South Dakota Department of Health

Managing *Candida auris* in Healthcare: What You Need To Know

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South Dakota Department of Health -December 2025

SOUTH DAKOTA DEPARTMENT OF HEALTH

What is Public Health?

Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention, and detection and control of infectious diseases.

Public health is a system of entities and individuals working together to protect the health of entire populations – whether it's as small as a local neighborhood, or as big as the entire state.

- Federal Health Agencies
- State Health Departments
- Local Health Departments
- Tribal Health/ Government
- Healthcare Institutions/ Providers
- Schools & Universities
- Other State Agencies
- Emergency Responders
- Community Organizations/ Coalitions
- Elected Officials
- Faith-Based Institutions
- Philanthropy & Civic Groups

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents Injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

VISION
Every South Dakotan Healthy and Strong

MISSION
Working together to promote, protect, and improve health

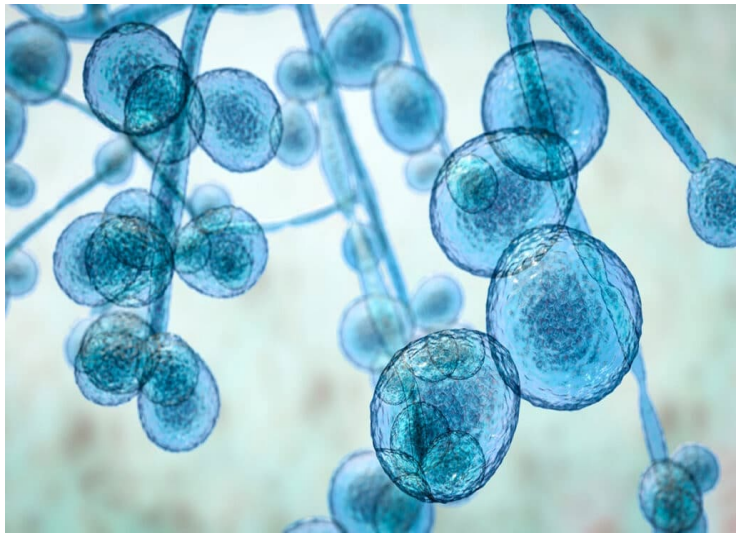
Objectives

1. Explain what *Candida auris* is and why it is public health concern.
2. Describe testing and detection of *Candida auris* in South Dakota.
3. Review core infection prevention strategies to prevent transmission.
4. Identify effective environmental cleaning and disinfection practices for *Candida auris*.

What is *Candida auris*?

Candida auris (*C. auris*)

- Emerging, multidrug-resistant fungus first identified in 2009 in Japan.
- Most infections occur in healthcare settings.
- Can colonize patients for months without symptoms and persist in the environment, but can also cause severe, sometimes fatal, infections.



Why *C. auris* is a major public health concern:

- Frequently resistant to multiple antifungal drugs—**90%** of cases are resistant to at least one antifungal
- Difficult to identify using standard lab methods and can be misidentified, leading to improper treatment.
- Has caused outbreaks in hospitals and long-term care facilities.
- **Not** the same yeast that causes thrush, diaper rash, or vaginal yeast infections.

Why are we worried?

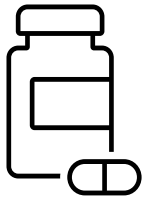
- Challenging for laboratories to accurately identify.
- Often resistant to antifungal treatments.
- Spreads easily in healthcare settings, especially long-term care, hospitals, and LTAC facilities.
- Can survive on surfaces and equipment for weeks.

- **5–10%** of patients colonized with *C. auris* develop a bloodstream infection.
- **Mortality can reach 45%** within 30 days without treatment.
- **About 50% of isolates** are resistant to both disinfectants and multiple antifungal drugs, contributing to high mortality from bloodstream infections.

Risk Factors

Older Age and Comorbid conditions

Healthcare Exposure-were recently hospitalized in an area with *C. auris* transmission.

