Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Date: April 21, 2025

To: Medical Laboratory Directors

From: Robert A. Myers, PhD
Director, Laboratories Administration

RE: Updated guidance for submission of *Candida* isolates to MDH Laboratories Administration

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The Maryland Department of Health's (MDH) Laboratories Administration has recently updated its guidance for submitting *Candida* isolates to align our clinical and surveillance testing practices with the latest recommendations from the Centers for Disease Control and Prevention. Key updates include specimen types requested for non-*auris* isolates, the frequency of surveillance isolate submissions per patient, and the reminder that non-*Candida* isolates should not be sent to MDH.
Please note that for laboratories testing isolates from Maryland patients, this guidance does **not** replace the submission requirements outlined in COMAR:
https://health.maryland.gov/phpa/idehashareddocuments/reportabledisease_hcp.pdf.

Please review the updated guidance on the following page carefully and share it with the appropriate personnel in your laboratory. We have intentionally fit all guidance onto one page for ease of printing and distributing to laboratory personnel.

As a reminder, if your organization submits specimens for regulatory compliance with COMAR 10.06.01.03 or surveillance purposes only and does not wish to receive clinical reports, please refer to the memo issued on November 12, 2024, "Submitting Specimens to the MDH Laboratory for Regularly Compliance/Surveillance" that can be found at the Laboratory Administration's website. The memo highlights that submitters now have the option of checking a box on the bottom of the Infectious Agents Culture Form or in the Laboratory Web Portal that says, "Submitted for Regulatory Compliance and/or Surveillance." This option streamlines submission of specimens for which diagnostic reports are not required.

Contact the Laboratories Administration at tyler.maruca@maryland.gov or 443-681-3946 with any questions and thank you for your continued partnership in supporting the diagnosis and surveillance of antimicrobial resistance in *Candida* species.

MD Department of Health Laboratories Administration
Candida Isolate Submission Guidance, April 2025

Candida Identification

The following isolate submissions are requested for surveillance purposes:

- Confirmed *Candida auris/Candidozyma auris* isolates from sterile and non-sterile sites **(COMAR requires submission of these isolates by Maryland clinical laboratories)**
- Confirmed or suspected *C. glabrata*, *C. parapsilosis*, *C. duobushaemuli*, and *C. haemuli* (formerly *C. haemulonii* complex) from sterile sites and urine.
- Suspected *Candida auris/Candidozyma auris* isolate for which the clinical lab was unable to speciate when identification was attempted.

Candida Antifungal Susceptibility Testing (AFST)

MDH Laboratories Administration will routinely perform and report AFST in the following instances:

- Confirmed *C. auris* from sterile sites and urine.
- Confirmed *Nakaseomyces/Candida. glabrata*, *C. parapsilosis*, *C. duobushaemuli* (formerly *C. duobushaemulonii*), and *C. haemuli* (formerly *C. haemulonii* complex) from sterile sites and urine.
- Candida species other than *C. albicans* from any body site if explicitly requested by a provider to inform patient treatment. (Please indicate Patient Treatment AFST on Test Requisition).
- Yeast isolates from sterile sites and urine when rare Candida is identified. Rare Candida are defined as species that make up less than 1% of species seen. The following species should not be included as rare: *C. albicans, C. dublinieinsis, C. glabrata, C. tropicalis, C. parapsilosis, C. krusei, C. lusitaniae,* and *C. auris*.

Drugs tested include azoles (eg. fluconazole, voriconazole, itraconazole), echinocandins (micafungin and anidulafungin), and polyenes (amphotericin B). Not all drugs tested will have clinical antifungal susceptibility interpretations for all species. In the absence of available CLSI breakpoints, MICs will be reported without interpretation.

Candida Isolate Submission Frequency

Maryland clinical laboratories: all *C. auris* isolates must be submitted regardless of frequency.

Non-Maryland laboratories *C. auris* frequency: 1 isolate per patient collected no less than 6 months since previous submission; sterile sites should be preferred.

All non-*auris Candida*: 1 isolate per patient collected no less than 6 months since previous submission; sterile sites should be preferred.

Note: Please limit voluntary surveillance isolate submissions to 10 isolates a month. ***For Maryland state submitters, COMAR submission requirements override this limitation.*** *Isolates from the same patient collected within 6 months of previously submitted isolates will not be tested for antifungal susceptibility unless explicitly requested to inform patient treatment.*

Non-*Candida* Yeast

Non-*Candida* yeasts including *Cryptococcus*, *Rhodotorula*, and *Trichosporon* spp. should *not* be sent to MDH Laboratories Administration.