



Indiana State Department of Health

Indiana Health Alert Network Advisory—October 18, 2019

Identification of *Candida auris* Case in Indiana

The Indiana State Department of Health (ISDH) recently identified a patient infected with *Candida auris* (*C. auris*). This is the second clinical case of *C. auris* that has been identified in Indiana since 2017. In response, ISDH is conducting additional surveillance, targeting high-risk healthcare facilities.

C. auris is an emerging pathogenic yeast that can cause invasive infection, particularly among immunocompromised patients. *C. auris* is a public health concern due to its potential for multi-drug resistance and its rapid appearance in many parts of the United States. Click [here](#) to see the latest national information from the Centers for Disease Control and Prevention. *C. auris* infections have also been reported in more than a dozen other countries. Outbreaks of this organism have occurred in healthcare settings, so rapid identification and communication of positive findings are essential to awareness and prevention.

Patients infected with *C. auris* may not show noticeable symptoms due to symptoms of other health conditions. Symptoms of *C. auris* that do appear depend on the site of infection, such as bloodstream, wound and ear. Invasive *C. auris* infections have been associated with 30-60% mortality rates among hospitalized patients. Most deaths have occurred in persons with other serious illnesses that increased the risk of death.

Infections are often healthcare-associated, and prolonged skin colonization in patients can occur. Persistence of *C. auris* both in the environment and on patients enables its spread within healthcare facilities, especially if correct environmental cleaning and disinfection are not performed. Investigations of healthcare-associated outbreaks suggest that strict adherence to infection control activities is an effective method to prevent the spread of *C. auris*. Click [here](#) to see the Centers for Disease Control and Prevention's guidance on infection control activities for *C. auris*.

If a case of *C. auris* is identified in a healthcare facility, providers are strongly encouraged to practice strict infection control measures, such as: (1) identifying infected or colonized patients, (2) implementing recommended infection control precautions, (3) ensuring thorough environmental cleaning and disinfection, and (4) notifying the Indiana State Department of Health.

Laboratory professionals are advised that *C. auris* can be misidentified as other yeasts when using common microbiological methods. Two of the most common look-alikes are *C. duobushaemulonii* and *C. haemulonii*. Other common look-alikes include: *Saccharomyces cerevisiae*, *Rhodotorula glutinis*, or as other non-*albicans* *Candida* species (esp. *C. catenulate*, *C. haemulonii*, *C. famata*, *C. lusitaniae*, *C. guilliermondii*, and *C. parapsilosis*). The ISDH Laboratories can rule-out *C. auris* and *C. auris* look-alike

clinical isolates using MALDI-TOF MS. The anticipated turnaround time for this service is 2-3 business days.

Laboratories are encouraged to submit isolates to the ISDH Laboratory that meet the following criteria:

- All confirmed *C. auris* isolates.
- Isolates identified as *C. haemulonii* or *C. duobushaemulonii*.
- Isolates not identified beyond *Candida* spp. from invasive infections or from patients with a history of healthcare in Chicago within the past year.
- Non-sterile source isolates that are refractory to azole therapy that were either not identified or identified only as *Candida not-albicans*.

For epidemiological information or to report a confirmed case, please contact:

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