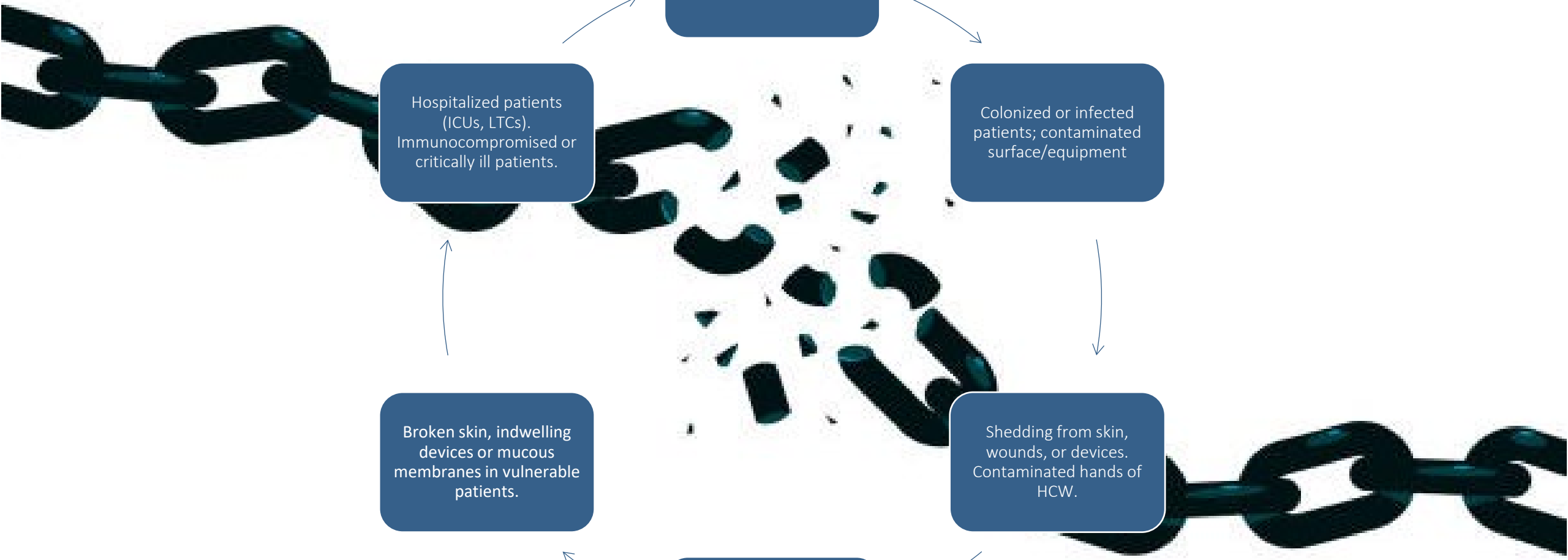


Antifungals and Antibiotics

Indwelling Devices (ventilators, feeding tubes, central lines, and foley catheters)

Infectious Characteristics

Infectious Characteristics Definitions: ▶ Incubation period—the time from exposure to infection with symptoms. ▶ Period of communicability—time when a pathogen can be transmitted from one person to another ▶ Mortality rate—the number of deaths due to a disease divided by the total population.	**Risk factors:**[4]	▶ Multiple or prolonged healthcare stays, particularly in long-term acute care hospitals (LTACHs) and ventilator-capable skilled nursing facilities (vSNFs) ▶ Presence of invasive devices (e.g., tracheostomy) ▶ Mechanical ventilation ▶ Recently received antimicrobials
	Incubation period:	Unknown
	Period of communicability:	**Colonization:** no signs or symptoms **Active Infection:** Fever and chills that don't improve after antibiotic treatment for a suspected bacterial infection.
	Duration of illness:	Varies
	Severity of illness and Mortality Rate:[6]	Severity can range from no symptoms (e.g., colonization) to severe invasive infections such as bloodstream infections. Mortality ranges from 30–60%.



C. auris

Colonized or infected patients; contaminated surface/equipment

Shedding from skin, wounds, or devices. Contaminated hands of HCW.

Direct contact between patients. **Indirect contact** via contaminated equipment or environment.

Broken skin, indwelling devices or mucous membranes in vulnerable patients.

Hospitalized patients (ICUs, LTCs). Immunocompromised or critically ill patients.

Clinical Symptoms

- No unique signs of *C. auris* infection; symptoms depend on the affected organ or device.
- Early symptoms are non-specific, such as fever and chills.
- Common infections include
  - Bloodstream infections
  - Ear infections
  - Skin and wound infections
  - Device/catheter infections
  - UTIs
  - CNS infections
- Recurrent and persistent bloodstream infections have been reported.

Management

- **Treatment:** Antifungals for symptomatic infections
  - Polyenes, Azoles, Echinocandins, Allylamines
- Most cases use echinocandins
  - Interferes with the synthesis of the fungal cell wall, which leads to cell death
  - Examples: micafungin, caspofungin, anidulafungin
- Some *C. auris* strains are resistant to all three major antifungal classes-- requiring Polyenes such as amphotericin B

Are healthcare workers at risk?

- *C. auris* rarely causes infection in healthy individuals
- Anyone can be colonized on the skin, though it is uncommon among healthcare workers
- Risk mainly from contact with contaminated patients, surfaces, or equipment
- Proper hand hygiene and infection control greatly reduce risk

What are HAI and MDRO's?

HAI's: Healthcare Associated Infections. These infections are neither present nor incubating at the time of admission and usually occur 48 hours after admission.

- **CAUTI-Catheter Associated Urinary Tract Infection**
- **SSI- Surgical Site Infection**
- **CLABSI-Central Line Associated Blood Stream Infection**
- **VAP- Ventilator Associated Pneumonia**

MDRO's: Multidrug Resistant Organisms. Usually bacteria (or other microbes) that have developed resistance to antibiotics, making them hard to treat.

- **CPO**
- **Pseudomonas aeruginosa**
- **Acinetobacter Baumannii**
- **MRSA**
- **VRE**
- **Candida Auris**

MDRO's and HAI's

- Increased risk of severe illness and death
- Longer stays, complications, fatal outcomes
- High healthcare cost
- Spread in healthcare facilities
- Limited treatment options

Pose serious threats to patient safety, public health, and healthcare systems.

