

# Screening for *Candida auris* Colonization

## Related Pages



## Who to screen

Consider screening patients who are at high risk for *C. auris*, including:

- **Close healthcare contacts** of patients with newly identified *C. auris* infection or colonization (see the section below for more information).
- Patients who have had an **overnight stay in a healthcare facility outside the United States** in the previous one year, especially if in a [country with documented \*C. auris\* cases](#). Strongly consider screening when patients have had such inpatient healthcare exposures outside the United States and have infection or colonization with carbapenemase-producing Gram-negative bacteria. *C. auris* co-colonization with these organisms has been observed regularly.

## Screening of close healthcare contacts

Health departments and healthcare facilities should consider a number of factors when deciding which patients to screen who have had contact with a patient with *C. auris* infection or colonization (referred to here as index patients). At a minimum, screen roommates at healthcare facilities, including nursing homes, where the index patient resided in the previous month. Ideally, identify and screen roommates of the index patient even if they were discharged from the facility. Consider also screening patients who require higher levels of care (e.g., mechanical ventilation) and who overlapped on the ward or unit with the index patient for 3 or more days, as these patients are also at substantial risk for colonization. Patients with newly identified *C. auris* infection or colonization might have been colonized for months before detection of the organism. Therefore, it is also important to consider the patient's prior healthcare exposures and contacts when devising a screening strategy.

## Screening to detect ongoing transmission

Health departments and healthcare facilities should strongly consider performing **more extensive** screening, such as a **point prevalence survey**, if there is evidence or suspicion of ongoing transmission in a facility (e.g., *C. auris* detected from multiple patients through contact screening or clinical cultures, increase in infections from unidentified *Candida* species). In a **point prevalence survey**, every patient on a given unit or floor where transmission is suspected should be screened. Consider doing a point prevalence survey even if all known *C. auris* patients have been discharged.

### Screening Resources

- [FAQ about screening for \*C. auris\*](#)
- [Script to help inform patients about why screening is being conducted pdf icon\[PDF – 1 page\]](#)
- [Fact sheet for patients on colonization](#)
- [Fact sheet for patients on testing](#)
- [Real-time PCR protocolpdf icon](#) (updated August 2019)
- [Procedure for collection of patient swabs](#)

### How to screen

Testing for *C. auris* colonization screening is available through CDC's [AR Lab Network](#). At this time, commercial testing for *C. auris* screening is not available. The AR Lab Network performs this testing free of charge, although this testing may require coordination through the healthcare-associated infection (HAI) program of your state public health department ([view state HAI contacts](#)). To learn more about using the AR Lab Network and to find a listing of AR Lab Network regional laboratories, visit this webpage on [How AR Lab Network Works](#). Additionally, CDC and some public health laboratories may be able to assist with *C. auris* colonization screening.

Screen for *C. auris* colonization using a composite swab of the patient's bilateral axilla and groin. Available data suggest that these sites are the most common and consistent sites of colonization. Although patients have been colonized with *C. auris* in the nose, mouth, external ear canals, urine, wounds, and rectum, these sites are usually less sensitive for colonization screening. Consult with local or state public health department and CDC for more information on assessing *C. auris* colonization.

When screening identifies a patient with *C. auris* colonization, use the same [infection control precautions](#) as for patients with *C. auris* infection. While awaiting screening results, healthcare facilities could consider placing patients at highest risk of *C. auris* colonization in single rooms on Contact Precautions. Examples of patients at highest risk include current or previous-month roommates of index patients or patients with recent overnight stays in [countries with documented \*C. auris\* cases](#).

Additional guidance on screening is available in the [Interim Guidance for a Health Response to Contain Novel or Targeted Multidrug-resistant Organisms pdf icon](#)[PDF – 10 pages].

#### Related Links

- [Infection Preventionists Fact Sheet](#)
- [Laboratory Staff Fact Sheet](#)
- [Identification of \*C. auris\*](#)
- [Infection Prevention and Control for \*C. auris\*](#)

Page last reviewed: May 3, 2019

Content source: [Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases \(NCEZID\), Division of Foodborne, Waterborne, and Environmental Diseases \(DFWED\)](#)