NEW YORK STATE OF OPPORTUNITY. Department of Health

Candida auris in New York State

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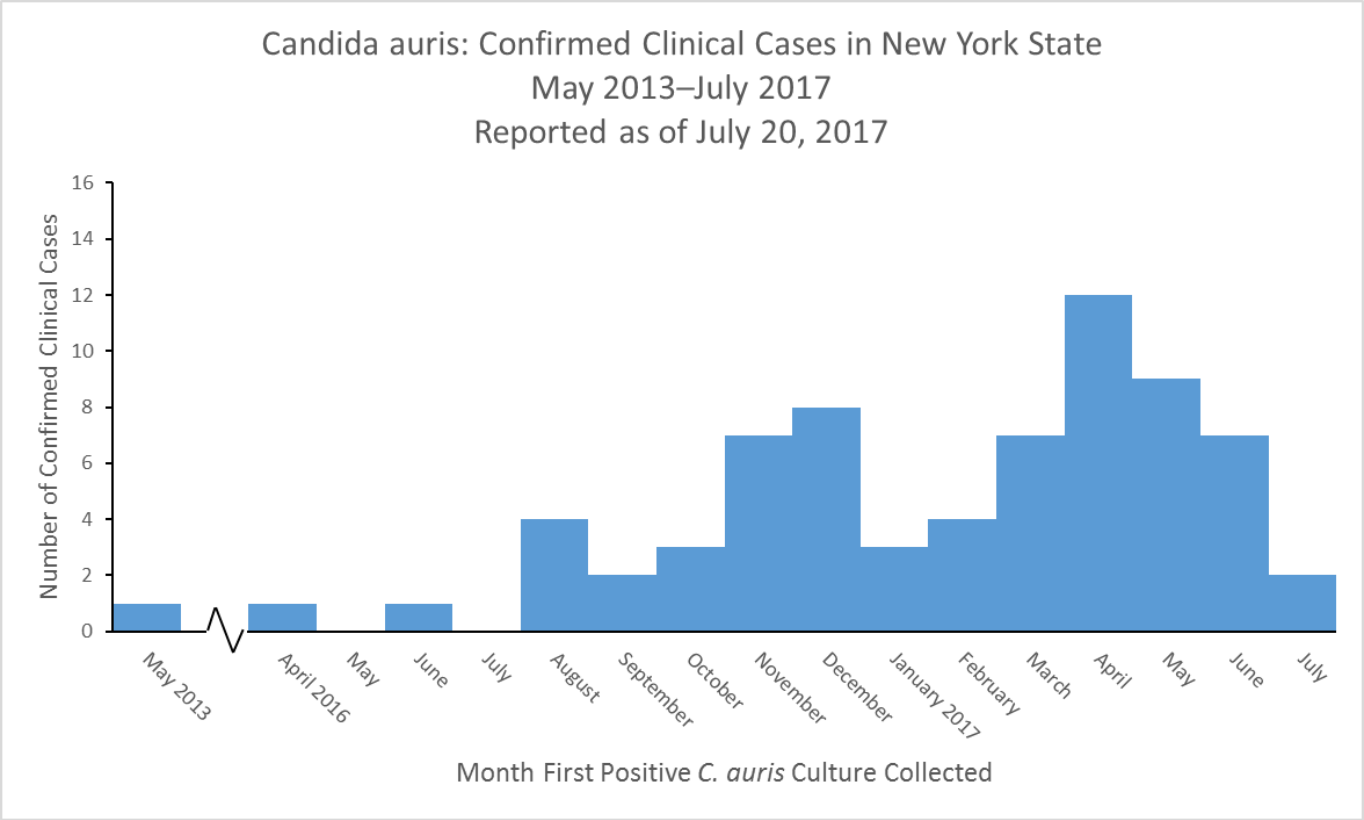
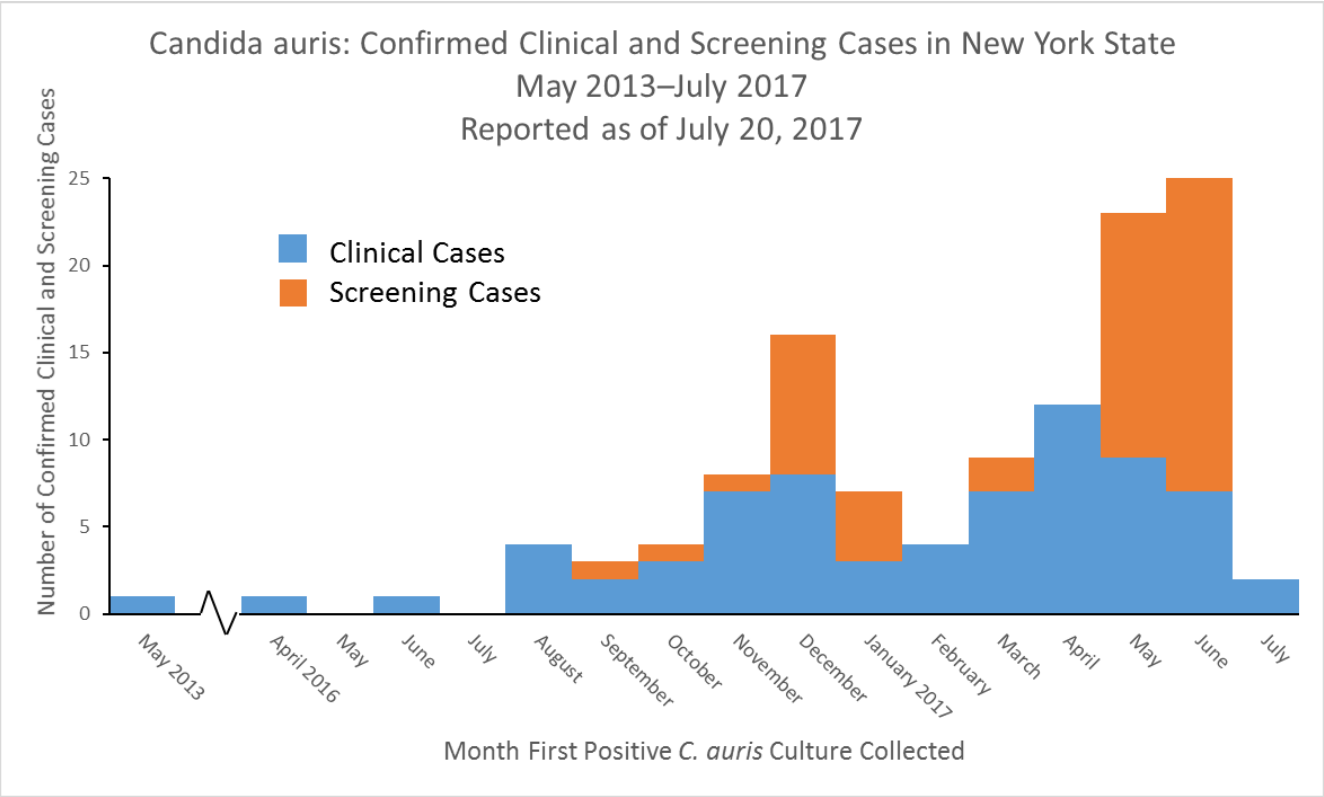
Emergence in New York State