Reportable Diseases in SD

Reportable Diseases – South Dakota

+Category I diseases: *Report immediately* on suspicion of disease
Category II diseases: Report within 3 days
★ Send isolate or specimen to South Dakota Public Health Laboratory

Effective Date: 1 January 2024

Acute flaccid myelitis
+Anthrax (*Bacillus anthracis*★)
Anaplasmosis (*Anaplasma phagocytophilum*)
Arboviral encephalitis, meningitis and **infection** (including, but not limited to, West Nile, Zika, St. Louis, Eastern equine, Western equine, Chikungunya, California, LaCrosse, Jamestown Canyon, Japanese, Powassan, Colorado tick fever)
Babesiosis (*Babesia* spp)
+Botulism (*Clostridium botulinum*)
+Brucellosis (*Brucella* spp★)
Campylobacteriosis (*Campylobacter* spp)
Carbon monoxide poisoning
Chancroid (*Haemophilus ducreyi*)
Chlamydia (*Chlamydia trachomatis*)
Cholera (*Vibrio cholerae*)
Coccidioidomycosis (*Coccidioides* spp)
+Coronavirus respiratory syndromes, MERS-CoV, SARS-CoV-1 and SARS-CoV-2
Cryptosporidiosis (*Cryptosporidium* spp)
Cyclosporiasis (*Cyclospora cayetanensis*)
Dengue viral infection (*Flavivirus*)
+Diphtheria (*Corynebacterium diphtheriae*)
Drug resistant organisms:
- **Carbapenemase-Pro… …isms** (CPO★)
- ***Candida auris***★
- **Vancomycin–intermediate & resistant *Staphylococcus aureus*** (VISA, VRSA★)

+*E. coli*, shiga toxin-producing (*Escherichia coli*★)
Ehrlichiosis (*Ehrlichia* spp)
Giardiasis (*Giardia lamblia / intestinalis*)
Gonorrhea (*Neisseria gonorrhoeae*)
Haemophilus influenzae★, invasive disease
Hantavirus pulmonary syndrome or **infection**
Hemolytic uremic syndrome
Hepatitis, viral, acute **A, B** and **C**; chronic **B** and **C**; and perinatal **B** and **C**

Human immunodeficiency virus (HIV) **infection**, including:
- Stage III, Acquired immunodeficiency syndrome, (AIDS)
- CD4 counts in HIV infected persons
- HIV viral loads,
- pregnancy in HIV infected females,
- HIV gene sequencing
- HIV antiviral resistance,
- Confirmatory results, positive or negative, following a reactive HIV screening test

+Influenza, novel strains★
Influenza: including:
- hospitalizations,
- deaths,
- lab confirmed cases (culture, DFA, PCR),
- weekly aggregate totals of rapid antigen positive (A and B) and total tested

Lead, all blood levels
Legionellosis (*Legionella* spp)
Leprosy / Hansen's disease (*Mycobacterium …*)
…rosis (*Leptospira*)
…riosis (*Listeria monocytogenes*★)
Lyme disease (*Borrelia burgdorferi*)
Malaria (*Plasmodium* spp)
+Measles / Rubeola (*Paramyxovirus*)
Melioidosis (*Burkholderia pseudomallei*)
+Meningococcal disease, invasive (*Neisseria meningitidis*★)
Mumps (*Paramyxovirus*)
+Orthopoxviruses (Variola★ or mpox virus)
Paratyphoid fever
Pertussis (*Bordetella pertussis*)
Pesticide-related illness and **injury,** acute
+Plague (*Yersinia pestis*★)
+Poliomyelitis, paralytic and nonparalytic (*Poliovirus*)
Psittacosis (*Chlamydophila psittaci*)
Q fever (*Coxiella burnetii*)
+Rabies, human and animal (*Rhabdovirus*)
+Rubella and congenital rubella syndrome (*Togavirus*)
Salmonellosis (*Salmonella* spp★)
Shigellosis (*Shigella* spp★)
Silicosis

Spotted fever rickettsiosis (*Rickettsia*)
Streptococcus pneumoniae, invasive
Syphilis (*Treponema pallidum*) including primary, secondary, latent, early latent, late latent, neurosyphilis, late non-neurological, stillbirth, and congenital
Tetanus (*Clostridium tetani*)
Toxic shock syndrome (Streptococcal and non-Streptococcal)
Transmissible spongiform encephalopathies, such as Creutzfeldt-Jakob disease
Trichinosis (*Trichinella spp.*)
+Tuberculosis, active disease or **latent infection** (*Mycobacterium tuberculosis*★ *or Mycobacterium bovis*★)
(**Latent TB Infection** only in certain high risk persons: foreign-born <5 yrs in US, close contacts, diabetes, renal dialysis, children <5 yrs, and certain medical conditions)
+Tularemia (*Francisella tularensis*★)
Typhoid (*Salmonella typhi*★)
Vaccine Adverse Events
Varicella / Chickenpox (*Herpesvirus*)
+Viral Hemorrhagic Fevers (Crimean-Congo Hemorrhagic Fever virus, Ebola virus, Lassa virus, Lujo virus, Marburg virus, Chapre virus, Guanarito virus, Junin virus, Machupo virus, Sabia virus)
Vibriosis (*Vibrionaceae*★)
+Yellow fever (*Flavivirus*)

+Outbreaks of:
- +Acute upper respiratory illness
- +Diarrheal disease
- +Foodborne disease
- +Healthcare-associated infections
- +Illnesses in child care setting
- +Rash illness
- +Waterborne disease

+Syndromes suggestive of **bioterrorism** and other **public health threats**
+Unexplained illnesses or **deaths** in human or animal

The South Dakota Department of Health is authorized by SDCL 34-22-12 and ARSD 44:20 to collect and process mandatory reports of diseases and conditions by physicians, hospitals, laboratories, and other institutions.

