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To: Acute Care Hospitals, Long Term Acute Care Hospitals, Long Term Care Facilities, Local Health Departments, Illinois Department of Public Health Regional Health Officers

From: Division of Patient Safety and Quality

Date: January 25, 2019

Re: Recommendations for the Implementation of Empiric Contact Precautions for *Candida Auris* (*C. auris*) and Updated CDC *C. auris* Disinfection Guidance

As noted in the [Illinois Department of Public Health \(IDPH\) Health Alert](#) released in September 2018, health care facilities, especially acute care hospitals, should consider the following for patients with a tracheostomy or on mechanical ventilation admitted from any skilled nursing facility or long-term acute care hospital **regardless of known *Candida auris* (*C.auris*)** infection or colonization.

1. Place the patient in a private room.
2. Initiate Standard and Contact Precautions.
3. Perform daily and terminal cleaning/disinfection of the patient's room with a sporicidal [Environmental Protection Agency \(EPA\) List K agent](#). Shared equipment and common treatment areas should also be cleaned and disinfected with an EPA List K agent after patient use and treatment. Per updated CDC guidance, [when use of products on List K is not feasible, the following products may be used for surface disinfection:](#)
 - Oxivir Tb
 - Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant
 - Prime Sani-Cloth Wipe
 - Super Sani-Cloth Wipe

The decision to implement these recommendations should be guided by a facility's likelihood of admitting patients with multidrug-resistant organisms such as *C. auris*. These recommendations have been made to decrease the transmission within and between health care facilities in cases where an individual's *C. auris* infection or colonization status is unknown.

If a facility decides to implement these recommendations several considerations should be taken:

1. It is important for all facilities to **distinguish between patients on Contact Precautions due to documented infection or colonization** with *C. auris* based current or past laboratory testing, **from patients who are empirically placed on Contact Precautions based on risk factors**. For example, we have advised facilities to consider implementing empiric Contact Precautions for patients with a tracheostomy or on mechanical ventilation admitted from any skilled nursing facility or long-term acute care hospital.

2. During the process of inter-facility communication (i.e. communication with another facility), staff should only communicate that a patient is infected or colonized with *C. auris* if there is **documented** identification of *C. auris* based on current or past laboratory testing.
3. As a reminder, facilities should be able to confirm a patient's past *C. auris* infection or colonization history by querying the [XDRO registry](#).

Please contact your [local health department](#) or IDPH at dph.XDRORegistry@illinois.gov with questions.