or home care agency should be advised of the necessary precautions.
10. Additional infection prevention and control strategies will be required if transmission within the healthcare setting is identified.

For more information on general infection prevention and control measures, refer to the PHAC's *Routine Practices and Additional Precautions for Preventing Transmission of Infection in Healthcare Settings*

<http://www.phac-aspc.gc.ca/nois-sinp/guide/summary-sommaire/tihs-tims-eng.php>.

### Reporting

To better monitor the current situation with respect to this emerging fungal infection, PHAC would appreciate being informed of any additional cases of confirmed *C. auris* infection (whether drug resistant or not) via e-mail sent to [CARSS-SCSRA@phac-aspc.gc.ca](mailto:CARSS-SCSRA@phac-aspc.gc.ca).

### Additional Sources of Information:

For further information on *C. auris*, please refer to:

US CDC's publication, "Clinical Alert to U.S. Healthcare Facilities," issued on 27 June 2013 and updated June 2016:

<https://www.cdc.gov/fungal/diseases/candidiasis/candida-auris-alert.html>

and

CDC's Interim Recommendations for Healthcare Facilities and Laboratories issued on June 24, 2017.

<https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html>

Disclaimer: The links to websites outside of PHAC are provided for convenience only. PHAC is not responsible for ensuring the availability or quality of materials from external websites. The views and opinions expressed at external websites are not necessarily those of PHAC.