How to report:
Secure website: sd.gov/diseasereport
Telephone: 605-773-3737 or **800-592-1861** during business hours (or **After Hours for emergency reporting of Category I diseases**)
Fax: 605-773-5509
Mail or **courier**: Infectious Disease Surveillance, SD Department of Health, 615 East 4th Street, Pierre, SD 57501; mark *"Confidential"*

What to report: Reports must include as much of the following as known:
- Disease or condition
- Date of disease onset
- Relevant lab results and specimen collect date
- Case name, age, birth date, sex, race, address, occupation
- Attending physician's name, address, phone number
- Name and phone number of person making report

CANCER (SDCL 1-43-14) Report to SD Cancer Registry, call 800-592-1861

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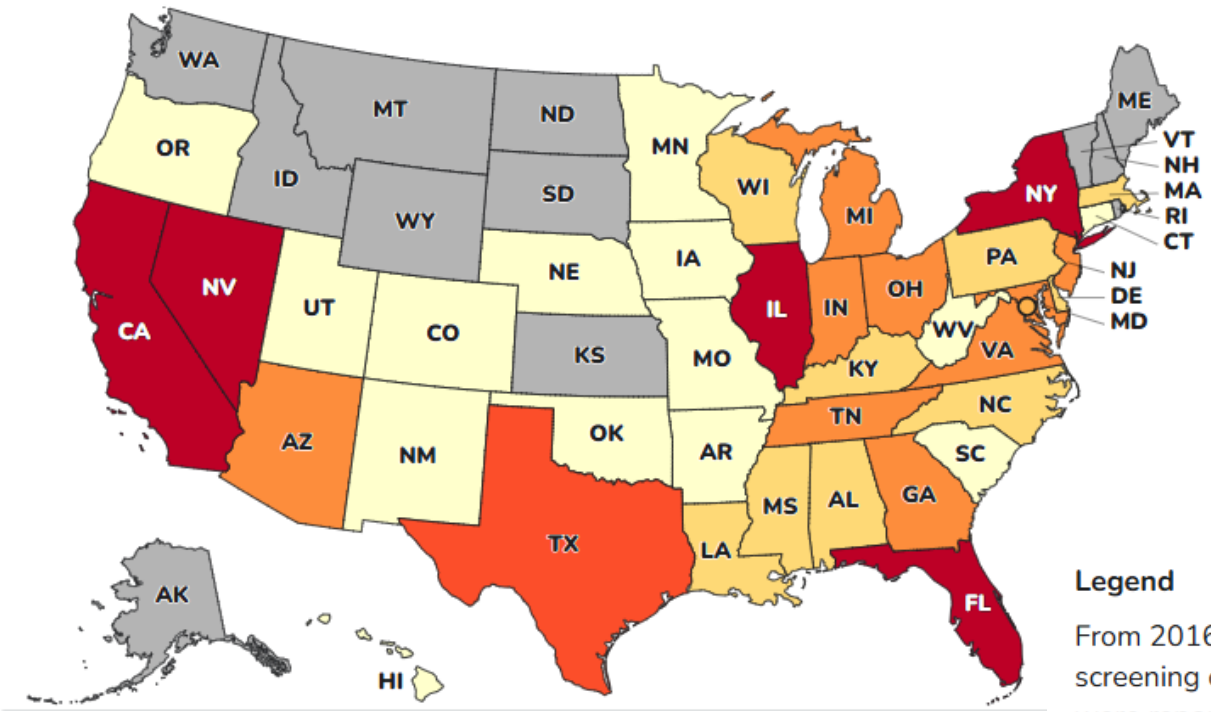
CDC



Legend

From 2016-2023, there have been 10,788 clinical cases. There were an additional 22,931 screening cases not shown on the map. There were 9 clinical cases from 2013-2015 that were reported retrospectively.

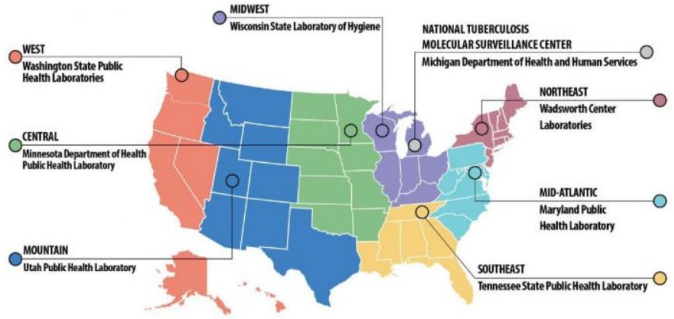
- No new clinical cases
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- >1000

C. auris Testing

Candida auris can colonize the skin and other body sites, increasing the risk of invasive infections and transmission to other patients or residents.

- Coordinate testing with SD DOH and ARLN.
- ARLN provides testing kits for sample collection.
- Use a single swab to collect specimens from both the groin and axilla, as this combined site swab is the most sensitive.
- ARLN performs detection using a Real-Time PCR assay from skin swabs.
- Results are typically available within 2–4 business days.

Antimicrobial Resistance (AR) Laboratory Network Central Region Lab Forms



C. auris swab collection

1. Perform hand hygiene before starting.
2. Open the ESwab kit carefully.
3. Prepare swab and specimen tube:
    - Remove the tube but leave the swab in the package until ready.
    - Ensure the specimen is labeled.
4. Swab collection:
    - Pull swab from package without touching the soft tip.
    - Firmly rub the soft end 3–5 times at each site.
5. Axilla (armpits):
    - Swab both sides of the left and right axilla.
    - Target the skin crease where the arm meets the body.
6. Groin (inguinal creases):
    - Swab both sides of the groin, targeting the crease where the leg meets the pelvis.
    - Repeat 3–5 times per side using the same swab.
7. Transfer to tube:
    - Remove tube cap, place swab tip in liquid. Do not spill liquid.
    - Snap off swab at the marked line.
    - Screw the cap on tightly.
    - Seal with parafilm.
8. Complete documentation:
    - Fill out collection form.
    - Package and ship (ideally within 4 days).

