



DATE: November 3, 2016
TO: Clinical Laboratories, NYSDOH Regional Offices, Local Health Departments
FROM: NYSDOH Bureau of Healthcare Associated Infections (BHA1)

**Health Advisory:
Alert to New York State Clinical Laboratories
Identification and Reporting of Suspected *Candida auris* Isolates**

Please distribute immediately to:
Laboratory Directors, Hospital Epidemiologists, Infection Preventionists

The purpose of the advisory is to provide laboratories with additional recommendations on the identification and reporting of *Candida auris*. On August 17, 2016 the New York State Department of Health (NYSDOH) issued a Health Advisory to alert New York State healthcare facilities about the global emergence of invasive infections caused by the multidrug-resistant yeast *Candida auris* (*C. auris*):

https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/Notification_20769.pdf

Please see recommendations for laboratories at the end of this advisory.

When should laboratories suspect *C. auris*?

- *C. auris* can be misidentified as:
 - *Candida haemulonii* (typical identification by VITEK 2)
 - *Candida famata*
 - *Candida sake*
 - *Candida* spp. (isolates where speciation is attempted and results are inconclusive)
 - *Saccharomyces cerevisiae*
 - *Rhodotorula glutinis*
- Identification of any of these species should prompt further characterization using the identification methods described below.

How can laboratories identify *C. auris*?

- Diagnostic instruments based on matrix-assisted laser desorption/ionization-time of flight mass spectrometry (MALDI-TOF-MS) can differentiate *C. auris* from other *Candida* species including *Candida haemulonii*. Laboratories should ensure they are strictly following manufacturer's instructions when using MALDI-TOF instruments for *Candida* identification.
- Molecular methods based on the sequencing of the internal transcribed spacer (ITS) and D1-D2 regions of the ribosomal gene can also identify *C. auris*.
- Diagnostic methods other than MALDI-TOF and sequencing may not be able to distinguish *C. auris* from other yeasts, especially *Candida haemulonii*.

Why should laboratories notify public health about *C. auris*?

- *C. auris* is an emerging multidrug-resistant (MDR) yeast that has caused outbreaks of invasive healthcare-associated infections with high mortality.

- Some strains of *C. auris* have elevated minimum inhibitory concentrations (MICs) to the three major classes of antifungals (polyenes, azoles, and echinocandins), severely limiting treatment options.
- *C. auris* appears to be transmitted from patient-to-patient in healthcare settings.
- To date, the Centers for Disease Control and Prevention (CDC) has received reports of 13 cases of *C. auris* infection in the United States (US). Of the 13 US cases, 9 have been identified in the downstate metropolitan region of New York State, including one that was reported in 2013 as part of ongoing surveillance and eight that were reported in 2016 by NYSDOH.
- The NYSDOH and the CDC are conducting an ongoing investigation of cases of *C. auris* infection. Preliminary information shows possible connections between some cases where patients may have had hospital and/or nursing home admissions to common healthcare facilities.
- The CDC and NYSDOH anticipate that there have been and will be more cases of *C. auris*. Prompt notification is necessary for immediate public health action.
- Read more at <http://www.cdc.gov/fungal/diseases/candidiasis/candida-auris-alert.html>.

Recommendations:

- Laboratories should query laboratory information systems as far back as January 1, 2013 for isolates of:
 - *C. auris*
 - *Candida haemulonii*
 - *Candida famata*
 - *Candida sake*
 - *Candida* spp. (isolates where speciation was attempted and results are inconclusive)
 - *Saccharomyces cerevisiae*
 - *Rhodotorula glutinis*
- If reports of past isolates are identified, the information should be reported to your NYSDOH regional epidemiologist. Laboratories that are able to retrieve saved isolates should arrange for submission of samples to the NYSDOH Wadsworth Center Mycology Laboratory for further characterization.
- If the above organisms are identified in current or future clinical isolates, laboratories should notify your NYSDOH regional epidemiologist to arrange for submission of specimens to the NYSDOH Wadsworth Center Mycology Laboratory for further characterization.
- Suspected or confirmed *C. auris* isolates that occur in hospitals and other healthcare facilities licensed under Article 28 of the NYS Public Health Law should be reported to the facility infection control department and to the NYSDOH Regional Epidemiologist or the NYSDOH Central Office Bureau of Healthcare Associated Infections:

NYSDOH Regional Epidemiology and Central Office Contact Information:

Western Regional Office	(716) 847-4503
Central New York Regional Office	(315) 477-8166
Metropolitan Area Regional Office	(914) 654-7149
Capital District Regional Office	(518) 474-1142
Central Office	(518) 474-1142

Reporting requirements and instructions for NYSDOH facilities licensed under Article 28 of the Public Health Law are available at <http://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/reporting.htm>

Suspected or confirmed *C. auris* isolates that are identified in other healthcare settings can be reported to the local health department where the patient resides:

<http://www.nyscho.org/i4a/pages/index.cfm?pageid=3713>

General questions or comments about this advisory can be sent to icp@health.ny.gov.