



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

July 3, 2019

Dear Colleague,

The Maryland Department of Health (MDH) was recently notified of the first case of *Candida auris* in a Maryland resident that is not known to have been imported from another country or jurisdiction with known cases of *C. auris*. To date, a source of this patient's infection has not been identified. Since that time, MDH and local health departments have been working to identify all healthcare contacts of that case in order to ensure appropriate actions are taken, including screening of high-risk contacts to rule out *C. auris* colonization. Through this process, three additional cases have been identified, including cases with skin colonization only. Based on similar situations in other U.S. jurisdictions, it is possible that additional cases will continue to be identified. We need your help to stop the spread of this emerging, drug-resistant pathogen as quickly as possible.

*C. auris* is an urgent public health concern due to its tendency to rapidly and easily spread in healthcare settings, its high levels of resistance to antifungal agents, and because it can be difficult to identify using commonly available laboratory techniques. Patients with suspected *C. auris* infections (not colonization) should be empirically treated with an echinocandin antifungal, such as micafungin, until an alternative diagnosis is made or antifungal susceptibility testing can be performed. The healthcare environment of suspect cases should be disinfected using a registered sporicidal product on the Environmental Protection Agency's List K (<https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>).

## What you can do to help

- Educate yourself about *C. auris* (<https://www.cdc.gov/fungal/candida-auris/health-professionals.html>). Importantly, be aware that patients can be colonized with *C. auris*, including on their skin and in their urine. Colonized patients do not have any signs or symptoms of infection, but can still pass the fungus to another person.
- Be on the lookout for cases of *C. auris* in patients with risk factors (e.g., indwelling catheters, tracheostomies, multiple underlying medical conditions, immunocompromising conditions, receipt of broad-spectrum antibiotics, and international healthcare exposure) or for *Candida* infections that are not responding to treatment, which suggests possible antifungal resistance.
- Notify MDH immediately if you identify patients infected or colonized with *C. auris* or other species of *Candida* that *C. auris* is frequently misidentified as (see Table here: <https://www.cdc.gov/fungal/candida-auris/recommendations.html>).
- Routinely ask all of your patients about travel and recent healthcare. Screen all patients who have had an overnight stay in a healthcare facility outside the United States in the previous one year, especially if in a [country with documented \*C. auris\* cases](#). Be aware that a large number of *C. auris* cases have also been identified in many areas of the United States (see map and table here: <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html#states>). Screening is available through the AR Lab Network (contact [mdphl.arln@maryland.gov](mailto:mdphl.arln@maryland.gov) for assistance).

- Consistently and accurately communicate with colleagues at other healthcare facilities about patients' colonization/infection status and isolation needs when patients are moved between facilities.
- Talk to your microbiology lab and understand what methods they use to characterize yeast isolates.
- Work with your microbiology lab to ensure that yeast isolates, including those from non-sterile sites, are being completely characterized to ensure all cases of *C. auris* are identified. Consultation with the Maryland Public Health Laboratories Administration is available by contacting [mdphl.arln@maryland.gov](mailto:mdphl.arln@maryland.gov).
- Work with your infection prevention and control colleagues to optimize basic infection prevention practices such as hand hygiene, proper use of personal protective equipment, and rapid identification and isolation of patients suspected to have multidrug resistant organisms.

### What MDH is doing

- Working with healthcare facilities where identified cases are located to ensure they are on appropriate contact precautions and that infection control practices are optimized to prevent transmission to other patients.
- Working with microbiology laboratories where cases are located to establish enhanced surveillance techniques for prospective identification of additional cases from clinical cultures.
- Conducting colonization screening of potentially exposed healthcare contacts in partnership with the Centers for Disease Control and Prevention (CDC) and the Maryland Public Health Laboratories Administration, which is the Mid-Atlantic Region's Antibiotic Resistance Laboratory Network (ARLN) lab.
- Contacting other healthcare facilities that commonly share patients with the affected facilities to discuss appropriate follow up actions. High-acuity post-acute care facilities, such as those that care for ventilated patients, are the highest priority based on experiences in similar situations in other jurisdictions.
- Working with public health agencies in surrounding jurisdictions to ensure a comprehensive regional response to the identification of this rare drug-resistant organism.

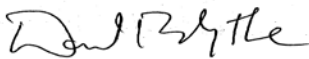
Additional information about *Candida* testing and *C. auris* colonization screening can be found at Maryland's ARLN website: <https://health.maryland.gov/laboratories/Pages/ARLNHome.aspx>.

We appreciate your attention to this important matter. Please contact us at (410) 767-6700 with any questions or concerns.

Sincerely,



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