Guidance for Candida auris Colonization Specimen Collection and Shipping

What does a positive result mean?

A positive result indicates that the patient is colonized, meaning *C. auris* is present on their skin. While the patient may not show signs of illness, they can still transmit to others.

Preventing transmission involves:

- Placing the patient in a private room with appropriate isolation precautions
- Practicing meticulous hand hygiene
- Performing thorough cleaning and disinfection
- Using dedicated equipment whenever possible

Note: Patients who are colonized but asymptomatic should not receive treatment for *C. auris* and do not need repeat testing.

Strategies to Prevent Transmission

- Private room: Single-patient placement
- Precautions:
  - Acute care → Standard & Contact Precautions
  - Long-term care → Enhanced Barrier Precautions*

    *Refer to CDC Guidance on Enhanced Barrier Precautions for more details about when Contact vs Enhanced Barrier Precautions would apply
- Hand hygiene: Follow strictly
- Cleaning & disinfection: Patient care areas regularly, especially high-touch surfaces
- Dedicated equipment: Avoid sharing between patients
- Approved disinfectants: Use EPA List P products
- Inter-facility transfers: Follow proper protocols
- Personal items: No sharing of razors, nail clippers, towels
- Visitors: encourage visitors to perform hand hygiene frequently

Hospitals and Nursing Homes

- Patients on Contact Precautions should be placed in single rooms whenever possible.
- If single rooms are limited, prioritize patients with a higher risk of transmission (e.g., those with draining wounds, secretions, excretions, or diarrhea).
- Facilities may cohort *C. auris* patients in a dedicated unit or section to minimize movement of staff and equipment.
- In nursing homes, single rooms are preferred whenever possible.
- If single rooms are unavailable, group patients with the same multidrug-resistant organism (MDRO) together.

Reducing Transmission in Healthcare Settings

- Keep at least 3 feet of space between beds.
- Use privacy curtains to reduce direct contact between patients.
- Clean and disinfect each bed area as though it were a separate room.
- Disinfect shared equipment immediately after use.
- Replace mop heads, cloths, and other cleaning tools between bed areas.
- Increase the frequency of cleaning and disinfecting environmental surfaces.
- Perform hand hygiene consistently.

Patient Transfer

- Notify the receiving facility or unit about the patient's C. auris infection or colonization as well as transportation company.
- Discharge decisions should be based on clinical needs and the receiving facility's ability to provide appropriate care, not on the patient's infection or colonization status.
- Use the Interfacility Transfer Form for documentation.

Cleaning and Disinfection Principles

- Candida auris can persist on surfaces in healthcare settings for many months.
- It has been cultured from multiple locations in patient rooms.
- The fungus has been found on high touch surfaces. (bedside tables, bedrails, and on surfaces farther away from the patient, such as windowsills.

EPA's Registered Antimicrobial Products Effective Against Candida auris [List P] | US EPA

EPA List P

Registration Number	Active Ingredient	Product Brand Name	Company	Contact Time (minutes)	Formulation Type	Surface Types	Use sites
46781-13	Isopropyl Alcohol and Quaternary Ammonium	CaviWipes 1	Metrex Research	1	Ready to Use/Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
46781-14	Sodium Hypochlorite	CaviWipes Bleach	Metrex Research	3	Ready to Use/Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
70627-60	Hydrogen Peroxide	Oxivir Wipes	Diversey Inc.	5	Ready to Use/Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
9480-4	Isopropyl Alcohol and Quaternary Ammoniums	Sani-Cloth® Germicidal Wipes	Professional Disposables International, Inc.	2	Ready to Use/Wipe	Hard Nonporous (HN)	Hospital; Institutional
9480-8	Sodium hypochlorite	PDI Sani-Cloth Bleach Wipes	Professional Disposables International, Inc.	4	Ready to Use/Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential

EPA's Registered Antimicrobial Products Effective Against Candida auris [List P] | US EPA

Selecting the Right Product:

- **Read the EPA Master Label Carefully**

Many products are effective against bacteria and viruses but not fungi. Not all routine disinfectants are active against C. auris. For example, quaternary ammonia compounds commonly used are not effective in controlling C. auris. Use EPA list P to see products with claims of activities against C. auris.

- **Not All Candida Species are Created Equal:** A disinfectant effective against *Candida albicans*, or any other Candida species, may not work against *C. auris*. *C. auris* is much harder to kill on surfaces, so only products specifically tested against it should be used.

Follow Directions for Use: Ensure proper contact time, surface compatibility, and be cautious with dilutable products. Dilution errors are common and can compromise efficacy.

Cleaning and Disinfection Principles

- All products need a legible label.
- No re-dipping rags into solution.
- Carts should be regularly cleaned.
- Products should be hospital grade.
- Microfiber is preferred cleaning method. (rags, floor dusting/mopping)
- No feather dusters.
- Clean to dirty.
- Dedicated supplies as able

EPA's Registered Antimicrobial Products Effective Against Candida auris [List P] | US EPA


Bleach Germicidal Wipe
BETCO
CAUTION

Precaution Signs Should be Posted

Appropriate signage.

