

**Patient
Information**

Candidozyma auris (C. auris)

Introduction

You have been given this leaflet because you or someone you care for has been found to have tested positive for *Candidozyma auris* (*C. auris*), or screening for *C. auris* has been offered. The information in this leaflet answers some commonly asked questions.

What is Candidozyma auris?

Candidozyma auris was formally known as *Candida auris* and is usually shortened to *C. auris*. It is a type of micro-organism (germ) called a yeast (fungi). There are lots of micro-organisms on our skin and in the air we breathe, the water we drink and the food we eat. Most of them are harmless, some are beneficial and a very small proportion can cause harm.

C. auris can live on human skin and inside the body. Some people carry *C. auris* but do not know because they have no symptoms, and it does not harm them. This is known as “colonisation” and we call these people “carriers”.

C. auris and other micro-organisms cause problems in hospitals. Complicated medical treatments, including operations and intravenous lines (drips), provide opportunities for micro-organisms to enter the body. Occasionally, a micro-organism can get into surgical wounds or the bloodstream and may cause serious infections that can be life-threatening and require treatment.

How and when do you test for C. auris?

If you have a planned or unexpected hospital admission, a nurse may take swabs from different parts of your body to check for *C. auris*. This may happen before you come to the hospital, at admission or during your stay. The swabs are sent to the laboratory.

A swab is similar to a large cotton bud, which a nurse will gently run over your skin.

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In certain cases, patients are tested (screened) to see if they have *C. auris*. This most commonly happens if you have been in another hospital in the UK or have been in a hospital abroad in the last 12 months.

Screening will also be offered if you have shared the same bay or ward with a patient who has tested positive for *C. auris* (also known as having had 'contact' with a positive patient).

The screening normally involves a skin swab of the groin, axilla and nose.

What will happen if I have a *C. auris* infection or I am a carrier?

If you have an infection caused by *C. auris*, it is usually treated with antifungal medicines given through an intravenous line (drip). If you have been found to have *C. auris* on your skin but do not have an infection (a carrier), you will not need any treatment but staff will need to take special measures.

You will need to be looked after in a single room with special measures, such as staff wearing gloves and gowns, while you are in the hospital. This is to help prevent the spread of *C. auris* to other patients.

How is *C. auris* spread and what can be done to prevent it?

People who carry *C. auris* on their skin or in their body fluids can shed the fungus into the environment, including surfaces (floor, tables, door handles etc) and equipment. *C. auris* can also be transmitted on hands.

C. auris is difficult to remove from the environment and it is easy to pick up on clothes, equipment and hands.

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To prevent the spread of *C. auris*, we have measures in place for staff to follow, including:

- ensuring that everyone cleans their hands with the use of either soap and water or alcohol gel before and after contact with every patient.
- taking screening swabs.
- provide single rooms for patients who are infected with, or are carriers of *C. auris*.
- ensuring health professionals use protective clothing such as gowns, aprons and gloves when caring for patients known to have an infection with or are carriers of *C. auris*.
- cleaning surfaces and equipment.

What can I do to prevent the spread of *C. auris*?

The best way to prevent the spread of *C. auris* is to wash your hands regularly, especially after using the toilet and before eating food. You should also avoid touching any areas of broken skin or wound dressings.

What should visitors do?

Healthy people do not usually become infected with *C. auris* but if in close contact with a positive person, they can temporarily carry it on their skin. Visitors should therefore minimise close contact, wash their hands, and use alcohol hand gel before and after touching patients or any items around the bedside. Visitors may also be asked to wear a gown or plastic aprons and gloves.

What happens after I go home?

If you have an infection, it will be treated before you are discharged. The doctors looking after you will tell your GP. If you are a carrier, no special measures or treatments are required when you go home. If you are admitted to hospital, you should let hospital staff know that you have had an infection or have been found to be a carrier of *C.auris*.

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How can I find out more information?

If you have any questions or concerns about *C auris*, you should speak to your doctor or nurse.

More information is also available at
www.gov.uk/government/collections/candidozyma-auris

You can also contact the Gloucestershire Hospitals 'Infection Prevention and Control' team:

Tel: 0300 422 6122

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>