



Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

Updated: July 26, 2019

Note: This Interim Guidance was updated on July 26, 2019 to clarify its current intended use as part of a Containment Response¹. Future updates are anticipated to address potential for application of this approach outside of a Containment Response.

Implementation of Contact Precautions, as described in the CDC [Guideline for Isolation Precautions](https://www.cdc.gov/infectioncontrol/guidelines/isolation/) (<https://www.cdc.gov/infectioncontrol/guidelines/isolation/>), is perceived to create challenges for nursing homes trying to balance the use of personal protective equipment (PPE) and room restriction to prevent MDRO transmission with residents' quality of life. Thus, current practice in many nursing homes is to implement Contact Precautions only when residents are infected with an MDRO and on treatment. Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months), and result in the silent spread of MDROs. With the need for an effective response to the detection of serious antibiotic resistance threats, there is growing evidence that current implementation of Contact Precautions in nursing homes is not adequate for prevention of MDRO transmission.

This document is intended to provide guidance for PPE use and room restriction in nursing homes for preventing transmission of novel or targeted MDROs, including as part of a public health [containment response](https://www.cdc.gov/hai/containment/index.html) (<https://www.cdc.gov/hai/containment/index.html>). This guidance introduces a new approach called Enhanced Barrier Precautions, which falls between Standard and Contact Precautions, and requires gown and glove use for certain residents during specific high-contact resident care activities^{2,3} that have been found to increase risk for MDRO transmission.

As of July 2019, Novel or Targeted MDROs are defined as:

- Pan-resistant organisms,
- Carbapenemase-producing enterobacteriaceae,
- Carbapenemase-producing *Pseudomonas* spp.,
- Carbapenemase-producing *Acinetobacter baumannii*, and
- *Candida auris*

This document is not intended for use in acute care or long-term acute care hospitals and does not replace existing guidance regarding use of Contact Precautions for other pathogens (e.g., *Clostridioides difficile*, norovirus) in nursing homes.

Description of Existing Precautions:

Standard Precautions are a group of infection prevention practices that apply to the care of all residents, regardless of suspected or confirmed infection or colonization status. They are based on the principle that all blood, body fluids, secretions and excretions (except sweat) may contain transmissible infectious agents. Proper selection and use of PPE, such as gowns and gloves, is one component of Standard Precautions, along with hand hygiene, safe injection practices, respiratory hygiene and cough etiquette, environmental cleaning and disinfection, and reprocessing of reusable medical equipment. Use of personal protective equipment is based on the staff interaction with residents and the potential for exposure to blood, body fluid, or pathogens (e.g., gloves are worn when contact with blood, body fluids, mucous membranes, non-intact skin, or potentially contaminated surfaces or equipment are anticipated). More detail about Standard Precautions is available as part of the [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in all Settings](https://www.cdc.gov/hicpac/recommendations/core-practices.html) (<https://www.cdc.gov/hicpac/recommendations/core-practices.html>).

Contact Precautions is one type of Transmission-Based Precaution that are used when pathogen transmission is not completely interrupted by Standard Precautions alone. Contact Precautions are intended to prevent transmission of infectious agents, like MDROs, that are spread by direct or indirect contact with the resident or the resident's environment.

Contact Precautions requires the use of gown and gloves on every entry into a resident's room. The resident is given dedicated equipment (e.g., stethoscope and blood pressure cuff) and is placed into a private room. When private rooms are not available, some residents (e.g., residents with the same pathogen) may be cohorted, or grouped together. Residents on Contact Precautions should be restricted to their rooms except for medically necessary care and restricted from participation in group activities.

Because Contact Precautions require room restriction, they are generally intended to be time limited and, when implemented, should include a plan for discontinuation or de-escalation.