Laminate Signs for proper cleaning.

Make sure to clean the signs!

Hand hygiene, PPE (gowns and gloves)

Daily Cleaning

- Start by dusting high to low.
- Pay attention to contact time.
- Wipe down all high touch surfaces.
- Use friction.
- Use cleaning wipes or solutions designated for Candida auris. (usually sporicidal or bleach based)

Bathroom

- Clean to dirty
- Begin with light switches, hand sanitizer dispensers, paper towel holder, faucets, handrails, shower head.
- Toilet should be last.
- Do toilet handle first, then toilet seat.
- Remove gloves and wash hands. Apply new gloves.
- Then to floor. Dust mop first, then wet mop.
- Toilet bowl brushes should not go room to room if a patient has Candida auris, diarrhea, C Diff, or other MDRO.

Terminal Clean

- Before dusting, clean ceiling if needed and remove privacy curtains.
- Use appropriate cleaning solution on bed frame, mattress cover, pillows, and other surfaces.
- Allow proper contact time.
- After thorough cleaning, remove PPE, and replace privacy curtains.
- Replace mop heads, cloths, and other cleaning tools between rooms.
- Increase the frequency of cleaning and disinfecting environmental surfaces.
- Perform hand hygiene consistently.

SOUTH DAKOTA DEPARTMENT OF HEALTH

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Emerging Issues: Measles Cases in South Dakota

Topics > Diseases

Communicable & Infectious Diseases

A communicable disease is any contagious illness caused by bacteria or viruses. It can be spread from person to person or from animal to person. These diseases can be spread via contact with contaminated surfaces, through the air, bodily fluids like blood, or through insect bites.

Reportable Communicable Diseases

Learn which diseases are to be reported immediately and which diseases must be reported within 3 days.

See Reportable Diseases

Disease Prevention Services

Disease Prevention Services provides information and resources on disease intervention, STI control, HIV/AIDS, tuberculosis, and healthcare-associated infections.

View Disease Prevention Services

Disease & Condition Fact Sheets

Learn the details of a variety of diseases and conditions and answer any questions you have.

See the Disease Facts

Infectious Disease Dashboard

View all or select infectious diseases of interest on the infectious disease dashboard.

View Dashboard

Diseases

Communicable & Infectious Diseases

- Reportable Communicable Diseases
- Disease Prevention Services
- Data Confidentiality & Security
- Disease Fact Sheets
- Vector-Borne Diseases
- Foodborne & Enteric Disease
- SD Childhood Lead Poisoning Prevention Program
- Mercury Exposure
- Respiratory Virus Guidance
- Pertussis
- Influenza

[Infectious Disease Dashboard | South Dakota Department of Health]

SOUTH DAKOTA DEPARTMENT OF HEALTH

SOUTH DAKOTA DEPARTMENT OF HEALTH

South Dakota HAI Department Action Plan to Prevent Healthcare-Associated Infections and Antibiotic Resistance

Last Update: July 2022

elc-g1-state-hai-action-plan.pdf

HAI WEBSITE

SD DOH Healthcare-Associated Infection Webinars

View the Healthcare-Associated Infections Webinar Playlist

- Clinical Consideration in Respiratory Infections Webinar
  - Slides
- CAUTI Compendium Webinar
  - Slides
- Approach to Urinary Tract Infection Diagnosis and Treatment Webinar
  - Slides
- Targeted Antibiotic Selection Webinar
  - Slides

Infection Prevention Education Request Form

What type of infection prevention education are you requesting? *

- [ ] Infection Control Education
- [ ] Infection Prevention Facility Risk Assessment (ICAR)
- [ ] Antibiotic Stewardship Support and Education
- [ ] Project Firstline Education and Training
- [ ] SD APIC Information
- [ ] Guest Presentation
- [ ] Other

Email: *

Please provide your email address so we can get back to you.

