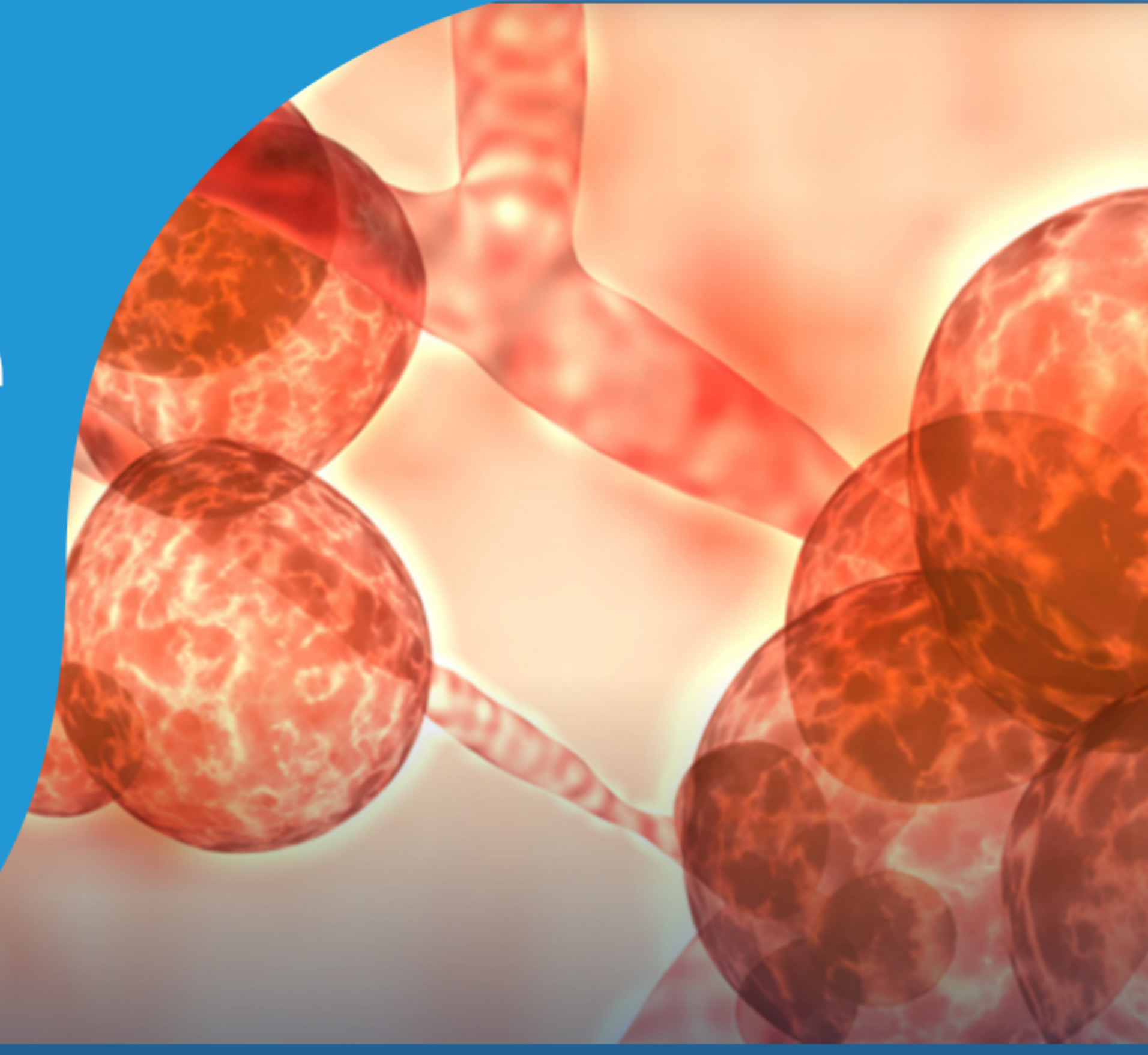


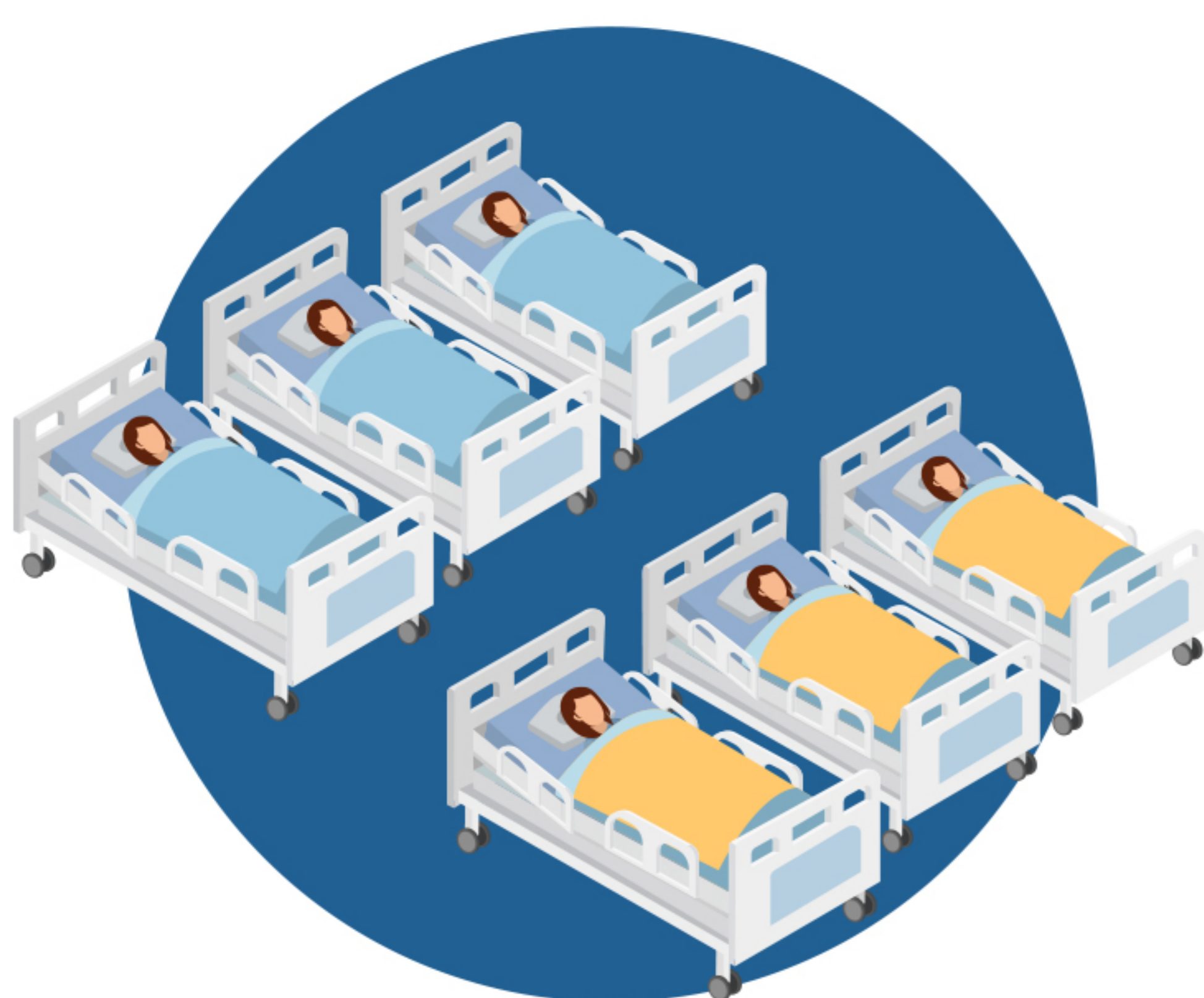
# Infection prevention and control recommendations for the containment of *Candida auris* in health facilities



## Hand hygiene

- Perform hand hygiene by handwashing with water and soap or rubbing it with an alcohol-based handrub solution.
- Hand hygiene should be performed according to the *WHO My 5 moments for hand hygiene*.
- Ensure supplies for hand washing (water, soap, paper towels and alcohol gel) are easily accessible in patients care areas.

## Transmission-based precautions and personal protective equipment (PPE)



- Standard and contact precautions should be used for patients with *Candida auris* infection or colonization.
- Because patients remain colonized for a long time, patients should remain on contact precautions for their entire stay.
- Infected or colonized patients should ideally be placed in a single room. If this is not possible, consider cohorting patients with the same pathogens in the same room or area, but ensure use of strategies to minimize transmission between roommates.
- Use signage to notify hospital staff, family members, and visitors of isolation measures and PPE required.

## Environmental Cleaning and Disinfection



- Clean and disinfect the patient area using a disinfectant effective against *Candida auris* at least daily, especially on frequently touched surfaces, including those in close contact with the patient (for example, chairs, beds, patient tables, monitors, pumps).
- Surface cleaning should be performed with soap and water, followed by the application of a hospital disinfectant approved.
- Equipment used for multiple patients (within the cohort area) must be cleaned and disinfected before use by another patient. If possible, dedicate equipment (sphygmomanometers, stethoscope, thermometers) to be used exclusively by the patient with *Candida auris* or cohort area.
- Dishes, glassware, and utensils should be cleaned between patients using water and detergent or disposable ones can be used.

## Screening recommendations – Patients



- Screening is recommended to identify new colonized individuals on wards/units identifying new infected or colonized cases by swabbing the groin and armpit, but other sites such as nose or fingers/toes can also be colonized.
- Rescreening patients with previous colonization by *Candida auris* is not recommended.
- Inform the responsible authorities if patient is infected or colonized by *Candida auris* in case of internal and interinstitutional patient transfers.

## Decolonization procedures

- There are no recommended decolonization methods at the moment.