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MEMORANDUM

TO: Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Control Preventionists, Health Care Providers, Long Term Care Facilities, and Laboratories

FROM: Division of Patient Safety and Quality and Communicable Disease Control Section

DATE: January 24, 2018

SUBJECT: Increase in the number of *Candida auris* cases in the Chicago-metropolitan region

[*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, ongoing spread in other countries, difficulty in laboratory identification, and the occurrence of outbreaks in hospitals and nursing homes.

IDPH, along with the Chicago Department of Public Health and the Cook County Department of Public Health, are issuing this memo to provide an update to information provided by IDPH on October 10, 2017 regarding a nationwide increase in *Candida auris*, and the emergence of the pathogen in Illinois. The following is a summary of current data from Illinois:

- IDPH has confirmed 69 cases of *Candida auris* (clinical cases: 15 confirmed, 2 probable, 2 suspect; 50 colonized) among patients residing in the metro-Chicago area. Eight patients had *C. auris* fungemia.
- Of these, one patient was known to be colonized with *C. auris* prior to developing clinical disease.
- Over 80% of patients colonized or infected with *C. auris* resided in a skilled nursing facility caring for ventilated patients (vSNF) in the 6 months prior to identification.
- Among clinical and colonized patients with risk factor data available, 78% had a feeding tube, 71% had a tracheostomy and 60% were mechanically ventilated. More than half (53%) of patients had an IV device or urinary catheter, and 5 patients (10%) were receiving total parenteral nutrition. In the 2 weeks prior to positive culture, 68% of cases had wounds.
- Of the 19 clinical cases in Illinois, 8 (42%) were identified through blood cultures and 6 (33%) through urine cultures. Other clinical isolates were obtained from wounds and bronchoalveolar lavage fluid.
- When a case is identified, Public Health is working to conduct point prevalent surveys in associated facilities. At this time, 4 vSNFs were surveyed in the Chicago region because of clinical cases, the prevalence of patients colonized with *C. auris* on floors with ventilated patients ranged from 0–29%. Colonization with *C. auris* was detected through skin swabs of the axillae and groin.

Clinicians, hospitals and laboratories are asked to report to their local health department patients with confirmed or suspected *C. auris* colonization or infection. If *C. auris* is suspected or confirmed in a patient based on culture identification, report the case immediately to your local health department. Consult with public health to determine whether screening of roommates or other close contacts is indicated, for guidance of cohorting, and for other infection control interventions.

C. auris can be difficult to identify and can be misidentified when using traditional biochemical methods for yeast identification. In the United States, about 90% of all *C. auris* isolates have shown resistance to fluconazole and 30% have been resistant to amphotericin B. *C. auris* can persist in the environment for weeks, allowing for spread in healthcare settings through contact with contaminated surfaces or equipment.

Recommendation for Facilities

- 1. Consider placing patients admitted from skilled nursing facilities with a tracheostomy or on mechanical ventilation on Standard and Contact precautions.** These patients should also be put in a single room. Further guidance regarding infection control for *C. auris* can be found on the CDC website: <https://www.cdc.gov/fungal/diseases/candidiasis/c-auris-infection-control.html>
- 2. Disinfect rooms of patients with confirmed or suspected *C. auris* infection or colonization with an EPA-registered sporicidal agent; including rooms of patients with tracheostomy or mechanical ventilation admitted from skilled nursing facilities.** Quaternary ammonia products may not be effective against *C. auris*. CDC recommends the use of a hospital-grade sporicidal effective against *C. difficile* for daily and terminal cleaning. A list of recommended products is available here: <https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>
- 3. Query the XDRO Registry for all new admissions to identify patients with *C. auris* and place them on contact precautions.** IDPH adds all patients reported with *C. auris* infection or colonization to the Extensively Drug-Resistant Organism (XDRO) Registry. Note: facilities do not enter *C. auris* directly into the XDRO registry. Facilities should report these cases to local public health for review and XDRO entry. Contact your local public health department for assistance with XDRO registry access. <https://www.xdro.org/login.html>
- 4. Identify all *Candida* isolate from sterile sites to the species level.** *C. auris* is often misidentified as other *Candida* species, most commonly *C. haemulonii* (<https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html>).
- 5. Consider testing *Candida* isolates from non-sterile sites to determine species if:**
 - Clinically indicated (e.g. treatment failure is suspected)
 - The patient is epidemiologically linked to a known *C. auris* patient
 - A patient has been recently hospitalized in a country with known *C. auris* transmission
 - Patients admitted from skilled nursing facilities with a tracheostomy or on mechanical ventilation
- 6. Report to your local health department:**
 - Patients colonized or infected with *C. auris*
 - Patients infected with *C. haemulonii*
 - Any *Candida* isolate for which species identification was attempted, but could not be determined