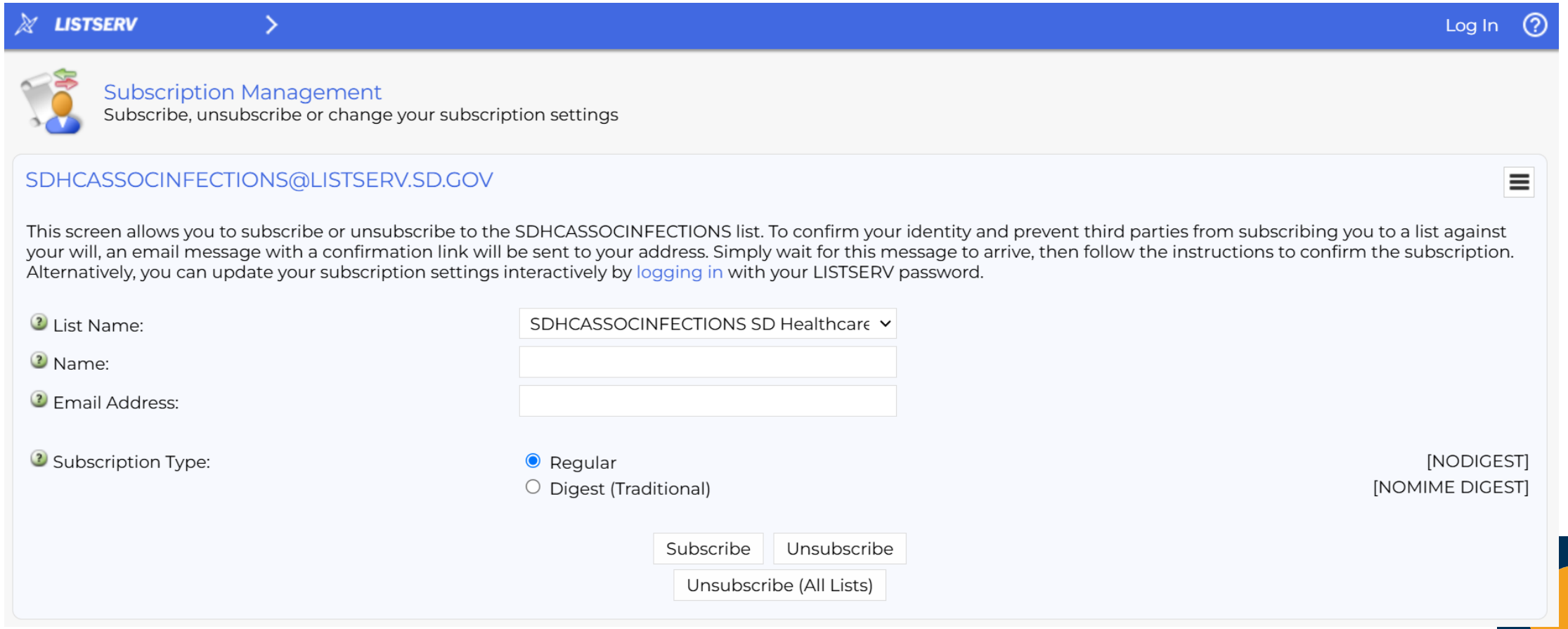
- SD Project Firstline
- Antimicrobial Resistance and Stewardship
- Carbapenemase-producing Organism (CPO)
- HAI Training & Resources
- Infection Prevention Education Request

SD PLAN

Infection Prevention Education Request | South Dakota Department of Health

Subscribe to SD DOH email Listserv!

https://listserv.sd.gov/scripts/wa.exe?SUBED1=SDHCASSOCINFECTIONS&A=1

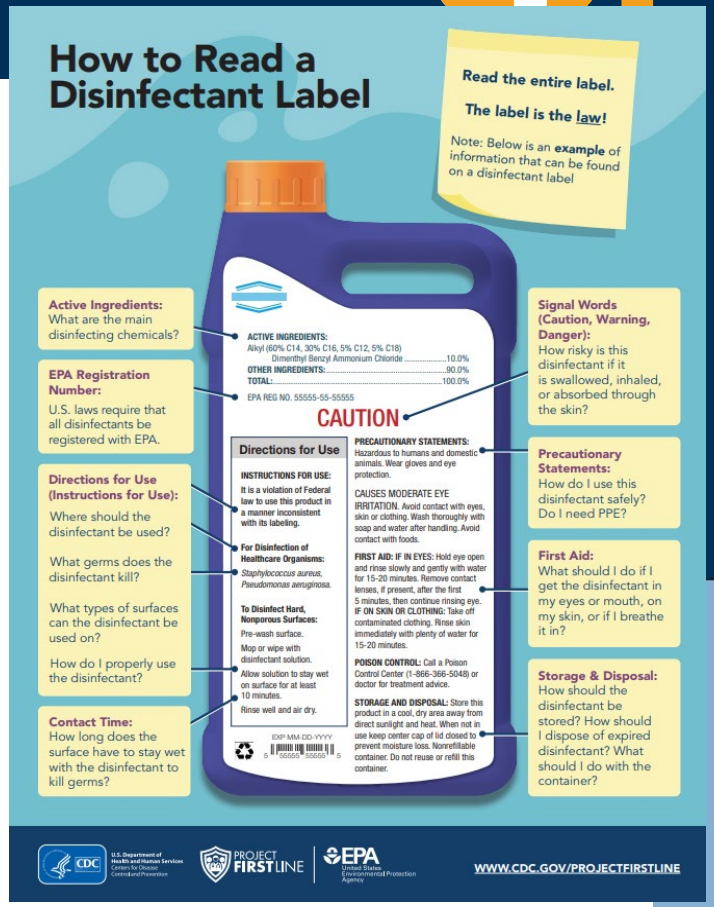


Key Takeaways…

- Notify HAI Department.
- Isolate patient and place in Contact Precautions or EBP.
- Testing will be coordinated with ARLN.
- Pathogens are smart—we have to be smarter.
- Infection Control Education.

