

C M H C INFECTION CONTROL MANUAL	Effective Date: 12/4/2023	NUMBER: B-14.28  Page 1 of 6
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	Formulated: 12/2023	
CANDIDA AURIS		

**POLICY:** To provide guidelines for preventing the transmission of *Candida auris*, and outline procedures for the clinical management and housing of Inmates with *Candida auris* infection, colonization, or exposure.

**INTRODUCTION:**

*Candida auris* is an emerging fungus that presents a serious global threat. *C. auris* can cause infections in any body site including the blood and wounds. It has been known to be resistant to antifungals, making it difficult to treat. Laboratory testing is the only way to know if someone has a *Candida auris* infection or colonization.

People who have recently spent time in nursing homes and have intravenous lines and tubes that go into their body (such as breathing tubes, feeding tubes, and central venous catheters), seem to be at highest risk for *Candida auris* acquisition. Limited data suggest that the risk factors for *Candida auris* are generally similar to risk factors for other types of *Candida* infections. These risk factors include recent surgery, diabetes, and broad-spectrum antibiotic and antifungal use.

*Candida auris* is transmitted through contact with contaminated environmental surfaces or equipment or from person-to-person contact.

Symptoms vary and depend on body site. Fever, chills, sweats, and low blood pressure are symptoms that may occur with a *Candida auris* infection. Infections have been found in patients of all ages, from preterm infants to the elderly.

**DEFINITIONS:**

***Candida auris* Infection** is present in symptomatic persons when the organism is isolated from clinical cultures. Symptoms will vary depending on the source of infection. *Candida auris* can cause infections in any body site including the blood where fever, chills, malaise, and low blood pressure may occur, or in wounds where symptoms are limited as local wound drainage may present. Symptoms vary and depend on infected body sites.

***Candida auris* Colonization** is present when the organism is detected on the body but does not cause any signs or symptoms. People who are colonized with *Candida auris* may not know and can pass the fungus to another person.

***Candida auris* Exposure** is designated when a person has been exposed to or has had contact with a confirmed or known positive *Candida auris* infected or

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colonized person. Exposed persons do not exhibit any signs or symptoms of infection. They are monitored for potential acquisition or colonization through screening.

**High Risk Conditions** – Inmates who have recently spent time in infirmaries and have intravenous lines and tubes that go into their body (such as breathing tubes, feeding tubes, and central venous catheters), and open wounds are at highest risk for *Candida auris* invasive infection.

**Medical Restriction** – Medical restriction is used to separate and restrict the movement of well persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease to a disease and did not know it, or they may have the disease but do not show symptoms. Medical restriction can help limit the spread of disease.

**Medical Isolation** – Isolation is for persons who are ill and/or colonized with a communicable condition. Isolation is used to separate these persons from those who are healthy or not colonized. Isolation restricts the movement of ill persons to help stop the spread of a disease or condition.

**PROCEDURES:**

**I. Identification**

- A. Close inmate contact of inmates newly identified with *Candida auris* infection or colonization should be screened for the organism to ensure they have not become colonized.
- B. When an inmate is identified to be colonized or infected with *Candida auris*, the diagnosis must be entered on the Master Problem List, and the EMR should alert user of *Candida auris* status.

**II. General Isolation Procedures**

- A. Inmates who are infected or colonized with *Candida auris* should be placed in a single room in contact isolation. Cohorting with other inmates who are infected or colonized with *Candida auris* is permitted as long as they do not harbor other contagious pathogens. Inmates who are exposed but not yet documented to be colonized or infected with *Candida auris* should be placed in contact isolation until criteria is met for discontinuation of isolation (see Section V). Exposed individuals may be cohorted together in a single room.
- B. Perform hand hygiene by either using an alcohol-based hand sanitizing gel or washing hands with soap and water before donning a pair of clean nonsterile gloves and a contact isolation gown when entering the room of a *Candida auris* colonized or infected inmate. If providing clinical care, change gloves when moving from a dirty to a clean area of the body. Remove and discard the gown

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and gloves in the designated waste container when exiting the room.

- C. Use alcohol-based hand sanitizer or wash hands with soap and water after doffing your personal protective equipment.
- D. Wear a gown and gloves and perform hand hygiene whenever entering the room, even if you will not have contact with the inmate.
- E. Dedicate the use of non-critical items (e.g., stethoscope, sphygmomanometer, or thermometer) to a single inmate or cohort of inmates infected or colonized with *Candida auris*. If such devices are to be used on other inmates, adequately clean and disinfect these devices first, as noted in Section IV.

### III. Operational Considerations

Additional unit operational precautions must be implemented for inmates who are infected or colonized with *Candida auris*:

- 1. For meals, inmates should be served on disposable paper trays or may attend chow hall as a cohort group, but only as the last move for the specific meal being served. The chow hall must be terminally cleaned upon completion of feeding.
- 2. Inmates may not attend school. Weekly assignments should be provided in paper packets.
- 3. Inmates may attend recreation as a cohort group. The recreation area must be terminally cleaned with bleach after use.
- 4. Inmates may attend non-contact visitation or have a video visit. The non-contact visitation area must be terminally cleaned with bleach immediately after use and before using for another inmate.

