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 \textit{C. auris} if there is \textbf{documented} identification of \textit{C. auris} based on current or past laboratory testing.

3. As a reminder, facilities should be able to confirm a patient’s past \textit{C. auris} infection or colonization history by querying the \textit{XDRO registry}.

Please contact your \textbf{local health department} or IDPH at \texttt{dph.XDRORegistry@illinois.gov} with questions.