MLS Laboratory Update: First Case of *Candida auris* Found in Minnesota

January 27, 2020

**Purpose of this Message:** To notify Infection Preventionists and clinical laboratories that a single case of *Candida auris* has been identified in Minnesota. This message is being sent to Infection Preventionists and MLS laboratories.

**Action items:** *Candida auris* recommendations have not changed at this time; healthcare facilities and clinical laboratories should continue to follow previously established MDH guidance to identify *C. auris*. Guidance includes:

- Submit isolates that are possible *C. auris* misidentifications to the MDH Public Health Laboratory (PHL) for *C. auris* rule-out. Use the following link for the most updated information about misidentifying *C. auris*, depending on the identification method used: [http://www.cdc.gov/fungal/candida-auris/recommendations.html](http://www.cdc.gov/fungal/candida-auris/recommendations.html)
- Regularly review CDC infection control guidance for *C. auris* so you are prepared to respond to *C. auris* cases. CDC guidance is found here: [http://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html](http://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html)
- Conduct hospital admission screening for *C. auris* colonization.
  - Screen patients with a history of receiving inpatient care, ambulatory surgery, or hemodialysis outside of the United States in the previous 12 months.
  - Consider also screening patients with a history of inpatient or skilled nursing facility stay in New York City, New Jersey, or Chicago in the previous 12 months.
  - Work with MDH Epidemiologists to properly collect and direct specimens to MDH-PHL for *C. auris* colonization testing.
  - More information and links to resources are available at the following MDH webpage: [https://www.health.state.mn.us/diseases/candidiasis/auris/hcp/screen.html](https://www.health.state.mn.us/diseases/candidiasis/auris/hcp/screen.html)
- Immediately notify MDH at 651-201-5414 if a case of *C. auris* is suspected or confirmed in your facility.

**Background:** On August 1, 2019, MDH initiated statewide surveillance for *Candida auris*. MDH has been requesting voluntary submission of possible *C. auris* isolates since June 2016. In December 2019, *C. auris* was identified in a previously healthy young adult who likely acquired the organism through receipt of healthcare in another country. The patient was not hospitalized, and the risk of spread is very low. Receipt of healthcare abroad remains a risk factor for *C. auris* colonization and infection; both MDH and CDC recommend that acute care hospitals screen patients with a history of healthcare abroad for *C. auris* colonization. Refer to the link in the Guidance section above for more details.

*C. auris* is a globally emerging, multi-drug resistant fungus that can cause severe illness. It has been identified in numerous countries and in 14 states in the U.S. Please see CDC map of states with
confirmed C. auris cases. Outbreaks of C. auris have occurred in healthcare settings across the globe, including in the U.S. regions of New York City, New Jersey, Chicago and Orange County, California. Outbreaks have been difficult to control due to the ability of C. auris to contaminate the patient care environment and survive on environmental surfaces for weeks to months. C. auris is difficult to identify in clinical laboratories, and can be misidentified as a different type of Candida.

Most C. auris infections are healthcare-associated infections (HAIs). Healthy people generally do not acquire invasive infections caused by C. auris. Most people who are infected with C. auris have significant underlying medical conditions. Patients can carry C. auris on the body via colonization but not have an active infection or symptoms. Colonized patients are at increased risk for developing infection.

Questions: If you have laboratory-related questions please contact Paula Vagnone, Microbiology Unit Supervisor, at 651-201-5581.

For epidemiology and infection control questions, please contact healthcare-associated infections epidemiologists Brittany Pattee (651-201-4148) or Laura Tourdot (651-201-4881).

Thank you for your assistance!

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