Candida auris: Regional Increase in Cases & Testing Guidance

Date: September 13, 2021

Public Health Message Type: ☒ Alert ☒ Advisory ☐ Update ☐ Information

Intended Audience: ☒ All public health partners ☒ Healthcare providers ☒ Infection preventionists ☒ Local health departments ☐ Schools/child care centers ☐ ACOs ☐ Animal health professionals ☐ Other:

Summary
The New Jersey Department of Health (NJDOH) is notifying healthcare providers to rising Candida auris (C. auris) cases both in New Jersey and the surrounding region. C. auris is an emerging, antimicrobial resistant pathogen of public health concern and has caused outbreaks of severe and fatal infections among vulnerable patients. C. auris persists in the environment, and patients can remain colonized indefinitely with the potential for silent transmission. While C. auris transmission has commonly occurred in long-term care and skilled nursing facilities that care for ventilated and severely ill patients, facilities of all types have been impacted in C. auris outbreaks.

Take-Home Points

1) Due to regional increases in C. auris cases, heightened awareness and focus on appropriate infection prevention and control measures are critical to prevent spread.

2) Patients with specific co-morbidities and healthcare exposures, as outlined below, are at a higher risk for C. auris colonization and infection.

3) Admission screening should be considered for higher-risk patients. To conserve resources, prioritize individuals with multiple risk factors.

4) Yeast speciation should be carried out for specimens collected from sterile and non-sterile sites among higher-risk patients.

5) Potential misidentification of C. auris occurs frequently, and suspected C. auris should be reported to NJDOH Communicable Disease Service (CDS) [see references for details]. *

Background

- Candida auris (C. auris) is a multidrug resistant organism (MDRO) associated with significant morbidity and mortality.
- Patients with C. auris may be colonized (presence of the organism with the absence of symptoms), infected (presence of the organism and symptomatic), or both. Both colonized and infected patients can spread C. auris directly and through the environment.
• *C. auris* is stable in the environment for weeks despite routine cleaning. Effective removal requires adequate cleaning followed by disinfection using EPA-registered disinfectants from List P: https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris.

**Individuals with Risk Factors for *C. auris* Colonization and Infection**

• Persons with recent healthcare admissions, or a history of prolonged stays at long-term care facilities or ventilator-capable skilled nursing facilities (e.g., long-term acute care hospitals, ventilator skilled nursing facilities [vSNFs]).
• Persons with prior admissions from healthcare facilities located in states (e.g., New York and Illinois) or counties. (e.g., Essex, Bergen, and Union) with significant *C. auris* case counts. (See here for CDC’s state-tracking module https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html).
• Persons with high-risk exposures to *C. auris* positive individuals (i.e., roommates, shared bathrooms, overlapping unit without contact or enhanced-barrier precautions established).  
• Persons with invasive mechanical ventilation or tracheostomy.  
• Persons with indwelling devices (e.g., central lines, peripheral lines, indwelling catheters, dialysis ports).  
• Persons with immunocompromising conditions or other serious health conditions.  
• Persons with recent treatment using broad-spectrum antibiotics or antifungals.  
• Persons with documented colonization or active infection with other MDRO(s).  
• Persons with recent healthcare rendered outside of the United States.

**General Laboratory Considerations and Recommendations for *C. auris* Identification**

• All yeast isolates obtained from sterile sites (e.g., bloodstream, cerebrospinal fluid) should be identified to the species level.
• Identification of yeast and/or *Candida* from non-sterile body sites (e.g., urine, sputum, skin), may also represent colonization and/or infection and should be considered for speciation.
  o All facilities should consider germ tube testing when yeast is isolated from non-sterile sites to differentiate *Candida albicans* from other *Candida* species as a first step in determining whether further speciation is necessary. If germ tube testing is negative, further speciation is indicated.
  o Consider expanding identification of any yeast isolated on routine bacterial or fungal cultures from patients that are considered to have multiple risk factors for *C. auris* colonization and infection (see above).
• Facility-based admission screening should be considered for higher-risk patients, or for all patients newly admitted to facilities with ongoing transmission of *C. auris*.
• *C. auris* can be misidentified as other *Candida* species such as *C. parapsilosis* and *C. haemulonii*, depending upon the type of laboratory instrument used. Ensure that identification methods can accurately identify yeast isolates as *C. auris* or have a plan to confirm results, e.g., consulting with NJDOH CDS for MALDI-TOF confirmation through the CDC’s Antimicrobial Resistance Laboratory Network in Wadsworth, New York. See https://www.cdc.gov/fungal/candida-auris/identification.html for more details.

**Resources for Implementing Facility-Based Admission or Surveillance Screening**

• For clinical laboratories interested in establishing and validating their own methods for *C. auris* identification, please find CDC’s recommended protocols for processing screening swabs here: https://www.cdc.gov/fungal/candida-auris/c-auris-guidance.html
• Although most commercial laboratories have not yet implemented molecular assays (e.g., PCR) for surveillance or screening swabs, major commercial laboratories have validated MALDI-TOF capabilities and can perform fungal culture on surveillance/screening swabs.

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<th>Commercial Laboratory</th>
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| ARUP                  | Fungal culture (must indicate “rule out Candida auris”) | • Fungal culture, yeast (0060149)  
• Yeast ID – MALDI Bruker; sequencing if no ID (0060163) |
| LabCorp Raritan       | Fungal culture (must indicate “rule out Candida auris”) | • Fungal culture, yeast (008482) |
| Mayo                  | PCR                   | • Candida auris surveillance (PCR) (CAURS 607883)  
• Yeast ID – MALDI Bruker; sequencing if no ID (FUNID 8223) |
| Quest                 | Fungal culture (must indicate “rule out Candida auris”) | • Fungal culture, yeast (20541)  
• Yeast ID – MALDI Vitek MS or Bruker; sequencing if no ID (39507) |

Resources (in order of appearance):


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