NEW MEXICO
Department of Health
Epidemiology And Response Division

MICHELLE LUJAN GRISHAM
Governor

DAVID R. SCRASE, M.D.
Acting Cabinet Secretary

NEW MEXICO HEALTH ALERT NETWORK (HAN) ADVISORY

First Confirmed *Candida auris* Case in New Mexico

October 3, 2022

Summary
The New Mexico Department of Health (NMDOH) has confirmed the state's first clinical case of *Candida auris* (*C. auris*) in an adult with multiple inpatient and skilled nursing facility stays in Bernalillo County. Investigation and extensive screening of potential healthcare contacts in these facilities found no additional *C. auris* cases.

Background
C. auris is an emerging fungus that can cause invasive infections, including bloodstream, respiratory tract, wound, and urinary tract infections. It is associated with a high mortality rate of 30-60% in those who become infected and is often multi-drug resistant, meaning it is resistant to multiple antifungal drugs that are commonly used to treat *Candida* infections. *C. auris* requires use of specialized laboratory methods as it can be difficult to identify and is often misidentified.

Transmission of *C. auris* commonly occurs in healthcare settings, which supports the need for accurate identification and vigilant infection control measures to control the spread. *C. auris* primarily affects people who have many underlying conditions and have frequent hospital stays or live in nursing homes. Patients who have been hospitalized in intensive care units for a long period of time or have invasive devices (i.e., central venous catheter, mechanical ventilation, or tracheostomy, feeding tubes, etc.) are at risk of contracting *C. auris*.

C. auris has been cultured from high touch surfaces in the care environment (i.e., door handles, bed rails, bedside tables), but also surfaces that are further away from the patient, such as windowsills. *C. auris* has also been identified on mobile or reusable equipment that is shared between patients, such as glucometers, temperature probes, blood pressure cuffs, ultrasound machines, nursing carts, and crash carts. NMDOH recommends that all healthcare facilities in New Mexico, including acute care facilities and skilled nursing facilities, maintain strong infection control practices outlined below to reduce the spread of this multi-drug resistant organism in these environments.

Laboratory Diagnosis
C. auris is a budding yeast, which almost never forms short pseudohyphae and does not form germ tubes. Some strains form aggregates of cells, whereas others do not. Unlike most other Candida species, it grows well at 40–42º C on CHROMagar.

C. auris can be misidentified as several different organisms when using traditional phenotypic methods for yeast identification such as VITEK 2 YST, API 20C, BD Phoenix yeast identification system, and MicroScan.

Please refer to the following link for additional laboratory information:

https://www.cdc.gov/fungal/candida-auris/health-professionals.html

If unable to confidently rule out *C.auris*, Laboratories are encouraged to forward these specimens to the state public health laboratory (SLD) for identification. All *C.auris* isolates will be forwarded to CDC AR Lab Network for further identification and susceptibility testing.

Infection Control

C. auris patients, whether colonized or infected, in acute care hospitals and long-term acute care hospitals should be managed using Contact Precautions; residents in nursing homes with *C. auris* may be managed with either Contact Precautions or Enhanced Barrier Precautions. Healthcare facilities should place patients with *C. auris* colonization or infection in single rooms, when possible; facilities may also choose to cohort patients with *C. auris* together in the same room.

- If such patients are transferred to other healthcare facilities or another unit within a facility, receiving facilities or units should be notified of the presence of *C. auris* to ensure appropriate precautions are continued.
- Even after treatment for invasive *C. auris* infections, patients generally remain colonized with *C. auris* for long periods of time, and perhaps indefinitely. Therefore, all recommended infection control measures should be followed indefinitely after treatment/screening.

When caring for patients colonized or infected with *C. auris*, healthcare personnel should adhere to standard hand hygiene practices. Alcohol-based sanitizer is the preferred hand hygiene method for *C. auris* when hands are not visibly soiled. If hands are visibly soiled, wash with soap and water.

For additional infection control resources for *C. auris*, please visit www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html

C. auris may persist on surfaces in the environment. Healthcare facilities who have patients with *C. auris* infection or colonization should ensure thorough daily and terminal cleaning of the patient care environment and reusable equipment using an EPA-registered hospital grade disinfectant with an anti-fungal claim. For a current list of EPA-approved products effective against *C. auris*, please see EPA's List P at the following link:
www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris

Screening

Patients may be colonized with *C. auris* but show no symptoms. Patients colonized with *C. auris* can transmit *C. auris* in healthcare settings, putting other patients at risk for invasive *C. auris* infections. Screening patients for *C. auris* colonization allows healthcare facilities to identify those who are colonized and implement appropriate infection control measures to prevent further spread.

Inpatient facilities should consider *C. auris* screening for patients who were hospitalized overnight in a healthcare facility outside of the U.S. in the preceding 12 months. Inpatient facilities may consider admission screening of patients with other carbapenemase producing infections who had recent overnight stays in a U.S. facility in states with *C. auris* transmission, or patients accepted as transfers from facilities currently experiencing a *C. auris* outbreak.

Recent data on case counts by state are available from CDC: CDC:Tracking Candida auris.

For additional information on *C. auris*, please visit
https://www.cdc.gov/fungal/candida-auris/index.html

To report cases, or request assistance with screening please contact the New Mexico Department of Health (NMDOH) on-call epidemiologist 24/7/365 at 505-827-0006.