



**Indiana**  
**Department**  
**of**  
**Health**

# CANDIDA AURIS UPDATE

**CALEB COX, MPH**

SENIOR MDRO EPIDEMIOLOGIST

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# Candida auris

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- *Candida auris* (*C. auris*), an emerging fungus considered an urgent antimicrobial resistance (AR) threat, spread at an alarming rate in U.S. healthcare facilities in 2020-2021, according to data from the Centers for Disease Control and Prevention (CDC) published in the Annals of Internal Medicine.
- In general, *C. auris* is not a threat to healthy people.
- People who are very sick, have invasive medical devices, or have long or frequent stays in healthcare facilities are at increased risk for acquiring *C. auris*. CDC has deemed *C. auris* as an urgent AR threat, because it is often resistant to multiple antifungal drugs, spreads easily in healthcare facilities, and can cause severe infections with high death rates.
- Equally concerning was a tripling in 2021 of the number of cases that were resistant to echinocandins, the antifungal medicine most recommended for treatment of *C. auris* infections.
- “The rapid rise and geographic spread of cases is concerning and emphasizes the need for continued surveillance, expanded lab capacity, quicker diagnostic tests, and adherence to proven infection prevention and control,” said CDC epidemiologist Dr. Meghan Lyman, lead author of the paper.



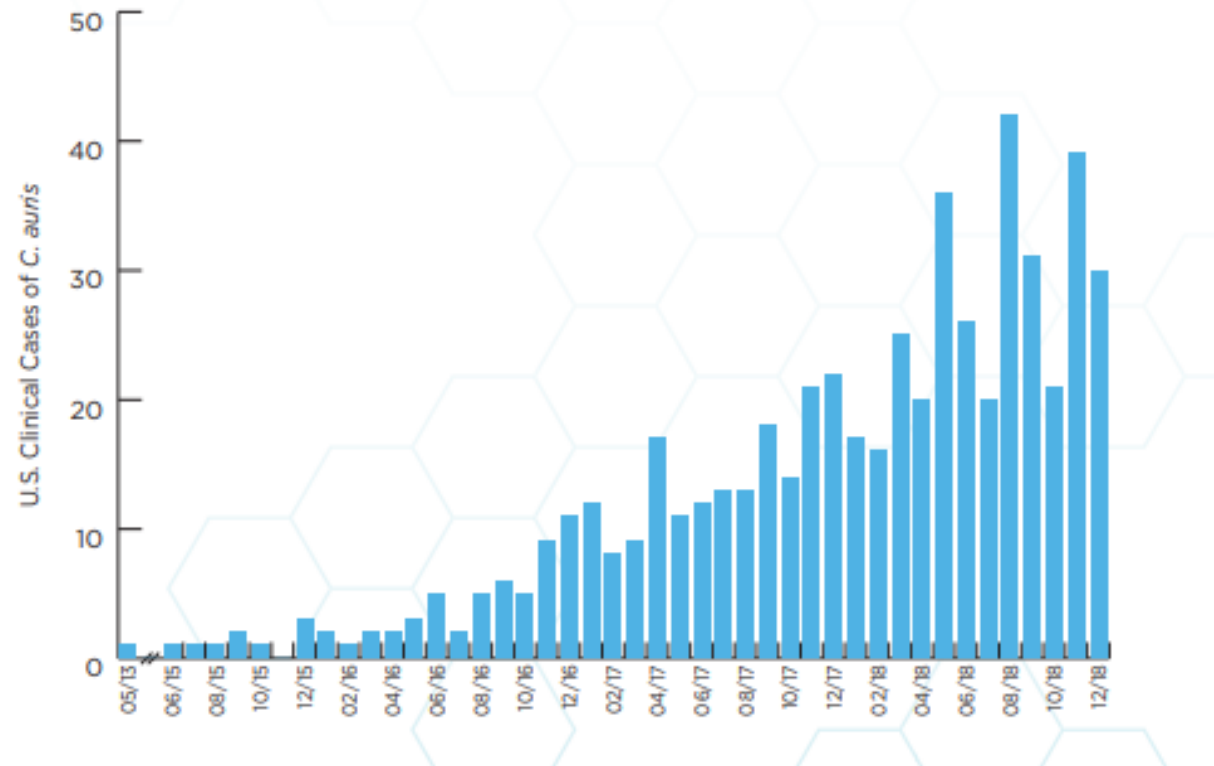
[Increasing Threat of Spread of Antimicrobial-resistant Fungus in Healthcare Facilities | CDC Online Newsroom | CDC](#)