More detail about Transmission-Based Precautions, including descriptions of Droplet Precautions and Airborne Precautions are available in the CDC Guideline for Isolation Precautions. In addition, other infections (e.g. norovirus, *Clostridioides difficile* and scabies) and conditions for which Contact Precautions are indicated are summarized in [Appendix A - Type and Duration of Precautions Recommended for Selected Infections and Conditions](https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html)

(<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>) of the guideline.

Description of New Precautions:

Enhanced Barrier Precautions expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated, refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing ^{2,3}.

Examples of high-contact resident care activities requiring gown and glove use for *Enhanced Barrier Precautions* include:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

Gown and gloves would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to Standard Precautions. Residents are not restricted to their rooms or limited from participation in group activities.

Table: Summary of PPE Use and Room Restriction When Caring for Residents Colonized or Infected with Novel or Targeted MDROs in Nursing Homes:

Precaution	Applies to:	PPE used for these situations:	Required PPE	Room restriction
Standard Precautions	All residents	Any potential exposure to: <ul style="list-style-type: none"> • Blood • Body fluids • Mucous membranes • Non-intact skin • Potentially contaminated environmental surfaces or equipment 	Depending on anticipated exposure: gloves, gown, or face protection (change PPE before caring for another resident)	None

Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of MDROs

Precaution	Applies to:	PPE used for these situations:	Required PPE	Room restriction
Enhanced Barrier Precautions	<p>All residents with <i>any of the following</i>:</p> <ul style="list-style-type: none"> • Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status⁴. • Infection or colonization with a novel or targeted MDRO <i>when Contact Precautions do not apply</i>. <p>Facilities may consider applying Enhanced Barrier Precautions to residents infected or colonized with other epidemiologically-important MDROs based on facility policy.</p>	<p>During high-contact resident care activities:</p> <ul style="list-style-type: none"> • Dressing • Bathing/showering • Transferring • Providing hygiene • Changing linens • Changing briefs or assisting with toileting • Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator • Wound care: any skin opening requiring a dressing 	<p>Gloves and gown prior to the high-contact care activity</p> <p>(change PPE before caring for another resident)</p> <p>(Face protection may also be needed if performing activity with risk of splash or spray)</p>	None
Contact Precautions	<p>All residents infected or colonized with a novel or targeted multidrug-resistant organism <i>in any of the following situations</i>:</p> <ul style="list-style-type: none"> • Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained • On units or in facilities where ongoing transmission is documented or suspected <p>For infections (e.g., <i>C. difficile</i>, norovirus, scabies) and other conditions where Contact Precautions is recommended see Appendix A - Type and Duration of Precautions Recommended for Selected Infections and Conditions of the CDC Guideline for Isolation Precautions</p>	Any room entry	<p>Gloves and gown</p> <p>(don before room entry, doff before room exit; change before caring for another resident)</p> <p>(Face protection may also be needed if performing activity with risk of splash or spray)</p>	Yes, except for medically necessary care

Decisions regarding the use of additional practices to prevent the spread of MDROs can be determined in conjunction with public health. These strategies might differ depending on the prevalence or incidence of the MDRO in the facility and region. Visit [State-based HAI Prevention](#)

(<https://www.cdc.gov/hai/state-based/index.html>) to find contact information for your state health department HAI program.

Implementation:

When implementing *Contact Precautions* or *Enhanced Barrier Precautions*, it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies. To accomplish this:

- Post clear signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g., gown and gloves). See [Example Signs \(Posters\)](https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058318) (https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058318)
 - For Enhanced Barrier Precautions, signage should also clearly indicate the high-contact resident care activities that require the use of gown and gloves. See [Enhanced Barrier Precautions – Example Sign \[PDF - 1 page\]](https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf) (<https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>)
- Make PPE, including gowns and gloves available immediately outside of the resident room
- Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room)
- Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room
- Incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education
- Provide education to residents and visitors

Note: Prevention of MDRO transmission in nursing homes requires more than just proper use of PPE and room restriction. Guidance on implementing other recommended infection prevention practices (e.g., hand hygiene, environmental cleaning, proper handling of wounds, indwelling medical devices, and resident care equipment) are available in CDC's free online course — [The Nursing Home Infection Preventionist Training](https://www.train.org/cdctrain/training_plan/3814) (https://www.train.org/cdctrain/training_plan/3814). Nursing homes are encouraged to have staff review relevant modules and to use the resources provided in the training (e.g., policy and procedure templates, checklists) to assess and improve practices in their facility.

