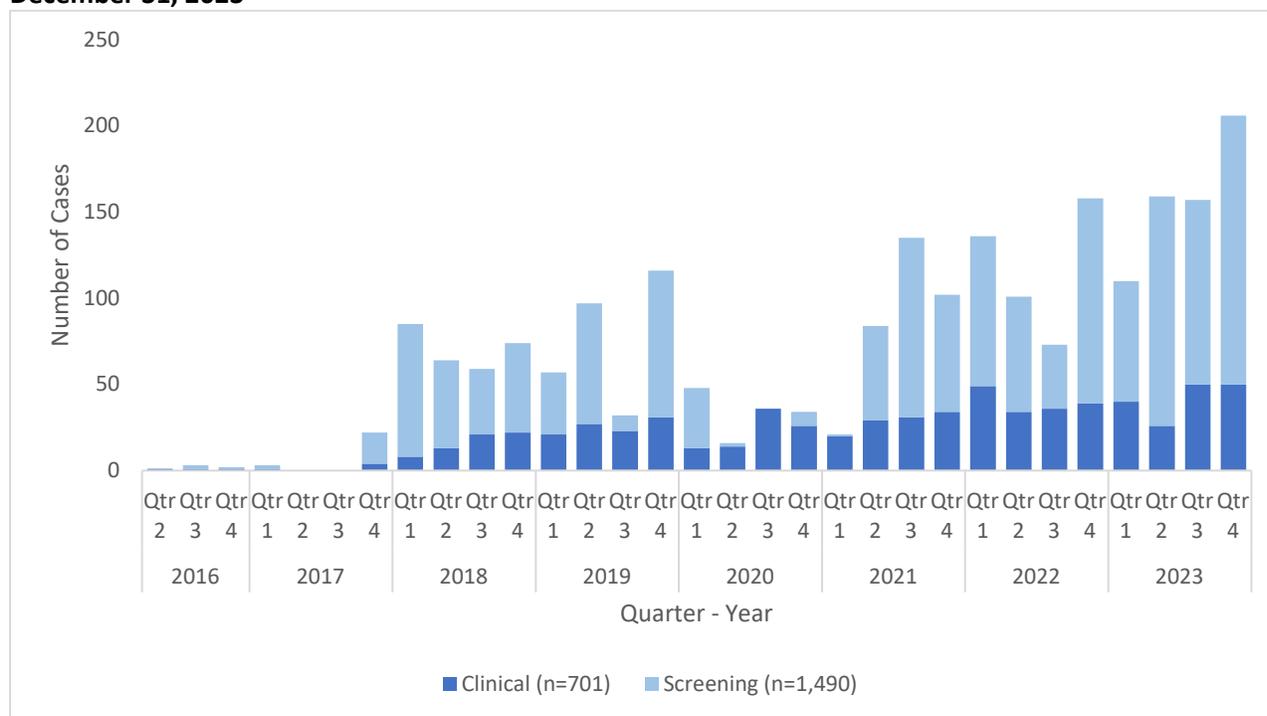


### Candida auris Data Summary – Chicago, IL

Candida auris is a multi-drug resistant yeast that can spread in healthcare settings via person-to-person transmission or contact with contaminated surfaces. *C. auris* can cause serious, hard to treat infections.

*C. auris* began spreading in Chicago, Illinois in 2016. Since then, 701 clinical cases, who were ill and had *C. auris* detected during their clinical care, have been identified as of December 31, 2023. Beginning in 2017, the Chicago Department of Public Health (CDPH) increased efforts to identify individuals colonized with *C. auris*, who were not ill from *C. auris* and were tested during admission to a healthcare facility or during prevalence surveys. 1,485 individuals have been identified (to date) to be colonized with *C. auris* primarily from specimens collected from a swab of the axillae/groin.

**Figure 1. Chicago *C. auris* Cases (n=2,191) by specimen collection date and specimen type<sup>1</sup>, May 2016 – December 31, 2023<sup>2</sup>**

