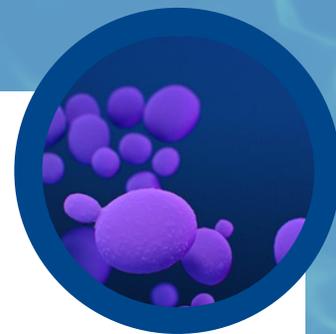


Candida auris (C. auris) FAQs

MDROs Compendium



What is C. auris?

C. auris is an emerging, often multi-drug resistant fungus that can cause serious infections and presents a global health threat. *C. auris* was first reported in the United States in 2016 (and is a nationally notifiable disease/pathogen).

Why is C. auris considered an emerging threat?¹

It was first identified in 2009. Since that time, it has been increasing in frequency and has now been reported in multiple countries and across the United States.

It may cause serious infections and can lead to serious outcomes. High mortality rates are associated with invasive *C. auris* infections, particularly bloodstream infections.

It is often resistant to multiple antifungal drugs commonly used to treat candida infections. Some strains are resistant to all three available classes of antifungals.

Why is C. auris a concern for patients living with kidney diseases?²

C. auris generally affects people with risk factors such as those requiring complex medical care (e.g., intensive care unit [ICU] level care), frequent or prolonged stays in healthcare settings, receipt of multiple antimicrobial agents, and presence of indwelling medical devices such as central venous catheters (CVC) and feeding tubes (e.g., percutaneous endoscopic gastrostomy [PEG] tubes).

C. auris has caused outbreaks in some health care settings, predominantly in long-term care facilities and acute care hospitals. At the time of publication, no *C. auris* outbreaks have been reported in outpatient dialysis facilities.

- The kidney community has expressed concerns that spread of *C. auris* among patients in dialysis facilities may occur. The outpatient hemodialysis population is at risk due to frequent visits to health care facilities and the use of CVC. It is important to quickly identify *C. auris* (colonization and/or infection) so that health care facilities (including dialysis facilities) can take special precautions to stop its spread.

What is the difference between colonization and infection with C. auris?^{3,4}

C. auris can be found on the skin and other body sites (e.g., respiratory tract, urinary tract) without causing sickness or infection, which is referred to as colonization. Patients can be colonized for a prolonged period and are a source of potential spread of *C. auris* during this time. Patients colonized with *C. auris* require special infection control measures to prevent spread but do not require treatment with antifungal medication.

¹ Young BA, Chan C, Blagg CR. Peritoneal Dialysis Training: Characteristics and Predictors of Patient Outcomes. *Kidney Int Rep.* 2018;3(6):1383-1391. doi:10.1016/j.ekir.2018.07.015.

² Centers for Disease Control and Prevention. Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients. *MMWR Morb Mortal Wkly Rep.* 2001;50(RR-5):1-43. Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5005a1.htm>.

³ Centers for Disease Control and Prevention. About *C. auris* | *Candida auris* (*C. auris*). Updated April 24, 2024. Accessed July 14, 2025. <https://www.cdc.gov/candida-auris/about/index.html>

⁴ Centers for Disease Control and Prevention. Preventing the Spread of *C. auris* | *Candida auris* (*C. auris*). Updated April 24, 2024. Accessed July 14, 2025. <https://www.cdc.gov/candida-auris/prevention/index.html>



How is *C. auris* identified (i.e., tested for)?^{5,6,7}

C. auris is identified through clinical cultures using swabs to detect active infections or colonization. Providers should consult and coordinate with their state and/or local public health departments if they are considering screening to assess for *C. auris* colonization in patients considered to be at risk.

Furthermore, given the potential for *C. auris* misidentification, facility leadership should communicate with laboratories, including central dialysis organization laboratories, to inquire about their capacity to conduct *Candida* species identification and ensure that species identification is indeed performed on respective specimens.

Additional notes on lab testing/misidentification:

- Many clinical microbiology laboratories are able to identify *C. auris*, but misidentification as other *Candida* species can occur depending on the lab methods used.
- Screening for *C. auris* requires special laboratory processes and may be available at no cost through federal public health partners but requires coordination through the healthcare-associated infection (HAI) program of the state or local public health jurisdiction. See link below for more information.

Should cases of *C. auris* be reported?

In the United States, *C. auris* is a nationally notifiable disease/pathogen. Suspected and confirmed cases should be reported promptly to state and/or local public health departments. Laboratories that identify *C. auris* specimens should report cases immediately to the state or local health department.

How should *C. auris* be treated?⁸

Consultation with an infectious disease specialist, and state or local public health departments is recommended. Based on the data available to date, echinocandins, specifically anidulafungin, caspofungin, or micafungin are preferred for initial treatment of clinical *C. auris* infections. *C. auris* colonization without clinical infection should not be treated with antifungals.

Can patients be decolonized?⁹

Currently, no specific intervention is known to eliminate *C. auris* colonization.

⁵ Centers for Disease Control and Prevention. Identification of *C. auris*. Updated June 27, 2024. Accessed July 14, 2025.

⁶ Centers for Disease Control and Prevention. Screening Recommendations for Healthcare Facilities. Updated April 24, 2024. Accessed July 14, 2025. <https://www.cdc.gov/candida-auris/hcp/screening-hcp/index.html>

⁷ Centers for Disease Control and Prevention. Health Department HAI/AR Programs. Updated August 2, 2024. Accessed July 14, 2025. <https://www.cdc.gov/healthcare-associated-infections/programs/index.html>

⁸ Centers for Disease Control and Prevention. Clinical Treatment of *C. auris* Infections. Updated April 24, 2024. Accessed July 14, 2025. <https://www.cdc.gov/candida-auris/hcp/clinical-care/index.html>

⁹ Centers for Disease Control and Prevention. Infection Control Guidance: *Candida auris*. Updated April 24, 2024. Accessed July 14, 2025. <https://www.cdc.gov/candida-auris/hcp/infection-control/index.html>



Why are targeted infection control interventions required for *C. auris*?

