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MEMORANDUM

TO: Local Health Departments, Infection Control Practitioners, Infectious Disease, Laboratories, Physicians, and Hospitals.

FROM: Divisions of Infectious Diseases & Patient Safety and Quality

DATE: October 5, 2017

SUBJECT: *Candida auris* CDC Clinical Update

Candida auris is an emerging, multidrug-resistant yeast that causes invasive infections and is transmitted in healthcare settings. *C. auris* can cause bloodstream infections and even death, particularly in hospital and nursing home cases. Additionally, *C. auris* is a public health concern in the U.S. due to the resistance of some *C. auris* infections to all three types of antifungal medicines, spread in other countries, difficulty in laboratory identification, and the occurrence of outbreaks in hospitals and nursing homes. As a result, the Centers for Disease Control and Prevention recently issued a clinical update with new guidance, resources and recommendations based on recent findings. As of August 31, 2017, a total of 153 clinical cases of *C. auris* infection and 143 colonized cases identified through screening have been reported to CDC. Illinois reported four clinical and eight screening cases. IDPH is sending this memo to alert healthcare facilities, providers, and laboratories to the presence of *C. auris* and to provide information on the updated [guidance](#).

Laboratories

The CDC recommends that **all** *Candida* isolates obtained from a normally sterile site (e.g., bloodstream, cerebrospinal, and synovial fluid) be identified to the species level so that appropriate initial treatment can be administered based on the typical, species-specific susceptibility patterns and to identify when *C. auris* is present. Labs should also consider testing *Candida* isolates from non-sterile, non-invasive sites to determine species in certain situations, such as when a specimen comes from a facility or unit that has had previous *C. auris* cases.

C. auris can be misidentified as a number of different organisms (e.g., *C. haemulonii*) when using traditional biochemical methods for yeast identification. Laboratories that detect an organism that is a possible *C. auris* per [CDC's algorithm](#) should contact their local health department to obtain authorization to submit a specimen to CDC.

Healthcare Facilities

As part of the investigation of a patient with newly identified *C. auris* infection or colonization, screen patients/residents in the hospital or nursing home that were in close contact to the index case to detect possible patient-to-patient and/or environmental transmission. Patients with *C. auris* infection should be closely monitored for treatment failure, as indicated by persistently

positive clinical cultures. The recommended infection control measures for *C. auris* in inpatient settings are as follows:

- Place a patient with *C. auris* in a single-patient room and use Standard and Contact Precautions. If a single room is unavailable, cohort *C. auris* patients together. Do not place a patient with *C. auris* with patients who have other MDRO's.
- Emphasize adherence to hand hygiene.
- Clean and disinfect the patient care environment (daily and terminal cleaning) with recommended products. *[Note: current CDC recommendation is to use an EPA-registered disinfectant effective against Clostridium difficile spores. List available via this [link](#).]*
- Screen contacts of newly identified case patients to identify *C. auris* colonization.
- Utilize the same infection control measures for both *C. auris* colonized and infected patients.

Additional recommendations for other healthcare settings are on CDC's website. Healthcare facilities or laboratories that suspect they have a patient with *C. auris* infection should contact their local health department immediately for guidance.

Reporting

Healthcare providers/facilities and laboratories that suspect or have confirmed they have a patient with *C. auris* or isolated *C. auris* should contact their local health departments, who should promptly report the case to IDPH at 217-782-2016 (ask for either Michelle Ealy or David Baker).