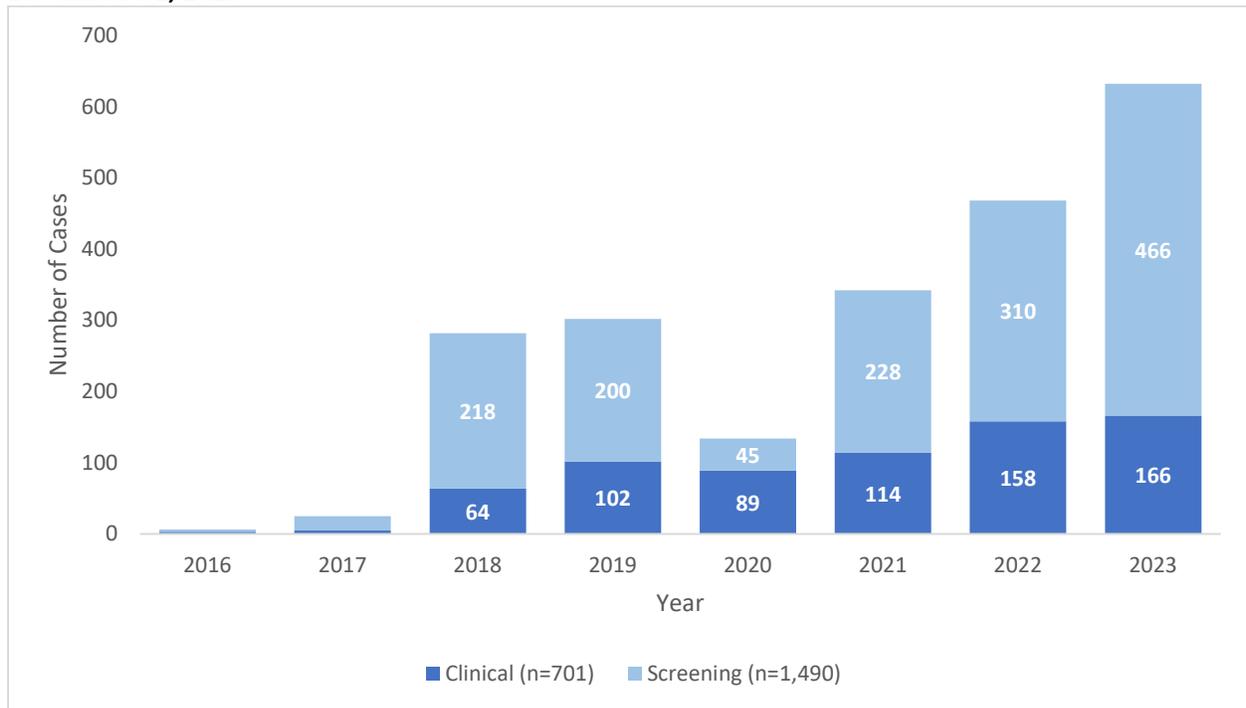


<sup>1</sup>Colonized to clinical cases (n=150) are counted twice: once as a screening case and once as a clinical case at the time of specimen collection

<sup>2</sup>Data are provisional as of 2/27/24

The following graph shows the same data grouped by year of specimen collection. The large increase of colonized cases is driven by active screening of individuals during admission to a healthcare facility or during point prevalence surveys to identify the number of people colonized. CDPH conducts periodic point prevalence surveys at facilities with higher burden of *C. auris* along with onsite reviews to assess compliance with infection prevention and control requirements.

**Figure 2. Chicago *C. auris* Cases (n=2,191) by specimen collection year and specimen type<sup>1</sup>, May 2016 – December 31, 2023<sup>2</sup>**



<sup>1</sup>Colonized to clinical cases (n=150) are counted twice: once as a screening case and once as a clinical case at the time of specimen collection

<sup>2</sup>Data are provisional as of 2/27/24

*C. auris* clinical cases in Chicago have **DOUBLED** since 2018

**vSNFs and LTACHs** have the highest prevalence of *C. auris* (>50%)

**Risk Factors for *C. auris*:**

- *Chronic illness*
- *Medical devices*
- *Long stays in healthcare*
- *Antibiotic exposure*

**Blood** and **urine** are the most common sources of *C. auris* clinical isolates

Individuals residing in ventilator-capable skilled nursing facilities (vSNFs) and long-term acute-care hospitals (LTACHs) are at increased risk of acquiring *C. auris* and other multidrug-resistant organisms due to multiple factors including serious underlying medical conditions; long healthcare facility stays; indwelling medical devices including tracheostomies, feeding tubes, and central venous catheters; frequent healthcare worker contact; and prolonged, broad-spectrum antibiotic exposure. *C. auris*

persistently colonizes patients and contaminates the healthcare environment, allowing for easy transmission within a facility. Table 1 summarizes the prevalence of *C. auris* in different healthcare setting types across the city at select points in time in 2023.

**Table 1. *C. auris* prevalence<sup>1</sup> by facility type from CDPH conducted point prevalence surveys<sup>2</sup>, Chicago, IL, 2023**

Facility type	Number of facilities	Number of surveys	Median Prevalence	Range of Prevalence
vSNF (vent floor only)	4	10	76.1%	35.8-82.6%
LTACH	3	6	51.5%	36.7-73.3%
ACH (mostly ICUs) <sup>3</sup>	1	1	20%	20.0%
SNF	4	15	6.4%	0-21.4%

<sup>1</sup>Prevalence is calculated as total number of positives (previously known positives + new positives) over the census

<sup>2</sup>CDPH routinely conducts point prevalence surveys at vSNFs and LTACHs and only does PPS in ACH and SNF when there is newly identified positive case