References:

1. CDC [Containment Strategy Responding to Emerging AR Threats](https://www.cdc.gov/hai/containment/index.html) (<https://www.cdc.gov/hai/containment/index.html>)

2. Roghmann MC, Johnson JK, Sorkin JD, Langenberg P, Lydecker A, Sorace B, Levy L and Mody L. Transmission of Methicillin-Resistant Staphylococcus aureus (MRSA) to Healthcare Worker Gowns and Gloves During Care of Nursing Home Residents Infect Control Hosp Epidemiol. 2015 Sep;36(9):1050-7. doi: 10.1017/ice.2015.119
3. Blanco N, Pineles L, Lydecker AD, Johnson JK, Sorkin JD, Morgan DJ; VA Gown and Glove Investigators, Roghmann MC. Transmission of Resistant Gram-Negative Bacteria to Health Care Worker Gowns and Gloves during Care of Nursing Home Residents in Veterans Affairs Community Living CentersAntimicrob Agents Chemother. 2017 Sep 22;61(10). pii: e00790-17. doi: 10.1128/AAC.00790-17.
4. Mody L, Bradley SF, Galecki A, Olmsted RN, Fitzgerald JT, Kauffman CA, Saint S, Krein SL. Conceptual model for reducing infections and antimicrobial resistance in skilled nursing facilities: focusing on residents with indwelling devices. Clin Infect Dis. 2011 Mar 1;52(5):654-61. doi: 10.1093/cid/ciq205. Review.



ENHANCED BARRIER PRECAUTIONS



EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:



Wear gloves and a gown for the following High-Contact Resident Care Activities.

- Dressing
- Bathing/Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting
- Device care or use:



- central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

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CONTACT PRECAUTIONS



EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:



Put on gloves before room entry.
Discard gloves before room exit.



Put on gown before room entry.
Discard gown before room exit.

Do not wear the same gown and gloves for the care of more than one person.



Use dedicated or disposable equipment.
Clean and disinfect reusable equipment before use on another person.





Candida auris: A drug-resistant germ that spreads in healthcare facilities

Candida auris (also called *C. auris*) is a fungus that causes serious infections. Patients with *C. auris* infection, their family members and other close contacts, public health officials, laboratory staff, and healthcare workers can all help stop it from spreading.

Why is *Candida auris* a problem?



It causes serious infections. *C. auris* can cause bloodstream infections and even death, particularly in hospital and nursing home patients with serious medical problems. More than 1 in 3 patients with invasive *C. auris* infection (for example, an infection that affects the blood, heart, or brain) die.



It's often resistant to medicines. Antifungal medicines commonly used to treat *Candida* infections often don't work for *Candida auris*. Some *C. auris* infections have been resistant to all three types of antifungal medicines.



It's becoming more common. Although *C. auris* was just discovered in 2009, it has spread quickly and caused infections in more than a dozen countries.



It's difficult to identify. *C. auris* can be misidentified as other types of fungi unless specialized laboratory technology is used. This misidentification might lead to a patient getting the wrong treatment.



It can spread in hospitals and nursing homes. *C. auris* has caused outbreaks in healthcare facilities and can spread through contact with affected patients and contaminated surfaces or equipment. Good hand hygiene and cleaning in healthcare facilities is important because *C. auris* can live on surfaces for several weeks.

How do I know if I have a *Candida auris* infection?