### IV. Cleaning and Disinfectant

- A. Daily, routine cleaning of all nonporous environmental surface, with an emphasis on high-touch surfaces, must be done in all inmate areas to reduce fungal load. High-touch surfaces include, but are not limited to counters, door handles, touchpads, light switches, bed rails, chairs, desks, and restroom fixtures. All cleaning must be done with a 10% bleach solution. The bleach solution should be sprayed on and allowed to air dry for at least 10 minutes. Note that these solutions are shelf-stable for 24 hours. New solution will need to be made after 24 hours. The formulas for the 10% bleach solution are as follows:
  - 1. 8 oz. of powdered bleach to 1 gallon of water OR
  - 2. 12.8 oz of liquid bleach to 1 gallon of water
- B. Linen should be handled using universal precautions and include the following:
  - 1. Wear gloves when handling grossly soiled linen.
  - 2. Remove linen carefully from the bed. Hold away from clothing. Do not sort.
  - 3. Place the linen in a water-soluble bag at the site of collection. If the linen is placed in a plastic-lined hamper, the hamper must have a tight-

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fitting lid.

C. Contaminated linen and clothing should be handled as contaminated laundry.

D. Areas of special attention:

1. Security Restraints
2. Keys
3. Medical Equipment Stretcher
4. Interior of vehicle used for transportation

## V. Monitoring of Infected or Colonized Inmates

A. Inmates with known *Candida auris* colonization or infection in areas that house inmates with high-risk conditions should remain in contact isolation. Repeating of *Candida auris* cultures to discontinue isolation of infected or colonized inmates is not recommended.

## VI. Medical Restriction and Discontinuation of Isolation for Inmates Exposed to *Candida auris*

- A. Medical Restriction will be carried out at designated facilities only.
- B. Inmates should be single-celled when possible, but may be cohorted (i.e., co-housed) with other inmates with authorization from the Office of Public Health. If possible, cohort groups should be kept separate based on time of exposure.
- C. Inmates in medical restriction should be assigned to a dedicated bathroom when possible.
- D. Use of PPE is not required in the medical restriction area unless direct contact is anticipated. Frequent and meticulous handwashing is encouraged.
- E. Medically restricted inmates may attend outdoor recreation and shower as a cohort. Areas should be cleaned and disinfected with bleach after use and before use by other inmates.
- F. Medically restricted inmates may attend non-contact visitation. Areas should be cleaned and disinfected with bleach after use and before other inmates use the area.
- G. Medically restricted inmates may attend chow hall as a group. If fed in the chow hall areas that may have been touched or otherwise contaminated must be cleaned and disinfected with bleach before use by other inmates. Examples of such areas includes tables, benches, and tray rests.
- H. Medically restricted inmates should not be transferred from the facility during the restriction period, unless released from custody or a transfer is necessary for health care (e.g., medical or behavioral health), infection control, lack of quarantine space, or extenuating security concerns.
- I. Inmates may be released from medical restriction when two negative *Candida auris* screening results are performed at least one week apart.

## VII. Housing

A. Inmates with *Candida auris* infection or colonization will be housed at

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designated facilities.

- B. Exposed inmates will be housed in a designated facility until criteria is met for discontinuation of medical restriction (see Section V).

**VIII. Transportation**

- A. Inmates MUST be transported via special transport (No chain buses). In the event a *Candida auris* positive or exposed inmate is to be transferred to an offsite facility, a report must be given to all individuals that will or may have contact with the inmate to include but not limited to:
  - 1. Security
  - 2. EMS
  - 3. Offsite Facility (local hospital, Hospital Galveston, etc.)
  - 4. Unit-to-Unit Transfer
- B. Inmates with *Candida auris* colonization or infection may be transported together in a vehicle but do not mix them with other inmates who are not positive for *Candida auris*.
- C. Security officers must wear gown and gloves during transport of a positive inmate.
- D. Transport vehicles MUST be cleaned with bleach solution/wipes after each transport and allowed to air dry.

**IX. Education**

All staff should be educated about the transmission of *Candida auris* and be mindful of strict hand hygiene procedures.

Transmission can occur by person-to-person contact or secondary contact with contaminated environmental surfaces, medical devices, or equipment.

To prevent the spread of *Candia auris* practice hand hygiene, wear personal protective equipment (PPE) as specified in policy, and clean and disinfect environmental surfaces and equipment.

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## X. Reporting

Inmates who are infected or colonized with *Candida auris* must be reported to the Office of Public Health (OPH) on the day of confirmation.

## X. Communication of inmates *Candida auris* status

- A. Reporting the inmate's contact isolation precaution status to an offsite facility must be documented in the Electronic Health Record (EHR).
1. Document "*Candida auris* positive and contact isolation precautions reported to, Name/Title of the person receiving the report."
  2. The *Candida auris* sheet must be attached to documents sent with the inmate to the offsite facility. **Attachment A**
  3. Notify the On-Call Nurse Manager with information to include inmate name, TDCJ number, receiving ED/Hospital/unit and confirmation hand off report including isolation status and documentation in the medical record as complete.

## REFERENCES

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