



Candida auris in New Jersey Considerations for New Jersey Healthcare Facilities

Candida auris (*C. auris*) is an emerging multidrug-resistant yeast that has been identified in New Jersey. Retrospective laboratory reviews have identified cases of *C. auris* in New Jersey as early as June 2015 and local transmission in high-acuity healthcare facilities has been well-documented. New Jersey healthcare facilities should consider the following guidance and be prepared to identify and respond to *C. auris*.

Laboratory Identification

The Centers for Disease Control and Prevention (CDC) recommends that all yeast isolates obtained from a normally sterile site (e.g., bloodstream, cerebrospinal fluid) be identified to the species level; however, some New Jersey laboratories do not identify to the species level except for *C. albicans*, reporting positive results as either “*C. albicans*” or “*Candida spp.*, non *C. albicans*.”

- Ensure laboratories are able to identify *Candida* isolates down to the species-level, as [recommended by the CDC](#) and the [Infectious Disease Society of America \(IDSA\)](#).

The ability to identify *C. auris* varies by the laboratory identification methods that are used. *C. auris* can be misidentified, most commonly as *C. haemulonii*.

- Healthcare facilities should work with their microbiology or mycology laboratories to [know when to suspect *C. auris* based on local laboratory identification methods](#).

Infection Prevention and Control

Patients who are infected or colonized with *C. auris* are capable of shedding *C. auris* into the healthcare environment. Patients with *C. auris* can remain colonized for prolonged periods of time, perhaps indefinitely. Meticulous cleaning and disinfection are needed for both patient rooms and mobile medical equipment.

- Ensure that appropriate infection prevention and control measures for *C. auris* can be effectively implemented. Healthcare facilities should review and develop a plan for implementing the [CDC Recommendations for Infection Prevention and Control for *C. auris*](#).
- Ensure that all environmental cleaning and disinfection practices effectively address *C. auris* in the environment, including use of and adherence to manufacturer’s instructions for use of an Environmental Protection Agency (EPA)-registered hospital-grade disinfectants effective against *C. auris* or *C. difficile* spores ([List K](#)).

Treatment and Management of Candidiasis and *C. auris* Infections

Consultation with an infectious disease specialist is highly recommended when caring for patients with *C. auris* infection. CDC does not recommend treatment of *C. auris* identified from noninvasive sites (e.g., respiratory tract, urine, and skin colonization) when there is no evidence of infection. There is currently no decolonization regimen known to be effective against *C. auris*.

- Utilize the [CDC Recommendations for Treatment of *C. auris* Infections](#) if patients are identified with *C. auris* infections. Clinicians should review the [IDSA 2016 Guidelines for Management of Candidiasis](#).

Public Health Reporting

The New Jersey Department of Health (NJDOH) responds to all reports of *C. auris* in New Jersey and supports prevention efforts through surveillance testing and infection prevention and control recommendations.

- Notify the local health department and the NJDOH Communicable Disease Service at 609-826-5964 whenever *C. auris* is suspected.