

BITESIZE GUIDANCE: CANDIDA AURIS IN CARE HOMES



What is Candida auris?

- A drug-resistant fungus that can cause serious infections in vulnerable people, especially those with lines, wounds, or weakened immunity
- First identified in 2009 in Japan, it has since caused healthcare-associated outbreaks worldwide due to its persistence in the environment and resistance to multiple antifungal drugs

When should care homes be alert?

- A resident has been recently discharged from hospital abroad, particularly in regions such as South Asia, the Middle East or Africa
- A resident is transferred from a UK hospital with known C. auris cases
- If you are notified by a hospital that a resident is colonised or infected

What symptoms might suggest Candida auris?

C. auris colonisation is usually asymptomatic – symptoms only occur if it causes an active infection

Be alert for unexplained signs such as:

- Persistent fever not responding to antibiotics
- Signs of sepsis, especially in residents with recent hospital stays or transfers
- Unexplained localised pain, swelling, or discharge around catheters, PEG sites or wounds

If concerned, speak with the resident’s GP or [Infection Prevention and Control team](#).

Actions for care homes:

- ### Isolation & PPE

 - Isolate the resident if possible
 - Use [standard infection control precautions](#), including gloves, aprons, and strict hand hygiene
 - Limit communal activity for the affected resident
- ### Environmental Cleaning

 - Use chlorine-based disinfectants (at least 1,000ppm)
 - Focus on reusable equipment and high-touch surfaces
- ### Staff Awareness

 - Brief staff to reinforce hand hygiene, PPE, and cleaning
 - Keep all clinical information confidential but share with relevant staff
- ### Transfers & Communication

 - Clearly document C. auris status in transfer letters
 - Notify the receiving service and GP

Who to contact

Suspected or confirmed cases must be reported to your local [UKHSA Health Protection Team](#) and discussed with the [NHS Somerset ICB IPC team](#).

For further guidance please refer to: [Candidozyma auris \(formerly Candida auris\): guidance for acute healthcare settings - GOV.UK](#)