

Candida auris: Update for Healthcare Professionals

Candida auris (*C. auris*) is a yeast that has three characteristics that make it an emerging global health concern. First, it is often resistant to standardized treatments when it causes an infection, leading to high mortality rates.^{1,2} Second, it is difficult to identify in a laboratory, making it easy to miss cases or delay proper treatment.^{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 Korea.³ In 2016, *C. auris* cases were first identified in the United States, with a retrospective review of *Candida spp* and *Candida haemulonii* isolates finding cases back to 2013.⁴ The first case in Pennsylvania was identified in March 2020. Since then a total of 74 clinical cases, 184 colonized cases, and 17 screening-to-clinical cases were reported as of December 2023 as shown on Pennsylvania Department of Health's [C. auris dashboard](#). Two clinical and five colonized *C. auris* cases were detected in Allegheny County in 2022, the first year it was identified locally. One clinical and two colonized *C. auris* cases were detected in Allegheny County in 2023.

Number of reported *Candida auris* cases by jurisdiction, 2013-2023

Jurisdiction	Classification	2013-2016	2017	2018	2019	2020	2021	2022	2023
United States*	Clinical	63	173	331	478	757	1474	2377	N/A
	Colonized	14	272	696	1077	1310	4040	5754	N/A
Pennsylvania	Clinical*	0	0	0	0	4	14	34	39
	Colonized	0	0	0	0	24	44	63	53
Allegheny	Clinical	0	0	0	0	0	0	2	1
	Colonized	0	0	0	0	0	0	5	2

*Data source: <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>

*Clinical case count also includes cases who were previously classified as colonized cases then developed clinical infection

Healthy individuals are not generally infected with *C. auris*. Infections typically occur in persons with long healthcare 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 healthcare facilities, any case requires a robust public health response.

Recommended Prevention Activities (see Pennsylvania Department of Health's [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. Prepare to screen people residing on the same floor as the case at a minimum, or in some instances, the entire affected facility.
 - The scope and timing of the screenings will be determined on a case-by-case basis. In most cases, multiple screenings will be recommended.
 - 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.

Resources:

- Pennsylvania Department of Health's [Healthcare Facility Toolkit for Response to *Candida auris*](#)
- PA Department of Health *C. auris* dashboard [Summary of *Candida auris* in Pennsylvania \(arcgis.com\)](#)
- [Drug-Resistant *Candida Auris* \(cdc.gov\)](#)
- [C. auris for Healthcare and Laboratory Professionals | *Candida auris* \(C. auris\) | CDC](#)
- [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>