C. auris is still rare in the United States. People who get invasive *Candida* infections are often already sick from other medical conditions, so it can be difficult to know if you have a *C. auris* infection. The most common symptoms of invasive *Candida* infection are fever and chills that don't improve after antibiotic treatment for a suspected bacterial infection. Only a laboratory test can diagnose *C. auris* infection. Talk to your healthcare provider if you believe you have a fungal or healthcare-associated infection.



Most people who get serious *Candida* infections are already sick from other medical conditions.



Stopping the spread of *Candida auris*

CDC is working with public health partners, healthcare workers, and laboratories to stop the spread of *C. auris* in healthcare settings. Here's how CDC is asking everyone to help:



Family members and other close contacts of patients with *C. auris*

- » Clean your hands with hand sanitizer or soap and water before and after touching a patient with *C. auris* or equipment in his or her room.
- » Remind healthcare workers to clean their hands.



Laboratory staff, healthcare workers, and public health officials

- » Know when to suspect *C. auris* and how to properly identify it.
- » Report cases quickly to public health departments.
- » For healthcare workers, clean hands correctly and use precautions like wearing gowns and gloves to prevent spread.
- » Clean patient rooms thoroughly with a disinfectant that works against *C. auris*.
- » Investigate *C. auris* cases quickly and determine additional ways to prevent spread.
- » Check the CDC website for the most up-to-date guidance on identifying and managing *C. auris*: <https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html>.



Scientists are still learning about *Candida auris*

CDC and public health partners are working hard to better understand *C. auris* and answer the following questions so that we can continue to help protect people from this serious infection:

- Why is *C. auris* resistant to antifungal medicines?
- Why did *C. auris* start causing infections in recent years?
- Where did *C. auris* originally come from, and why has it appeared in many regions of the world at the same time?

What is CDC doing?

CDC is collaborating closely with partners to better respond, contain spread, and prevent future infections by:

- Advising healthcare workers and infection control staff on ways to stop the spread of *C. auris* and continually updating this guidance as we learn more about the infection.
- Working with state and local health agencies, healthcare facilities, and clinical microbiology laboratories to ensure that laboratories are using proper methods to detect *C. auris*.
- Testing *C. auris* strains to monitor for resistance to antifungal medicines.
- Examining the DNA of *C. auris* strains using whole genome sequencing to better understand how this germ is spreading in the United States and around the world.
- Working with public health partners in the United States and internationally to learn more about how *C. auris* spreads in healthcare facilities and to eliminate it from those facilities.



For more information:

Centers for Disease Control and Prevention (CDC),
National Center for Emerging and Zoonotic Infectious Diseases
Division of Foodborne, Waterborne, and Environmental Diseases
Telephone 800-CDC-INFO (232-4636) Web <http://www.cdc.gov/fungal>

***Candida auris*: A drug-resistant yeast that spreads in healthcare facilities**

A CDC message to infection preventionists

Candida auris is a yeast that causes serious infections. Infection preventionists, healthcare workers, and laboratory staff can all help stop it from spreading.

Why is *Candida auris* a problem?

- **It causes serious infections.** *C. auris* can cause bloodstream and other types of invasive infections, particularly in patients in hospitals and nursing homes who have multiple medical problems. More than 1 in 3 patients die within a month of *C. auris* infection.
- **It is often multidrug-resistant.** Antifungal medications commonly used to treat *Candida* infections often don't work for *C. auris*. Some *C. auris* isolates are resistant to all three major classes of antifungal medications.
- **It's becoming more common.** Although *C. auris* was just recognized in 2009, it has emerged quickly. Since then, it has been reported from over 20 countries, including the United States.
- **It's difficult to identify.** *C. auris* can be misidentified as other types of yeast unless specialized laboratory methods are used. Unrecognized *C. auris* can spread to other patients in a facility, causing an outbreak. Identifying *C. auris* is critical to knowing what steps to take to control it in a healthcare setting.
- **It can spread in healthcare facilities.** Just like other multidrug-resistant organisms such as CRE and MRSA, *C. auris* can be transmitted in healthcare settings and cause outbreaks. It can colonize patients for many months, persist in the environment, and withstand many routinely used disinfectants in healthcare facilities.