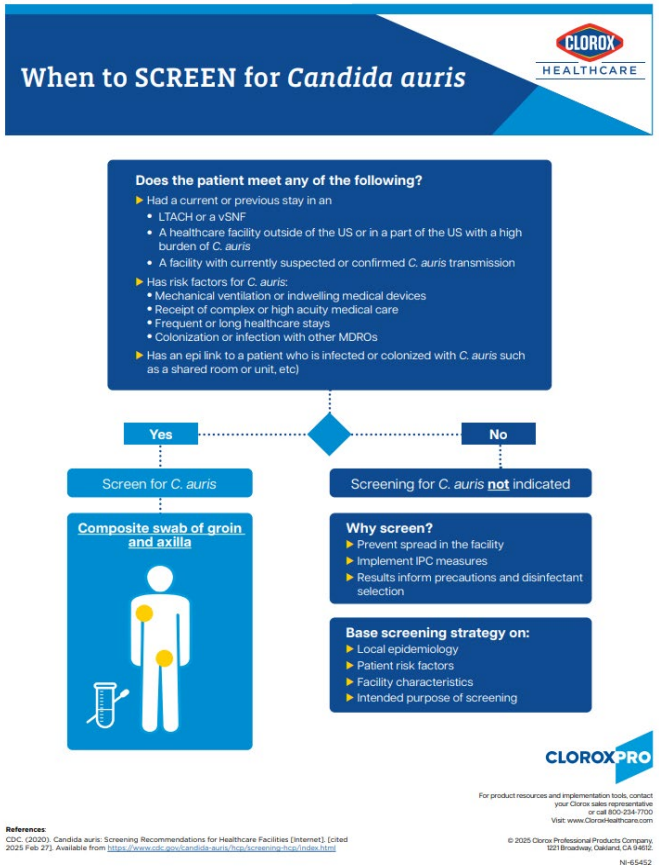
Infection Risk Communication Tool

Germ	Reservoirs where this germ lives	How does it spread? What's the pathway?	Why are we so worried about it?	Who is most at risk for getting sick if exposed? Why ?	PPE recommendations (and why)	Other IPC actions for all HCWs to prevent spread	Any HCW roles or settings that have specific actions or informational needs? If so, which ones?	Specific informational needs for these roles/settings
Candida auris (C. auris)	Skin Dry Surfaces Devices/ Equipment	C. auris can spread by touch through contact with contaminated environmental surfaces or equipment, or from person to person. C. auris can enter the bloodstream (often through wounds, through surgical procedures, through medical devices like IVs or other times when the skin has broken down or is bypassed)	When C. auris enters the bloodstream, it can spread throughout the body causing serious infections that can be deadly. C. auris is often resistant to common antifungal drugs, making infections difficult to treat. Latest situational awareness on C. auris: Tracking Candida auris | Candida auris | Fungal Diseases | CDC	Patients (children and adults) who have recently spent time in nursing or acute care facilities homes and/or have had lines and tubes that go into their body (such as breathing tubes, feeding tubes and central venous catheters). Why? These patients have had wounds or procedures like surgeries or had medical devices like IVs. These are times when the skin has broken down or been bypassed that become a pathway for C. auris on the skin to enter the bloodstream.	Gown Gloves Why? Keeps C. auris from being spread via hands or from contaminated clothes	Hand hygiene (ABHS preferred if hands aren't visibly dirty) Note: wearing gloves is not a substitute for cleaning hands. Cleaning and disinfecting the patient care environment (daily and terminal cleaning) and reusable equipment with recommended products on EPA List P.	Environmental services workers Nurses (or those HCWs responsible for transferring patients between facilities) Long-term care facilities	EVS: CDC recommends use of an Environmental Protection Agency (EPA)–registered hospital-grade disinfectant effective against C. auris. To see a current list of EPA-approved products for C. auris, please see EPA's List P Nurses: Notify receiving facility when patient has been identified to have C. auris (either infection or colonization) Long-term care facilities: HCWs in these settings may be advised to use enhanced barrier precautions.



Candida auris Toolkit

C. auris Cleaning and Disinfection Toolkit | CloroxPro



When to Screen for Candida auris | CloroxPro

Toolkit

VDH VIRGINIA DEPARTMENT OF HEALTH

***Candida auris*:**
Infection Prevention and Control for Healthcare Facilities

(Stephanie Rossow, 2019)

Virginia Department of Health

October 2024

Example of Cleaning Responsibility Grid

Item	Cleaning Frequency	Responsible Discipline	Disinfectant used and contact time
Floors	Once per day	EVS	
Hand rails	Once per day	EVS	
Isolation carts	Once per shift	Nursing	
Door handles	Once per day	EVS	
Medication dispense system	Once per shift	Nursing	
Medication carts	Once per shift	Nursing	
Privacy curtains	Terminal clean or when visibly soiled	EVS	
Keyboards	Once per shift	Staff member using the computer or if taken into a patient/resident's room	
Shared medical equipment (scales, lift equipment, BP cuffs, gait belts, exercise bands, etc.)	After each use	Staff member using equipment	

An editable version of an environmental cleaning and disinfection responsibilities chart is available on the VDH website.

- Letter templates

- Candida auris Facility info

Resources

HAI List Serv	https://listserv.sd.gov/scripts/wa.exe?SUBED1=SDHCASSOCINFECTIONS&A=1
EPI List Serv	https://listserv.sd.gov/scripts/wa.exe?SUBED1=SDEPI&A=1
Confidential Reporting	South Dakota Department of Health - Confidential Outbreak Report
CDC Candida auris	Candida auris | Candida auris (C. auris) | CDC
Clorox Toolkit	https://assets.ctfassets.net/y7shn3z27tn6/2uDFQWJetl32BrHUQQI9bS/60dc686cd9fec993cb1715ae5cbd7dd4/C.-auris-Disinfection-Toolkit-CLX-3.pdf
EPA List	EPA's Registered Antimicrobial Products Effective Against Candida auris [List P] | US EPA
How to Read a Label	How to Read a Disinfectant Label
Communication Tool	irctool.pdf
APIC Toolkit	Candida auris - APIC

APIC SD Chapter
Website: https://community.apic.org/southdakota/home
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This publication was supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1,293,586.00 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.