

MLS Laboratory Update: Updated Information Regarding *Candida auris* in the U.S. and When to Refer Isolates to MDH-PHL

January 12, 2017

Purpose of this Message: To share with MLS laboratories the most updated information from CDC regarding *Candida auris* identification and to reiterate which isolates should be submitted to MDH-PHL. This message is being sent to MLS laboratories and the information will be shared with infection preventionists.

Action Item: Review the newest guidance from CDC regarding misidentification of *Candida auris* by specific identification method. [CDC Recommendations for Identification of *Candida auris*](#)

Newest CDC Guidance

1. If your laboratory were to identify any of the following *Candida* species from any specimen source using the specified testing method, please submit isolates to the MDH-PHL (Project number 2093). More information, including a new, detailed identification algorithm, is available on CDC's website (links provided at the end of this message).

Identification Method	<i>C. auris</i> is possible if the following results are given by your identification system. Please send to MDH for further workup.
Bruker or Biomerieux MALDI-TOF	<i>Candida auris</i> <i>Candida haemulonii</i> <i>Candida spp. not identified</i> (identification attempted and species could not be determined)
VITEK 2 YST	<i>Candida auris</i> <i>Candida haemulonii</i> <i>Candida duobushaemulonii</i> <i>Candida spp. not identified</i> (identification attempted and species could not be determined)
API 20C	<i>Rhodotorula glutinis</i> (if characteristic red color not present) <i>Candida sake</i> <i>Candida spp. not identified</i> (identification attempted and species could not be determined)
BD Phoenix	<i>Candida haemulonii</i> <i>Candida catenulata</i> <i>Candida spp. not identified</i> (identification attempted and species could not be determined)
MicroScan	<i>Candida famata</i> <i>Candida guilliermondii</i> <i>Candida lusitanae</i> <i>Candida parapsilosis</i>

	<i>Candida spp. not identified</i> (identification attempted and species could not be determined)
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2. Review current guidance from CDC regarding determining the species of *Candida* from non-sterile sites. Species identification for *Candida* isolates from non-sterile sites should be considered when:
 - a. Clinically indicated in the care of a patient
 - b. A case of *C. auris* infection or colonization has been detected in a facility or unit
 - c. A patient has had an overnight stay in a healthcare facility outside the U.S. in the previous one year in a country with documented *C. auris* transmission (see CDC link at the end of this message with international *C. auris* cases map)

If your laboratory does not perform yeast identification and does not typically refer isolates to a reference lab, please contact MDH-PHL to discuss identification of yeast in the above situations.

Background:

In laboratories that attempt to identify all *Candida*, it is likely that *C. auris* would be misidentified as one of the species listed in the chart above. CDC first issued a clinical alert in June 2016 requesting laboratories report and submit possible *Candida auris* isolates to state health departments. CDC continues to update their guidance regarding the identification and management of *C. auris* as more information becomes available.

No cases of *C. auris* have been identified in Minnesota residents, but *C. auris* infection or colonization has been confirmed in 439 patients in 10 states. Most cases are from the East Coast, with 13 also identified in the Midwestern states of Illinois and Indiana.

Approximately 54% of *C. auris* cases in the U.S. have been identified from blood; the remaining 46% were identified in other body sites, including urine, wounds, sputum, bile, and others. Some clinical laboratories do not typically determine the species of isolates from non-sterile sites; however, *C. auris* is important to identify even from a non-sterile body site because the presence of *C. auris* in any body site can represent wider colonization, posing a risk for transmission and requiring implementation of infection control precautions.

Infection Control:

Health care facilities should place patients with *C. auris* colonization or infection in single rooms on Standard and Contact Precautions. *C. auris* can persist in the health care environment. Health care facilities who have patients with *C. auris* infection or colonization should ensure thorough daily and terminal cleaning and disinfection of these patients' rooms using an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *Clostridium difficile* spores. Screening of close contacts of newly identified patients, including current roommates and roommates in the prior month, should be performed to identify colonization. If patients with *C. auris* infection or colonization are transferred to other health care facilities, receiving facilities should be notified of the presence of this organism.

In addition, the MDH's Health Care-associated Infections and Antimicrobial Resistance unit should be consulted about the need for additional interventions to prevent transmission.

CDC Links:

- [Detailed algorithm to identify *C. auris*](#)
- [Recommendations for identification of *C. auris*](#) (including NEW information regarding speciation of *Candida* isolates from non-sterile sites)
- [Latest U.S. case counts and maps with location of national and international cases](#)
- [Infection control recommendations for *C. auris*](#)
- [Fact sheet on *C. auris*](#)

Questions:

If you have laboratory–related questions please contact Jill Fischer at 651-201-5073 or 651-201-5033.

For epidemiology and infection control questions, please call 651-201-5414 and your call will be directed to a health care-associated infections epidemiologist.

Thank you for your assistance!

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