Early detection and infection control can limit the spread of *C. auris*

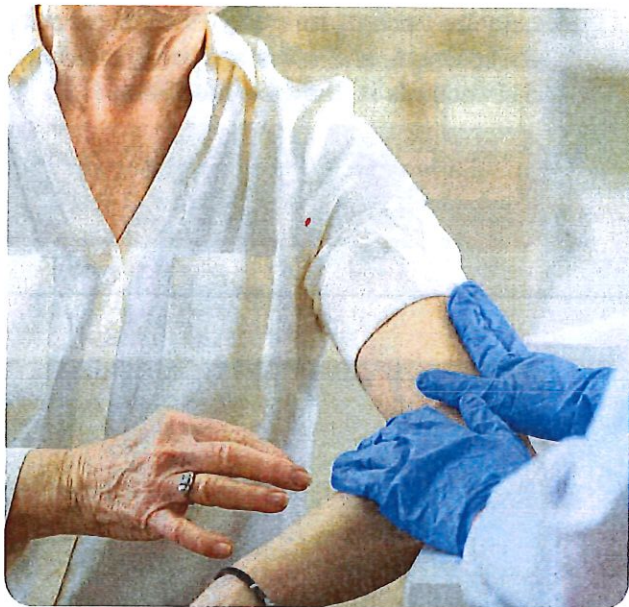
Prepare for *C. auris* in your facility

1. Work with your laboratory to ensure the yeast identification method used in your facility can identify *C. auris*. If it cannot, know when to suspect *C. auris* and send suspected isolates to your state or local public health department for further identification.
2. Begin surveillance. Establish a protocol with your laboratory so that your department is promptly informed when *C. auris* is suspected.
 - i. If your laboratory is not equipped to identify *C. auris*, begin surveillance for organisms that commonly represent a *C. auris* misidentification. See www.cdc.gov/fungal/candida-auris for common misidentifications by yeast identification method.



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3. Know which patients are at higher risk for *C. auris*. These include:
 - i. Patients who have received healthcare in post-acute care facilities (e.g., nursing homes), especially those with ventilator units.
 - ii. Patients with a recent history of receiving healthcare outside the United States in a country with known *C. auris* transmission (visit www.cdc.gov/fungal/candida-auris for a map of countries). These patients have a higher risk of *C. auris* infection or asymptomatic colonization.
4. Have a response plan. Discuss recommendations for infection prevention and control of *C. auris* with healthcare staff, including environmental services.



What should I do if there is *C. auris* in my facility?

1. Check the CDC website for the most up-to-date guidance on identifying and managing *C. auris*:
www.cdc.gov/fungal/candida-auris.
2. Report possible or confirmed *C. auris* immediately to your public health department.
3. Ensure adherence to CDC recommendations for infection control, including:
 - i. Place patients infected or colonized with *C. auris* in a single room on contact precautions
 - ii. Assess and enhance gown and glove use
 - iii. Reinforce hand hygiene
 - iv. Coordinate with environmental services to ensure the patient care environment is cleaned with a disinfectant that is effective against *C. auris* (i.e., those effective against *Clostridium difficile*) by searching “List K” at www.epa.gov. Work with the environmental services team to monitor the cleaning process.
4. After consulting with public health personnel, screen contacts of case-patients to identify patients with *C. auris* colonization. Use the same infection control measures for patients found to be colonized.
5. When a patient is being transferred from your facility (e.g., to a nursing home or other hospital), clearly communicate the patient’s *C. auris* status to receiving healthcare providers.

For more information, please contact the Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases, Division of Foodborne, Waterborne, and Environmental Diseases.

