May 30, 2017

To: North Carolina Clinicians and Laboratories

From: Zack Moore, MD, MPH, State Epidemiologist
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Subject: Monitoring Emerging Resistance in Candida auris

This memo is intended to provide information to North Carolina healthcare providers and laboratories regarding the emergence of multi-drug resistant Candida auris. Although infections caused by C. auris have not been reported in North Carolina, clinicians and laboratorians should consider this information when evaluating patients with infections caused by Candida species.

**Clinical and Epidemiologic Features:**

*C. auris* can cause invasive infections and is associated with high mortality. Frequently, these infections are healthcare-associated. Initial analysis of isolates collected during 2012–2015 from three continents indicates 60% mortality among infected persons. Furthermore, 93% of these isolates were resistant to fluconazole and 41% were resistant to 2 or more antifungal classes. For more details visit: [https://www.cdc.gov/fungal/diseases/candidiasis/candida-auris.html](https://www.cdc.gov/fungal/diseases/candidiasis/candida-auris.html)

As of May 12, 2017 CDC has worked with states to identify 77 cases of C. auris infection in seven states.

**Laboratory Identification:**

*C. auris* can be difficult to detect. Therefore, facilities should suspect *C. auris* if:

- An isolate is identified as *Candida haemulonii*
  - Note: *C. haemulonii* are typically unable to grow above 37°C and therefore are less likely to cause invasive infections than *C. auris.*
- An isolate is identified as *Candida* and unable to be further speciated.
- They are experiencing an increase in unidentified *Candida* species infections in a patient care unit.
Conventional biochemical identification of *C. auris* has not been reliable. Laboratories experiencing an increase in unidentified *Candida* species infections or identification of rare *Candida* species should consult the State Laboratory of Public Health for further isolate characterization. Please refer to CDC’s laboratory diagnosis guidance for additional information: [https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html](https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html).

**Infection Prevention Measures:**

Patients with *C. auris* infection or colonization should be placed in single patient rooms on contact precautions. *C. auris* can persist on surfaces in healthcare environments. Therefore, CDC now recommends that daily and terminal cleaning and disinfection for rooms of patients with *C. auris* be done using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant **effective against *Clostridium difficile* spores**.

Additional interim recommendations for U.S. healthcare facilities and laboratories can be found on CDC’s website: [https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html](https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html).

**Reporting:**

We continue to request that any clinician or facility that suspects *C. auris* infection and laboratories that suspect or identify *C. auris* notify the SHARPPS Program at NCHAI@DHHS.NC.GOV or call the 24/7 NC Communicable Disease epidemiologist on call at 919-733-3419.