The Delaware Division of Public Health (DPH) is issuing this health advisory to all Delaware health care facilities to notify them of confirmed infections and colonization cases of *Candida auris* (*C. auris*), which were identified in Delaware health care facilities. This health advisory provides background information on and resources about *C. auris*.

Summary

Since Aug. 17, 2022, there have been two confirmed clinical cases of *C. auris* identified in Delaware health care facilities. Subsequent screenings have identified 14 colonization cases, as of Nov. 10, 2022.

Background

Candida auris

Candida auris is a fungus, which is of concern to the Centers for Disease Control and Prevention (CDC) and DPH. *C. auris* can cause sometimes fatal infections, and is often resistant to antifungal drugs, making it difficult to treat. It can spread rapidly in health care settings, leading to outbreaks. Additionally, *C. auris* can be difficult to identify in laboratories without proper equipment, leading to improper diagnosis and inappropriate management.[1]

Infection and Colonization

C. auris is nationally notifiable to the CDC. Infections have been identified in both sterile and non-sterile body sites. Based on a limited number of patients, 30 to 60% of patients infected with *C. auris* have died, though many of these patients also had other serious illnesses.[2] Patients may also be asymptomatically colonized with *C. auris*, and these colonization cases are identified by screening.[3] It is important to identify colonized cases, as these patients are at higher risk of getting *C. auris* infections, and they may pass on the fungus to other patients in the health care facility.[4] Patients may remain colonized with *C. auris* for years, and currently there are no guidelines for decolonization. Re-testing colonized patients is not recommended, as re-testing may result in false negatives. Every patient, both colonized or infected with *C. auris*, should be placed on contact precautions or, if the patient is in a skilled nursing facility, on enhanced barrier precautions.[5] More information on treating *C. auris* infections, and preventing colonized cases from getting infected, can be found [through the CDC's website](#).[4] All cases, both with colonized and infected patients - regardless of specimen source - should be reported to DPH (see reporting section below).

Risk Factors

People most at risk for *C. auris* infection and colonization are those who have recently spent time in long term care facilities, especially those who have invasive medical devices such as central lines and feeding tubes. Additional risk factors include recent antibiotic and antifungal use, as well as surgery and diabetes.2

Risk to healthy people, including health care workers, is low. In one outbreak study, less than 1% of health care workers became colonized, and that colonization was temporary.7

Laboratory Diagnosis

C. auris is difficult to identify and is often misidentified as other *Candida* species. See [the CDC's website on identification](#) for more information.6 If there is any concern regarding the identification of a *Candida* species, submit isolates to the Delaware Public Health Lab.

Recommendations

Infection Prevention and Control for C. auris

To prevent and control the spread of *C. auris* based off the CDC guidelines, personnel should5:

- Use proper hand hygiene

- Use either contact precautions or enhanced barrier precautions, depending on the facility and scenario

- Disinfect the patient environment with a [List P disinfectant](#) or other products known to be effective against *C. auris*8

- Properly communicate a patient's *C. auris* status when transferring facilities

- Perform screening to identify colonized cases (see next section)

- Properly identify *Candida* species, including submitting to the DPH Lab for further identification, if necessary. The laboratory should survey clinical samples to detect any other C. auris cases, including growing up any rare yeasts

- See [the CDC's website on infection prevention of C. auris](#) for more information

Colonization Screening

All health care facilities should consider screening patients who are at high risk for *C. auris*, such as:

- Close health care contacts of patients with a *C. auris* infection or colonization

- Patients who have had an overnight stay in a long-term care facility, especially in those outside of Delaware

- Patients who have had an overnight stay in a health care facility outside of the U.S., within the past year

If health care facilities are concerned about transmission of *C. auris* throughout their facility, especially if a known *C. auris* case has been in the facility recently, they should consider performing a point prevalence survey. During the point prevalence survey, every patient in the given unit or floor is screened for *C. auris* colonization. The Delaware Division of Public Health will provide the sampling kits and perform the tests free of charge, if the facility schedules the point prevalence survey with us in advance.9

Reporting

All cases of *Candida auris*, both infections and colonization cases, should be reported to the Delaware Division of Public Health's Office of Infectious Disease Epidemiology (OIDE). Cases can be reported by phone (302-744-4990, normal business hours; 1-888-295-5156, outside of normal business hours), fax (302-622-4149), or email reportdisease@delaware.gov.

References

1. https://www.cdc.gov/fungal/candida-auris/index.html

2. https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html

3. https://www.cdc.gov/fungal/candida-auris/c-auris-surveillance.html

4. https://www.cdc.gov/fungal/candida-auris/c-auris-treatment.html

5. https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html

6. https://www.cdc.gov/fungal/candida-auris/identification.html

7. https://www.cdc.gov/fungal/candida-auris/c-auris-health-qa.html

8. https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris

9. https://www.cdc.gov/fungal/candida-auris/c-auris-screening.html