LOUISIANA DEPARTMENT OF HEALTH Public Health	**Health Alert Network Message 22-04: First Cases of *Candida auris* Identified in Louisiana**
Origination Date: *January 18, 2022*	**Revision Dates (List All Revision Dates):**

First Cases of *Candida auris* Identified in Louisiana

Key Messages

- The Louisiana Office of Public Health (OPH) was recently notified of two epidemiologically linked cases of *Candida auris* (*C. auris*) identified from healthcare facilities in the Greater New Orleans area. These are the first identified cases of *C. auris* in Louisiana.
- *C. auris* is an urgent public health threat for high risk patients due to the high morbidity and mortality associated with infection, potential for multi-drug resistance, and ability to spread in healthcare settings.
- *C. auris* can be misidentified as a number of different organisms and specific laboratory technology is needed.
- Providers should remain vigilant for any increase in infections due to unidentified *Candida* species in a patient care unit, including from urine specimens.
- Please immediately report any suspected or confirmed *C. auris* cases or outbreaks to the OPH Infectious Disease Epidemiology (IDEpi) clinicians' hotline: 800-256-2748.

OPH is working with the facilities where *C. auris* has been identified to mitigate transmission, identify any additional cases, and ensure appropriate infection control measures are in place. All OPH recommendations are being implemented in these facilities, and any receiving facilities will be informed of a patient's *C. auris* status when being transferred.

Background

Candida auris is an emerging fungus that presents a serious global health threat, and is associated with significant morbidity and mortality in vulnerable patients. It is often multi-drug resistant, can persist on surfaces in healthcare environments, and can cause outbreaks in healthcare settings. Of the 323 clinical cases reported in the United States in 2018, 90% were resistant to at least one antifungal drug and 30% were resistant to at least two. It is difficult to identify with standard laboratory methods, and it can be misidentified in labs without specific technology. Containment of *C. auris* and other multi-drug resistant organisms (MDROs) remains critically important to prevent concurrent outbreaks in the context of COVID-19.

Patients at high risk for acquiring *C. auris* include those who have indwelling devices, immune compromising conditions, broad-spectrum antibiotic or anti-fungal use, and prolonged admissions to healthcare facilities. *C. auris* is not believed to be a threat to otherwise healthy individuals, including healthcare workers. In most United States outbreaks, transmission has occurred in long-term acute care hospitals (LTACH) and ventilator-equipped skilled nursing facilities (vSNF). Early detection of *C. auris* and rigorous adherence to infection control measures is essential for containing its spread in healthcare facilities.

Laboratory Surveillance and Identification

Unless specialized laboratory methods are used, *C. auris* is often misidentified as other types of yeasts, including *C. haemulonii, C. duobushaemulonii, C. famata, C. lusitaniae, C. sake, C. parapsilosis. C. catenulata, C. guilliermondii, C. intermedia, Saccharomyces kluyveri,* and *Rhodotorula glutinis* .

The most reliable way to identify *C. auris* is MALDI-TOF MS. If you have MALDI-TOF MS in your lab, ensure that *C. auris* is included in the database. Laboratories should review CDC guidance on appropriate testing methodologies for the correct identification of *C. auris*.

All *C. auris* isolates should undergo antifungal susceptibility testing according to Clinical and Laboratory Standards Institute (CLSI) guidelines. Although *C. auris* is commonly multidrug resistant, levels of antifungal resistance can vary widely across isolates.

CDC recommends that all yeast isolates obtained from a normally sterile site be identified to the species level so appropriate initial treatment can be administered based on the typical, species-specific susceptibility patterns.

Species-level identification of *Candida* isolates from non-sterile sites should be conducted in the following circumstances:

- If clinically indicated in the care of the patient.
- For patients determined to be at high risk for transmission:
  - Prolonged admission in a healthcare facility, such as an LTACH or vSNF
  - History of multiple transfers between healthcare facilities
  - History of MDROs
  - History of mechanical ventilation, or tracheostomies
  - Chronic or non-healing wounds
- To detect additional colonized patients when a case of *C. auris* infection or colonization has been detected in a facility or unit.
  - Please coordinate with OPH for *C. auris* colonization screening through the CDC Antibiotic Resistance Laboratory Network (ARLN).

Reporting

C. auris as well as common misidentifications of *C. auris*, are Class A Reportable Diseases with reporting required within 24 hours. Reporting of a case, a suspected case, or positive laboratory results must be reported immediately to the IDEpi clinicians' hotline: 800-256-2748. This allows for timely investigation of cases and identification of clusters or outbreaks.

Resources/Additional information

- CDC *Candida auris* website: https://www.cdc.gov/fungal/candida-auris/index.html
- Laboratory identification: https://www.cdc.gov/fungal/candida-auris/identification.html
- Infection Prevention and Control for *Candida auris:* https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html

- Resources for Patients and Families: https://www.cdc.gov/fungal/candida-auris/patients-qa.html
- Healthcare Professionals FAQ: https://www.cdc.gov/fungal/candida-auris/c-auris-health-qa.html