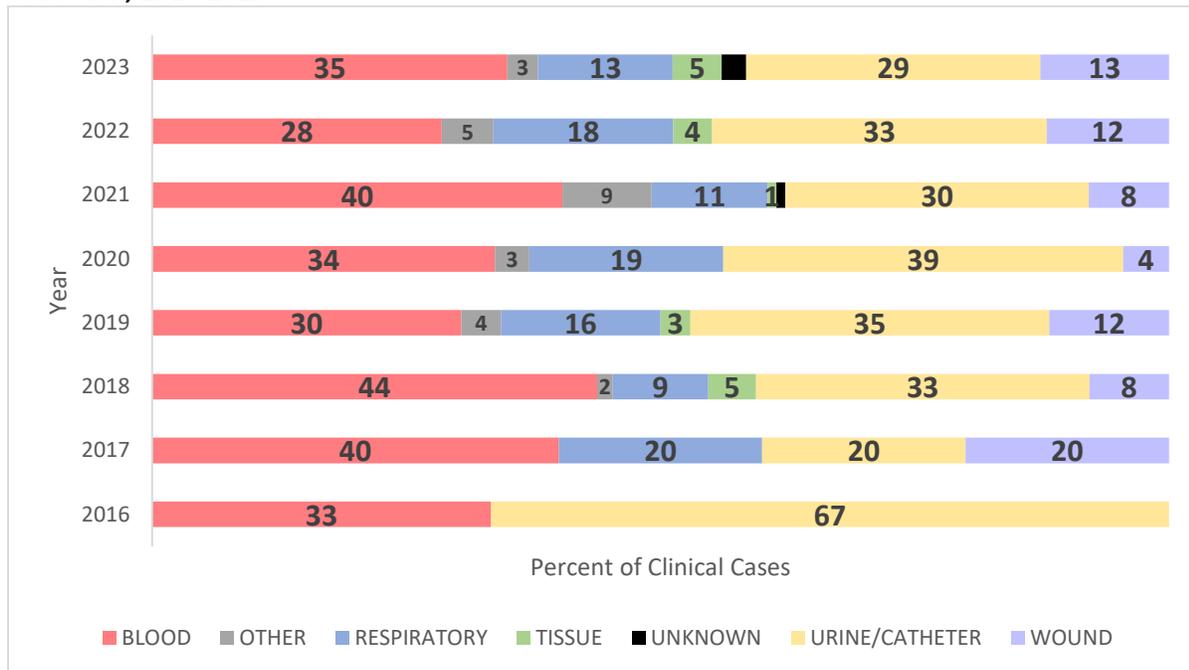
<sup>3</sup>CDPH only conducted one PPS in ACH in 2023 in response to an outbreak

CDPH is dedicated to continuing to provide support and education to healthcare facilities to identify *C. auris* and mitigate the spread.

CDPH continues to prioritize supporting infection control in high-acuity long-term healthcare facilities to limit the spread of *C. auris* and multi-drug resistant organisms. Recommendations include improved adherence to infection-control practices: the use of Transmission-based Precautions, increasing access to alcohol-based hand rub and personal protective equipment, improving hand hygiene compliance, and adherence to cleaning and disinfection of patient environment and shared equipment.

Among clinical cases with available demographic information (n=701), the median age was 64 years old (IQR: 53-73 years) and 61% were male. *C. auris* has been identified from many body sites including blood, urine, respiratory tract, and wounds. Figure 4 summarizes the specimen sources from which *C. auris* was identified in clinical cases by year of specimen collection.

**Figure 4. Percent of Chicago clinical *C. auris* cases (n=701) by specimen source and year of specimen collection, 2016-2023**



CDPH provides guidance and conducts on-site assessments to evaluate and recommend processes to improve:

- Adherence to [hand hygiene](#).
- Appropriate use of [Transmission-Based Precautions](#) based on setting.
- [Cleaning and disinfecting](#) the patient care environment (daily and terminal cleaning) and reusable equipment with recommended products, including focus on shared mobile equipment (e.g., glucometers, blood pressure cuffs) with sporicidal [EPA List K](#) agent.
- Communication about patient's *C. auris* status when patient is [transferred](#).
  - During the process of inter-facility communication (i.e. communication with another facility), staff should only communicate that a patient is infected or colonized with *C. auris* if there is **documented** identification of *C. auris* based on current or past laboratory testing.
  - Facilities should be able to confirm a patient's past *C. auris* infection or colonization history by querying the [XDRO registry](#)
- [Screening contacts of newly identified case patients](#) to identify *C. auris* colonization.
- [Laboratory surveillance](#) of clinical specimens to detect additional cases.

For additional information see: Chicago Department of Public Health - Health Alert Network:  
<https://www.chicagohan.org/diseases-and-conditions/cauris>