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October 9, 2019

To: Clinical Laboratories and Hospital Infection Prevention Programs

Re: *Candida auris* screening recommendations and testing resources

Laboratory Supervisors/Managers, Hospital Epidemiologists and Infection Preventionists:

Thank you for your assistance as we continue to raise awareness of antibiotic resistance in Utah. The purpose of this letter is to provide an update about an emerging pathogen, *Candida auris*. *C. auris* is a multidrug-resistant yeast species associated with high mortality rates in invasive infections. This organism was first discovered in Japan in 2009 and has spread internationally since then. Cases have been reported in 13 states in the United States. The Utah Department of Health (UDOH) made *C. auris* and another closely related yeast species, *Candida haemulonii*, reportable in 2018; and there have been no cases identified in Utah to date.

In response to high rates of asymptomatic carriage/colonization, antimicrobial resistance and environmental persistence in US outbreaks, the Centers for Disease Control and Prevention (CDC) produced a set of guidance for screening at-risk patients for *Candida auris* to promote containment. A summary of the prioritized recommendations are outlined in Table I.

As of August 1, 2019, the Utah Public Health Laboratory (UPHL) became the public health reference laboratory for eight states (including Utah) in the Mountain Region Antibiotic Resistance Laboratory Network (AR Lab Network). The Utah AR Lab Network Regional Lab offers faster turnaround times at no cost to Utah clinical laboratories and healthcare facilities. The Utah AR Regional Lab currently offers identification of yeast species for rule out of *C. auris* by MALDI-TOF. Future plans include validating antifungal susceptibility testing (broth microdilution and E-test for Amphotericin B), and implementing colonization screening testing for *Candida auris* using a composite axillary and groin swab, by early 2020. However, as an interim measure and until *C. auris* screening is on board at the Utah AR Lab Network site, colonization screening swabs can be sent to the Minnesota ARLN site. Please contact Maureen Vowles (801-965-2505) or Amanda Smith (801-538-6247) to coordinate this process.

Table I. – Table to show prioritized screening recommendations for *Candida auris*

PRIORITIZED RECOMMENDATIONS FOR <i>CANDIDA AURIS</i> SCREENING
1. Roommates or patients on shared services with index patients in an outbreak
2. Patients with a history of a carbapenemase-producing organism (CPO) e.g., CRE or CRAB AND history of international healthcare
3. Overnight hospitalization outside of US in last 12 months
4. Patients with a history of CPO AND out-of-state transfer (especially states where <i>C. auris</i> is endemic or *states with reported cases)
5. Patients with a history of CPO AND a long-term care (LTC) stay

*CDC *Candida auris* case map <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>

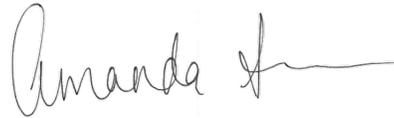
Based upon CDC recommendations, most clinical laboratories have protocols in place for identifying yeast isolates from sterile sites (e.g., cerebrospinal fluid, bloodstream) to the species level. This practice ensures that appropriate empiric treatment can be initiated based on typical, species-specific susceptibility patterns. Conversely, many clinical laboratories do not typically identify the species of isolates from non-sterile sites since presence of yeast in these sites may represent colonization rather than infection and would not require treatment. However, *C. auris* is important to identify even from a non-sterile body site because this can represent wider colonization, posing a transmission risk and requiring implementation of infection control measures. Therefore, CDC recommends identification of *Candida* isolated from non-sterile sites in high-risk patients, or using this as a rudimentary screening tool in the absence of patient colonization screening. Culture plates from non-sterile sites growing yeast can be saved and sent weekly in batch by the courier service to the Utah Public Health Laboratory for no cost *C. auris* rule-out by MALDI.

UDOH acknowledges that there are many ways to implement the CDC guidance outlined in this letter, and are happy to have a conversation to discuss how to best target this policy to your facility. Please feel free to contact a member of the HAI team or the AR Lab Network laboratory with further questions or needs.

Regards,



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