1600 Clifton Road, NE, Mail Stop C-09, Atlanta, GA 30329-4018

Telephone: 800-CDC-INFO (232-4636)

E-mail: candidaauris@cdc.gov

Web: <https://www.cdc.gov/fungal>



Indiana State Department of Health

INTER-FACILITY INFECTION CONTROL TRANSFER FORM

This Inter-facility Infection Control patient transfer form can assist in fostering communication during transitions of care for patients colonized or infected with a multidrug-resistant organism. Discharging facility should complete this transfer form and sign at the bottom after all fields are completed. Attach copy of records and latest laboratory reports with susceptibilities going with patient to receiving facility.

INFECTION CONTROL TRANSFER FORM




(Discharging Facility to complete form and communicate information to Receiving Facility)

Demographics	Patient/Resident		Date of Birth:	MRN:	Discharge Date:
	<i>Last Name</i>	<i>First Name</i>			
	Sending Facility Name:		Contact Name:		Contact Phone:
	Receiving Facility Name:				

Precautions	Currently in Isolation Precautions? <input type="checkbox"/> Yes		<input type="checkbox"/> No
	If Yes check: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Other: _____		Isolation Precautions

Organisms	Did or does have (send documentation):		Current Infection, History, or Ruling Out*		<input type="checkbox"/> No Known MDRO or Communicable Diseases
	Multiple Drug Resistant Organism (MDRO):		<input type="checkbox"/> Yes		
	MRSA		<input type="checkbox"/>		
	VRE		<input type="checkbox"/>		
	Acinetobacter not susceptible to carbapenems		<input type="checkbox"/>		
	Carbapenemase-producing CRE (CP-CRE)		<input type="checkbox"/>		
	C. difficile		<input type="checkbox"/>		
Other[±]: _____ <small>± e.g., lice, scabies, disseminated shingles, norovirus, flu, TB, etc.</small>		<input type="checkbox"/>			
*Additional info if known:					

Symptoms	Check yes to any that <u>currently</u> apply*):				<input type="checkbox"/> No Symptoms or PPE not required as "contained"
	<input type="checkbox"/> Cough/uncontrolled respiratory secretions	<input type="checkbox"/> Acute diarrhea or incontinent of stool	<input type="checkbox"/> Draining wounds	<input type="checkbox"/> Other uncontained body fluid/drainage	
	<input type="checkbox"/> Incontinent of urine	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Concerning rash (e.g.; vesicular)		
*NOTE: Appropriate PPE required ONLY if incontinent/drainage/rash NOT contained					

Required PPE	ISOLATION PRECAUTIONS			Answers to sections above ANY YES: Check Required PPE ALL NO: Just sign form
				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CHECK IF INDICATED			Person completing form: _____ Role: _____ Date: ____ / ____ / ____	

Candida auris Colonization

Information for Patients

Candida auris (also called *C. auris*) is a fungus that can cause serious infections. *C. auris* can spread from one patient to another in hospitals and nursing homes. Patients can carry *C. auris* somewhere on their body, even if it is not making them sick. This is called colonization. When people in hospitals and nursing homes are colonized, *C. auris* can spread from their bodies and can get on other people or nearby objects, allowing the fungus to spread to people around them.

CDC recommends testing patients who may have come in contact with *C. auris* to see if they are carrying the fungus. This allows healthcare providers to know who is carrying the fungus and take steps to prevent it from spreading to other people.

What does it mean to be colonized?

Colonization, or being colonized with *C. auris*, means that a person has the fungus somewhere on their body but does not have an infection or symptoms of infection. A simple test can be done to see who is colonized with *C. auris*. People who are colonized with *C. auris* may not know and can pass the fungus to another person. People colonized with *C. auris* might later get sick from this fungus, so healthcare providers should consider taking extra steps to prevent infection.



In order to reduce spread to other patients, healthcare providers should use precautions when caring for patients with *C. auris*, which may include:

- Placing the patient in a room without a roommate.
- Having healthcare staff or other caregivers wear gowns and gloves during patient care.
- Cleaning the room with different products than usual.
- Having family members and healthcare staff clean their hands thoroughly after visiting the patient. The patient may also be encouraged to wash their hands often.
- Performing another test later to see if the fungus is still there.

