Candida auris (C. auris): Screening and Specimen Collection

Background: C. auris is an emerging fungal pathogen that can be transmitted between patients in healthcare settings through contaminated equipment, environmental surfaces, or hands of healthcare personnel. Identifying persons colonized with C. auris is key in containing spread and the California Department of Public Health (CDPH) recommends screening patients from higher risk locations.

Which patients should be screened for C. auris? Those transferred from long term acute care, skilled nursing facilities with ventilator units, and facilities in Nevada.

Isolation: No isolation is required for a pending test. Positive screen → initiation of Contact isolation

APeX Order: Provider orders C. auris by PCR screening on admission for patients meeting criteria. Examples of the order from the Kardex/Handoff report and Brain view:

Specimen Collection:

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| eSwab = flocked swab with liquid amies medium (PMM # 45258; same kit as MSRA testing) | • Obtain the C. auris PCR specimen prior to use of CHG therapy, when possible  
• One swab, four locations (right and left axillae & groin):  
  1. **Swab axillae:** Firmly swipe back and forth 3-5 times per axilla, where the arm meets the body  
  2. **Swab groin:** With the same swab used on the axilla, firmly swipe back and forth 3-5 times per groin, along the crease in the skin where the leg meets the pelvic region  
  3. Place swab in the media all the way to tube bottom  
  4. Write “Axilla and Groin” on the specimen label |

References: UCSF HEIP Candida auris Guidance and Resources; UCSF Laboratory Manual Test Menu: Candida auris

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