DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

May 30, 2017

To: North Carolina Clinicians and Laboratories

From: Zack Moore, MD, MPH, State Epidemiologist
Scott Zimmerman, DrPH, MPH, HCLD (ABB), Director, NC State Laboratory of Public Health

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

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.

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.

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.