

# Public Health

Iowa HHS

## *Candida auris* Surveillance Report

August 1, 2023

All data presented in this report are provisional and may change as additional reports are received. Case counts reflect the number of cases where the positive sample was collected in Iowa.

**Candida auris in Iowa**

In 2019, the Director of the Iowa Department of Health and Human Services temporarily designated suspected and confirmed cases of *Candida auris* (*C. auris*) infection or colonization as [reportable in Iowa](#).

Iowa is considered a low incidence state and to-date there have been 18 detections of *C. auris* in Iowa with limited in-state transmission identified.

Year	Clinical Cases*	Screening Cases†
2019	0	0
2020	1	0
2021	0	0
2022	0	1
2023	2	14
<b>Total</b>	<b>3</b>	<b>15</b>

\*A clinical case is a person with *C. auris* identified from a clinical specimen collected for the purpose of diagnosing or treating disease in the normal course of care. Common examples are blood, wounds, urine, respiratory tract, and tissue.

†A screening case is a person with *C. auris* identified in a swab collected for the purpose of colonization screening regardless of which site was collected. The most common examples are skin (e.g., axilla, groin).

For more information on *C. auris* continue reading.

## Background

*Candida auris* (*C. auris*) is an emerging drug-resistant fungus that presents a serious global health threat. In the United States, most cases of *C. auris* result from local spread within and among healthcare facilities in the same city or state. Since 2019 CDC has noted an increasing rate of *C. auris* transmission in the U.S. including some large outbreaks with increasing resistance patterns, with 8,131 *C. auris* cases detected in the United States in 2022.

*C. auris* can spread from one patient to another in hospitals and nursing homes. Patients can carry *C. auris* somewhere on their body, even if it is not making them sick. This is called colonization. When people in healthcare settings are colonized, *C. auris* can spread from their bodies and can get on other patients, surfaces, and equipment. Allowing it to spread easily in healthcare facilities through direct or indirect contact.

National data shows that those at greatest risk of colonization with *C. auris* are patients with a history of receiving healthcare in settings offering advanced care such as long-term acute care hospitals (LTACHs) and ventilator skilled nursing facilities (vSNFs).

CDC recommends testing patients with potential exposure risks to *C. auris* to see if they are colonized. This allows healthcare providers to know who is colonized and take steps to prevent it from spreading within their facility.

Most patients who get serious *Candida* infections already have a weakened immune system or other risk factors such as receiving medical care involving breathing tubes, feeding tubes, central venous catheters, etc. In these persons *C. auris* can cause serious infections, such as bloodstream infections, resulting in increased morbidity and mortality.

Healthy people usually do not get *C. auris* infections.

Most *C. auris* infections are treatable with a class of antifungal medications called echinocandins. However, some *C. auris* infections have been resistant to all three main classes of antifungal medications, making them difficult to treat. In this situation, multiple antifungal medications at high doses may be needed to treat the infection.

### **Candida auris Risk Factors**

All Iowa healthcare facilities must remain vigilant for the following high-risk indicators for *C. auris* in patients:

- History of an overnight stay in a healthcare facility outside of the United States within the previous 12 months, **OR**
- History of ambulatory surgery or hemodialysis performed outside of the United States within the previous 12 months, **OR**
- History of an overnight stay within the previous 12 months in a hospital or skilled nursing facility in:
  - California; Florida; Illinois (*the Chicagoland area*); New Jersey; New York; Texas; the National Capital Region (*southern-Maryland, Washington D.C., northern-Virginia*), **OR**
- Patients that are a roommate or close contact to a known *C. auris* positive patient in a healthcare setting, **OR**
- Patients from healthcare facilities with high prevalence or ongoing transmission of *C. auris*.

### **Mitigating Candida auris Risk Factors**

Iowa healthcare facilities that identify any of the risk factors listed can mitigate risk with the following considerations:

- Using the appropriate level of [transmission-based precautions](#) (or [enhanced-barrier precautions](#) depending on the setting type), **AND**
- Conducting admission screening for *C. auris* when patients meet any of the high-risk factors previously described, **AND**
- If *C. auris* is detected in a healthcare facility, conducting a widespread screening based on intra-facility risk, **AND**
- Ensuring disinfectants used by environmental services personnel are effective against *C. auris* (by checking they are listed on the EPA [List P](#) of disinfectants).
  - If a List P disinfectant is not available, environmental services personnel should use disinfectants found on EPA [List K](#), **AND**
- Ensure EVS personnel use appropriate PPE when in a *C. auris* case's room.

## Citations & Resources

- *Candida auris* Outbreak in a COVID-19 Specialty Care Unit — Florida, July–August 2020: <http://dx.doi.org/10.15585/mmwr.mm7002e3>
- CDC - Infection Prevention and Control for *Candida auris*: <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>
- CDC - Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs): <https://www.cdc.gov/hai/mdro-guides/containment-strategy.html>
- CDC - Tracking *Candida auris*: <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>
- EPA - List K: Antimicrobial Products Registered with EPA for Claims Against *Clostridium difficile* Spores: <https://www.epa.gov/pesticide-registration/list-k-antimicrobial-products-registered-epa-claims-against-clostridium>
- EPA - List P: Antimicrobial Products Registered with EPA for Claims Against *Candida Auris*: <https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris>
- Iowa HHS - *C. auris* reporting order: <https://hhs.iowa.gov/sites/default/files/idphfiles/C%20auris%20reporting%20order%202023.pdf>
- 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: <http://dx.doi.org/10.15585/mmwr.mm7029a2>
- PPE in Nursing Homes: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>
- Regional Emergence of *Candida auris* in Chicago and Lessons Learned From Intensive Follow-up at 1 Ventilator-Capable Skilled Nursing Facility: [https://stacks.cdc.gov/view/cdc/109586/cdc\\_109586\\_DS1.pdf](https://stacks.cdc.gov/view/cdc/109586/cdc_109586_DS1.pdf)
- The SHIELD Orange County Project: Multidrug-resistant Organism Prevalence in 21 Nursing Homes and Long-term Acute Care Facilities in Southern California: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7320073/>
- Worsening Spread of *Candida auris* in the United States, 2019 to 2021: <https://doi.org/10.7326/M22-3469>