



## ***Candida auris*: Regional Increase in Cases & Testing Guidance**

**Date:** September 13, 2021

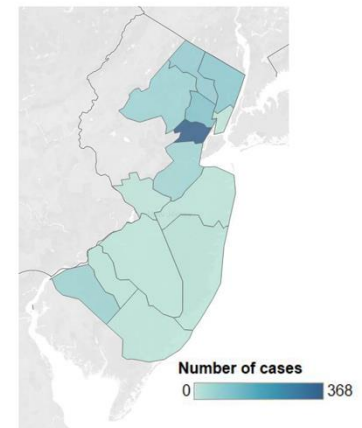
**Public Health Message Type:**  Alert  Advisory  Update  Information

**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.

Reported Cases of *C. auris* in New Jersey,  
January 2016 – August 2021



### **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.
  - 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.
  - 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.

Commercial Laboratory	Identification Method	Test (Order Code)
ARUP	Fungal culture (must indicate "rule out <i>Candida auris</i> ")	<ul style="list-style-type: none"> <li>• Fungal culture, yeast (0060149)</li> <li>• Yeast ID – MALDI Bruker; sequencing if no ID (0060163)</li> </ul>
LabCorp Raritan	Fungal culture (must indicate "rule out <i>Candida auris</i> ")	<ul style="list-style-type: none"> <li>• Fungal culture, yeast (008482)</li> </ul>
Mayo	PCR	<ul style="list-style-type: none"> <li>• <i>Candida auris</i> surveillance (PCR) (CAURS 607883)</li> <li>• Yeast ID – MALDI Bruker; sequencing if no ID (FUNID 8223)</li> </ul>
Quest	Fungal culture (must indicate "rule out <i>Candida auris</i> ")	<ul style="list-style-type: none"> <li>• Fungal culture, yeast (20541)</li> <li>• Yeast ID – MALDI Vitek MS or Bruker; sequencing if no ID (39507)</li> </ul>

**Resources (in order of appearance):**

1. List P: Antimicrobial Products Registered with EPA for Claims Against *Candida Auris*, EPA: <https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris>.
2. *C. auris* Tracking Page, CDC: <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>
3. \*Identification Methods and Commonly misidentified *Candida* species, CDC: <https://www.cdc.gov/fungal/candida-auris/identification.html>
4. Recommended protocols for processing *C. auris* swab collection, CDC: <https://www.cdc.gov/fungal/candida-auris/c-auris-guidance.html>

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- NJDOH Communicable Disease Service, (609) 826-5964 during business hours