



Candida auris: Update for Health care Professionals

Candida auris (*C. auris*) is a yeast with three characteristics that make it an emerging global health concern. First, it is difficult to identify in a laboratory, making it easy to miss cases or delay proper treatment^{1,2}. Second, it is often resistant to standardized treatments when it causes an infection^{1,2}. Finally, it is easy to transfer to other people and has led to outbreaks^{1,2}.

C. auris was first identified in Japan in 2009, although retroactive review found isolates going back to 1996 in South Korea³. In 2016, *C. auris* cases were identified in the United States with a retrospective review of *Candida spp* and *Candida haemulonii* isolates finding cases back to 2013⁴. The first case in Pennsylvania was identified in March 2020 with a total of 59 clinical cases and 140 colonized cases reported as of March 2023^{1,2}. Two clinical and five colonized *C. auris* cases were detected in Allegheny County in 2022, the first year it was identified locally.

Healthy individuals are not generally infected with *C. auris*. Infections typically occur in persons with long health care facility stays (hospitals and nursing homes), previous antibiotic and antifungal treatments, central venous catheters and other medical lines or tubes^{1,2}. Other people may be colonized with the yeast, which means that it lives on their skin surface without causing an infection. Due to the lack of available treatments and ease of spread in health care facilities, any case requires a robust public health response.

Recommended Prevention Activities (see Pennsylvania Department of Health [Healthcare Facility Toolkit for Response to *Candida auris*](#) for more information):

- **Hand hygiene:** Alcohol-based hand rub (ABHR) is effective.
- **Precautions:** Use contact precautions for clinical and colonized persons.
- **Cleaning and disinfection:** Use [EPA List P Products](#) and educate staff on contact time for proper disinfection.
- **Communication:**
 - Laboratory - Identification can be challenging which makes communication with the laboratory important for proper classification and reporting of *Candida spp*.
 - Transfers - Ensure other involved facilities, especially long-term care facilities, are made aware of *C. auris* cases.
- **Colonization screening:**
 - If you find a case of *C. auris* at your facility, contact the Allegheny County Health Department (412-687-2243) for information on screening protocols (point prevalence surveys (PPS)). Because of the difficulties with this yeast, prepare to screen people residing on the same floor as the case at a minimum, or in some instances, the entire affected facility.
 - In most cases, more than one PPS will be recommended. The scope and timing of the PPS will be determined on a case-by-case basis.
 - Axilla/groin composite swabs are used.
- **Reporting:** *C. auris* was made nationally notifiable in 2018. Both clinical and colonized cases of *C. auris* are reportable to ACHD.



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Candida auris cases reported to Centers for Disease Control and Prevention (CDC)*

	2013-2016	2017	2018	2019	2020	2021	2022
United States	63 clinical	173	331	478	757	1474	2377
	14 colonized	272	696	1077	1310	4040	5754

* Cases are from the CDC website: <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>

Resources:

- Pennsylvania Department of Health's [Healthcare Facility Toolkit for Response to *Candida auris*](#)
- Pennsylvania Department of Health's [HAI Website](#)
- [CDC 2019 *C. auris* Factsheet](#)
- [CDC *C. auris*](#)
- [EPA List P Products](#)

References:

1. Pennsylvania Department of Health. 2021-PAHAN-584-08-03-UPD. UPDATE: Outbreak and containment of *Candida auris* in PA Healthcare Facilities. Available at: https://www.health.pa.gov/topics/Documents/HAN/2021-584-8-3-UPD-C_Auris.pdf
2. Pennsylvania Department of Health. 2022-PAHAN-654-08-08-UPD. UPDATE: Outbreak and containment of *Candida auris* in PA Healthcare Facilities. Available at: https://www.health.pa.gov/topics/Documents/HAN/2022-654-08-08-UPD-C_Auris_update.pdf
3. Satoh K, Makimura K, Hasumi Y, Nishiyama Y, Uchida K, Yamaguchi H. *Candida auris* sp. nov., a novel ascomycetous yeast isolated from the external ear canal of an inpatient in a Japanese hospital. *Microbiol Immunol*. 2009 Jan;53(1):41-4. doi: 10.1111/j.1348-0421.2008.00083.x. Erratum in: *Microbiol Immunol*. 2018 Mar;62(3):205. PMID: 19161556.
4. Vallabhaneni S, Kallen A, Tsay S, Chow N, Welsh R, Kerins J, et al. Investigation of the First Seven Reported Cases of *Candida auris*, a Globally Emerging Invasive, Multidrug-Resistant Fungus — United States, May 2013–August 2016. *MMWR Morb Mortal Wkly Rep*. 2016;65:1234–1237. DOI: <https://www.cdc.gov/mmwr/volumes/65/wr/mm6544e1.html>