What can I do to help keep *C. auris* from spreading?

Patients and family members should clean their hands thoroughly before and after touching each other or the area around the patient, particularly when leaving a patient's room.

Although the risk of *C. auris* infection in otherwise healthy people is low, patients and their family members should continue practicing good hand hygiene when returning home. If family members are caring for patients with *C. auris*, they should consider wearing disposable gloves when providing certain types of care like changing the dressing on wounds and helping the patient bathe.

If you are colonized with *C. auris*, tell your healthcare providers when visiting healthcare offices and when admitted to hospitals and nursing homes.



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Want to learn more?

www.cdc.gov/fungal/candida-auris

Candida auris Testing

Information for Patients

Candida auris (also called *C. auris*) is a fungus that can cause serious infections. *C. auris* can spread from one patient to another in hospitals and nursing homes. Patients can carry *C. auris* somewhere on their body, even if it is not making them sick. This is called colonization. When people in hospitals and nursing homes are colonized, *C. auris* can spread from their bodies and can get on other people or nearby objects, allowing the fungus to spread to people around them. CDC recommends testing patients who may have come in contact with *C. auris* to see if they are carrying this fungus. This allows healthcare providers to know who is carrying the fungus and take steps to prevent it from spreading to other people.

Why am I being tested for *C. auris*?

You may have come in contact with *C. auris* while you were in this or another healthcare facility.

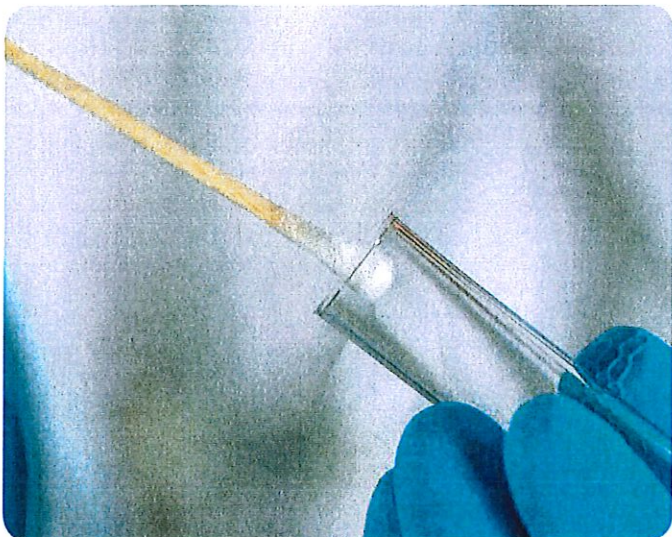
To keep the fungus from spreading, we are testing patients to see if they are now carrying the fungus. You may be carrying it on your skin without having an infection or symptoms of an infection. This is called colonization.

Fortunately, most people who carry *C. auris* do not get sick from it.

Getting tested for *C. auris* helps our healthcare facility and the health department prevent the fungus from spreading in the facility and in the community.

Why is *C. auris* concerning?

- It can cause serious infections.
- It is often resistant to medicines, making it difficult to treat.
- It is becoming more common.
- It is difficult to identify by routine lab tests.
- It can spread in hospitals and nursing homes.



What should I expect if I get tested?

1. The nurse or doctor will wipe or rub a cotton swab on the skin near your armpits and the area where your leg joins your body (groin). The test is not painful.
2. The swab will be sent to a lab, and in 1 to 2 weeks, the lab will tell your doctor the results.
3. If the test shows you are carrying the fungus, then your nurse or doctor will talk to you about the results and what to do next.

You can choose not to be tested. Talk to your nurse or doctor if you have questions or concerns about testing.



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Want to learn more?

www.cdc.gov/fungal/candida-auris