C. auris is spread through contact with contaminated surfaces or items, including medical equipment shared between patients, personal protective equipment (PPE) worn by health care workers, or health care workers' hands.

C. auris can persist on surfaces for weeks and is resistant to many common health care disinfectants, increasing the risk of spread in health care settings.

Patients can be colonized, without active infection, for a prolonged period and shed into their environment, contaminating environmental surfaces that other patients may encounter.

Are health care personnel in dialysis facilities at risk of acquiring *C. auris* infection?

The risk of *C. auris* infection to otherwise healthy people, including health care personnel, is very low. There has been no documented transmission of *C. auris* to health care personnel during the performance of their normal duties. Health care personnel can protect themselves and their patients by following recommended infection prevention practices, including performing hand hygiene correctly whenever it is indicated.

What are recommended infection prevention and control measures to keep patients safe in dialysis facilities?^{9,10,11,12}

In addition to routine infection control practices recommended for outpatient facilities (i.e., Standard Precautions), when dialyzing patients with *C. auris* (colonized and/or infected), dialysis facilities should:

Minimize exposure to other patients:

- Use physical separation by maximizing physical distance around the patient while in the dialysis facility. This may vary according to facility layout and patient census. Examples include:
 - Dialyzing the patient at the end or corner of the unit, leaving at least one unoccupied station on either side of the patient.
 - Dialyzing the patient on the last shift of the day or a less busy shift where physical separation is more feasible.
 - Dialyzing the patient in a single-person isolation room. Isolation rooms are not required for patients with *C. auris*; however, hepatitis B isolation rooms can be used if one of the following is true:
 - The patient is hepatitis B surface antigen-positive.
 - Or, the facility has no patients on its census with hepatitis B infection who would require treatment in the isolation room, and the room has been terminally cleaned.

Ensure staff caring for the *C. auris* patient:

- Wear gowns and gloves when providing clinical care or touching items in the patient's dialysis station. Immediately remove and discard gown and gloves before leaving the station.
- Gowns may be discarded by placing them in a trash receptacle or by placing them in a receptacle for laundering.
- Proper gown and glove donning and doffing is critical. Refer to CDC PPE Sequence.
- Thoroughly clean and disinfect the dialysis station (e.g., chairs, side tables, machines) and common areas between patients by using products approved for use against *C. auris*.
- CDC recommends using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris*. See EPA's List P for a current list of EPA-approved products for *C. auris*.

Properly clean and disinfect reusable equipment brought to the dialysis station after each use.

- The facility should not reuse equipment between the care of *C. auris* patients and patients without *C. auris* without proper disinfection (e.g., stethoscope, blood pressure cuff).

Provide education about *C. auris* to all health care personnel in the facility. Ongoing education may be needed to reinforce concepts and account for staff turnover.

Provide adequate supplies (e.g., alcohol-based hand sanitizer, gowns, gloves, and cleaning and disinfection agents) so staff can execute and maintain infection control measures.

Monitor adherence to infection control measures by performing observations of clinical practices and provide feedback of results to health care personnel. Clinical practices to observe include hand hygiene and routine cleaning and disinfection of the dialysis station. Also, consider monitoring health care workers PPE practices to ensure adherence to recommended practices.

Ensure effective communication is in place so that all health care personnel understand which patients require additional infection control measures and which staff are responsible for implementing infection control measures.

Communicate patients' *C. auris* status to long-term care facilities, skilled nursing facilities (SNFs), medical transportation services, and hospitals. Precautions should be taken by all these entities to prevent the spread of *C. auris*.

⁹ Centers for Disease Control and Prevention. Infection Control Guidance: *Candida auris*. Updated April 24, 2024. Accessed July 14, 2025. <https://www.cdc.gov/candida-auris/hcp/infection-control/index.html>

¹⁰ US Environmental Protection Agency. EPA's registered antimicrobial products effective against *Candida auris* (List P). US Environmental Protection Agency. Updated October 15, 2025. Accessed March 4, 2026. <https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-candida-auris-list>

¹¹ US Environmental Protection Agency. Selected EPA-registered disinfectants. US Environmental Protection Agency. Updated September 11, 2025. Accessed March 4, 2026. <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>

¹² Centers for Disease Control and Prevention. Infection Prevention and Control Assessment Tool for Hemodialysis Facilities. Version 1.4. Published September 2016. Accessed July 14, 2025. <https://www.cdc.gov/dialysis-safety/media/pdfs/Dialysis-P.pdf>



How long are recommended infection prevention and control measures continued for patients who are colonized with *C. auris* or have been treated for *C. auris* and recovered?

Current guidance suggests that recommended infection prevention and control measures should be continued indefinitely. Surveillance cultures to assess for ongoing colonization is not currently recommended as cultures may be intermittently positive.

Do dialysis machines require any type of special internal disinfection when used for patients with *C. auris*?

Standard cleaning and disinfection practices are appropriate. No additional internal disinfection is required.

Additional resources:

Centers for Disease Control and Prevention. Clinical Overview of Candida auris | Candida auris (C. auris). Updated April 24, 2024. Accessed July 14, 2025. <https://www.cdc.gov/candida-auris/clinical/overview/index.html>.

Centers for Disease Control and Prevention. Surveillance of C. auris | Candida auris (C. auris). Updated April 24, 2024. Accessed July 14, 2025. <https://www.cdc.gov/candida-auris/hcp/surveillance/index.html>.

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