



Indiana State Department of Health

Indiana Health Alert Network Advisory—April 21, 2017

Identification of *Candida auris* case in Indiana

The Indiana State Department of Health (ISDH) was recently notified by a hospital laboratory of a *Candida auris* case in an Indiana resident. The specimen was confirmed at the ISDH Laboratories and sent to the Centers for Disease Control and Prevention (CDC) for additional testing.

C. auris is an emerging pathogenic yeast that can cause an 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. *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 is essential.

Patients infected with *C. auris* may not show noticeable symptoms due to symptoms from 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% hospital mortality rates. 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 health care facilities, especially if environmental cleaning and disinfection are not performed correctly. Investigations of healthcare-associated outbreaks suggest that strict adherence to infection control activities is an effective method to prevent the spread of *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, and (3) ensuring thorough environmental cleaning and disinfection. A 10% bleach solution is recommended for environmental cleaning.

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:

- Isolates identified as *Candida haemulonii*, *Rhodotorula glutinis*, or *Saccharomyces cerevisiae* OR
- Isolates not identified beyond *Candida* spp. from invasive infections OR
- Urine isolates that are refractory to azole therapy that were either not identified or identified only as *Candida not-albicans*.

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

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