[Worsening Spread of Candida auris in the United States, 2019 to 2021 | Annals of Internal Medicine \(acpjournals.org\)](#)

# Candida auris cases 2015-2018

## CASES OVER TIME

*C. auris* began spreading in the United States in 2015. Reported cases increased 318% in 2018 when compared to the average number of cases reported in 2015 to 2017.



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[Drug-Resistant Candida Auris \(cdc.gov\)](https://www.cdc.gov/drug-resistant/candida-auris/)

# Other Important Information

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- It can be hard to identify by usual methods. No phenotypic characteristics easily distinguish *C. auris* from other *Candida* species. The most reliable way to identify *C. auris* is MALDI-TOF MS.
- Environmental disinfection can be difficult. EPA list P products usage appropriate time as specified are needed to appropriately disinfect
- There is increased morbidity and mortality with invasive candidiasis
- People can be colonized without the development of clinical infection but can act as a source of transmission
- There is no way to decolonize someone of *C. auris*

# Other Fast Facts

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- It will be mandatory to report *C. auris* cases starting April 1
- Previously we had just requested that it be reported
- The state testing lab (IDOHL) can only perform confirmation testing on isolates that have been sent from clinical labs
- They are not able to do screening at this time
  - They are bringing this capability online, but an estimated go live won't occur until the end of the year

# CDC: Screening of Close Healthcare Contacts

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[Screening for Candida auris Colonization | Candida auris | Fungal Diseases | CDC](#)

- Health departments and healthcare facilities should consider a number of factors when deciding which patients to screen
- Patients with newly identified *C. auris* infection or colonization might have been colonized for months before detection of the organism
- Therefore, it is also important to consider the patient's prior healthcare exposures and contacts when devising a screening strategy.
- At a minimum, screen roommates at healthcare facilities, including nursing homes, where the index patient resided in the previous month
- Consider also screening patients who require higher levels of care (e.g., mechanical ventilation) and who overlapped on the ward or unit with the index patient for 3 or more days, as these patients are also at substantial risk for colonization

# Infection Prevention and Control

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The primary infection control measures for prevention of *C. auris* transmission in healthcare settings are:

- Adherence to hand hygiene
- Appropriate use of [Transmission-Based Precautions](#) based on setting
- [Cleaning and disinfecting the patient care environment](#) (daily and terminal cleaning) and reusable equipment with recommended products, including focus on shared mobile equipment (e.g., glucometers, blood pressure cuffs)
- Communication about patient's *C. auris* status when patient is [transferred](#)
- [Screening contacts](#) of newly identified case patients to identify *C. auris* colonization
- [Laboratory surveillance](#) of clinical specimens to detect additional cases

# Candid conversations: *Candida auris* and other MDROs Resources

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- Link to recently completed Qsource *C. auris* video: [Nursing Homes – Qsource QIO Resources](#)
- Link to newest iteration of *C. auris* toolkit: [C.-Auris-Toolkit-updated-9.30.22.pdf \(in.gov\)](#)
- Link to newly updated *C. auris* IDOH webpage: [Health: Infectious Disease Epidemiology & Prevention Division: Candida auris](#)
- Link to CDC webpage: [Candida auris | Candida auris | Fungal Diseases | CDC](#)
- CDC's Procedure for Collection of Patient Swabs for *Candida auris* [Procedure for collection of patient swabs for Candida auris \(cdc.gov\)](#)