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DATE: August 30, 2022

TO: Hospitals, Nursing Homes, Diagnostic and Treatment Centers, Clinical Laboratories, Local Health Departments

FROM: New York State Department of Health (NYSDOH), Bureau of Healthcare Associated Infections

Health Advisory:

Update to Healthcare Facilities Regarding
Multidrug-Resistant *Candida auris* in New York State

Please distribute immediately to:

Hospital Epidemiologists, Infection Preventionists, Case Managers/Care Coordinators, Laboratory Directors, Infectious Disease Physicians, Critical Care Medicine Physicians, Medical Directors, Dialysis Unit Directors, Nursing Directors, Risk Managers, Administrators, Pharmacy Directors and Directors of Environmental Services

The purpose of this advisory is to update healthcare facilities about the increased prevalence and geographic expansion of multidrug-resistant *Candida auris* (*C. auris*) in New York State (NYS), especially after COVID-19 pandemic waves. **All healthcare facilities and laboratories should be familiar with *C. auris* infection prevention and control recommendations and reporting guidelines**.

Background:

- *C. auris* is an emerging multidrug-resistant yeast first identified in NYS through public health surveillance in 2016.
- *C. auris* causes healthcare associated infections with high mortality and has a high potential to cause outbreaks in healthcare facilities.
- Infections caused by *C. auris* often do not respond to commonly used antifungal drugs making them difficult to treat.
- Identification of *C. auris* by use of conventional laboratory methods is challenging and it is commonly misidentified as other *Candida* species.
- Patients with multiple co-morbidities and who receive mechanical ventilation are among the highest risk for infection. Additionally, patients who have a long stay in an intensive care unit, who have a central venous catheter or other indwelling devices, and who have received antimicrobial medications are also at a higher risk of becoming infected or colonized with *C. auris.*

Updates:

As of July 29, 2022, 1,144 cases with clinical cultures positive for *C. auris* have been identified and reported to the NYSDOH. An additional 1,460 cases have been identified through collection of screening samples. Of cases identified through screening, 166 have had a clinical isolate positive for *C. auris* after the collection of the positive screening sample, including 99 who had a *C. auris* positive

blood culture. Cases identified by screening who later have a positive clinical culture are counted in the totals of both clinical and screening cases.

To date, cases of *C. auris* have been detected in a variety of healthcare settings. A total of 73 hospitals, 60 long term care facilities, and 7 other types of healthcare settings have had at least one case diagnosed at the facilities. Skilled nursing homes with the capacity to care for residents on ventilators have been disproportionately affected. Case investigations have identified time-space clusters suggesting transmission within many hospitals and nursing homes.

Since 2016, most cases of *C. auris* in NYS have been identified in healthcare facilities in the New York City (NYC) metropolitan area. Additionally, several (<10) *C. auris* cases have also been identified in healthcare facilities outside the NYC metropolitan area, with most of these cases having a previous admission(s) and/or healthcare encounter in NYC healthcare facilities. Recently, ***C. auris* cases were identified in patients admitted to healthcare facilities outside of the NYC metropolitan area where no epidemiological link could be established to a known case of *C. auris,* and patients had not recently received healthcare in the NYC metropolitan area or other regions in the United States or internationally where *C. auris* is prevalent.**

Increased numbers of cases and clusters of *C. auris* have been observed after the initial and subsequent waves of COVID-19 with higher *C. auris* case counts persisting. The COVID-19 pandemic prompted facilities to implement personal protective equipment (PPE) conservation strategies during anticipated or existing shortages and to use PPE in ways that are not routine (e.g., extended use and reuse). Beyond PPE supply shortages, some facilities allowed use of extra PPE (e.g., use of double isolation gowns and/or double or triple gloving) because of the perception these practices would provide increased protection for healthcare personnel. These changes from conventional PPE use, other types of supply shortages, and staffing shortages were observed in some of the *C. auris* clusters. Conventional use of PPE and infection prevention practices should now be back in place at all healthcare facilities.[1]

Almost all cases of *C. auris* diagnosed in NYS belonged to South Asian Clade I and are fluconazole-resistant. Patients harboring echinocandin-resistant *C. auris*, including pan-resistant *C. auris* (resistant to three classes of antifungal drugs: azoles, polyenes, and echinocandins), have occasionally been identified in NYS making treatment challenging. No transmission of echinocandin-resistant or pan-resistant isolates has been identified in NYS, however, in 2021, two clusters were reported from other states where transmission of pan-resistant strains may have occurred within or between facilities.[2,3]

Recommendations:

- Healthcare facilities should review CDC information about *C. auris*
- **When a patient with a newly detected or history of infection or asymptomatic colonization with *C. auris* is identified, healthcare facilities should contact their regional epidemiologist and follow all applicable** CDC infection prevention and control recommendations.
- Infection preventionist, discharge planners, and case managers should collaborate to ensure interfacility communication about a patient's *C. auris* status so that infection control precautions to prevent transmission remain seamless upon transfer to another facility.
- According to the New York City and New York State communicable disease reporting guidelines, laboratories should submit all clinical and surveillance isolates that are suspected or confirmed to be *C. auris.* Currently, all *C. auris* positive isolates should be submitted to NYSDOH Wadsworth Center. Without culture abilities, laboratories performing polymerase chain reactions for *C. auris* should submit all positive surveillance samples.
- Facilities should monitor the CDC and NYSDOH website regularly for new information.

Reporting:

C. auris is considered an emerging multidrug-resistant pathogen, and cases of *C. auris* infection or colonization that occur in hospitals, nursing homes, and other healthcare facilities licensed under Article 28 of the NYS Public Health Law must be reported to the NYSDOH regional epidemiologist or to the NYSDOH Bureau of Healthcare Associated Infections, Healthcare Epidemiology and Infection Control Program central office.

NYSDOH Regional and Central Office Contact Information:

Western Regional Office	(585) 423-8097
Central New York Regional Office	(315) 477-8165
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

Cases reported from non-Article 28 healthcare settings should be reported to the local health department where the case resides.

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

References:

[1] Prestel C, Anderson E, Forsberg K, et al. *Candida auris* Outbreak in a COVID-19 Specialty Care Unit — Florida, July–August 2020. MMWR Morb Mortal Wkly Rep 2021;70:56–57. DOI: http://dx.doi.org/10.15585/mmwr.mm7002e3

[2] Lyman M, Forsberg K, Reuben J, et al. Notes from the Field: Transmission of Pan-Resistant and Echinocandin-Resistant Candida auris in Health Care Facilities — Texas and the District of Columbia, January–April 2021. MMWR Morb Mortal Wkly Rep 2021;70:1022–1023. DOI: http://dx.doi.org/10.15585/mmwr.mm7029a2

[3]Ostrowsky B, Greenko J, Adams E, et al. *Candida auris* Isolates Resistant to Three Classes of Antifungal Medications — New York, 2019. MMWR Morb Mortal Wkly Rep 2020;69:6–9. DOI: http://dx.doi.org/10.15585/mmwr.mm6901a2