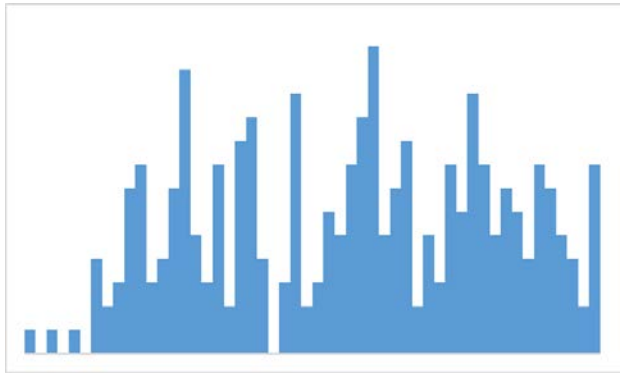
Epidemiologic Curve

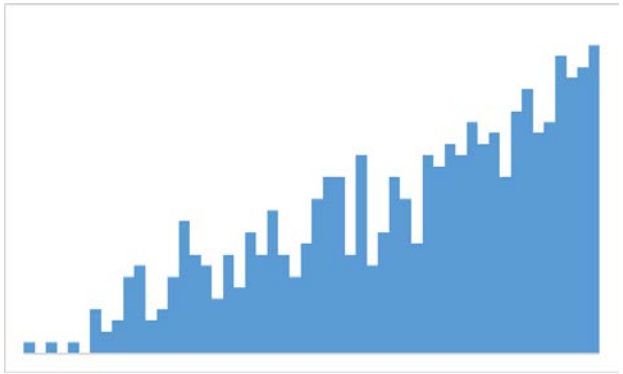


Epidemiologic Curve



The Future





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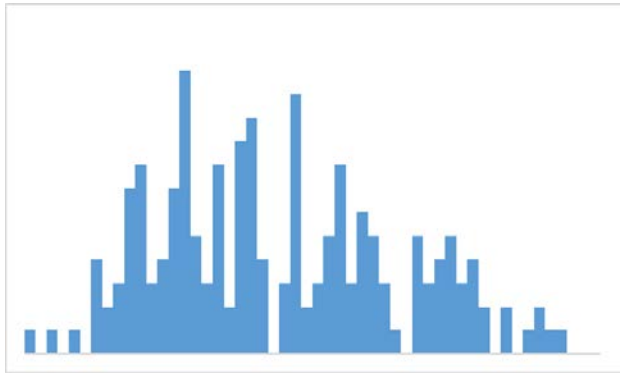
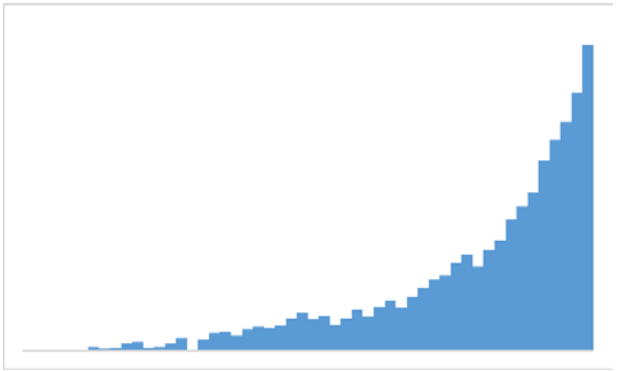




Case Counts as of July 21, 2017

- 71 clinical cases
- 66 screening cases
- 4 probable cases

- All infected persons had other serious medical conditions

Clinical Cases

- 71 Cases as of 7/21/2017
- Average age 68 (27 days to 96 years)
- 36 (51%) male
- Site of infection
  - blood 42 (59%)
  - urine 9 (13%)
  - skin/wound/tissue/abscess 6 (8%)
  - bile 4 (6%)
  - catheter tip 2 (3%)
  - ear 1 (1%)
  - other 7 (10%)

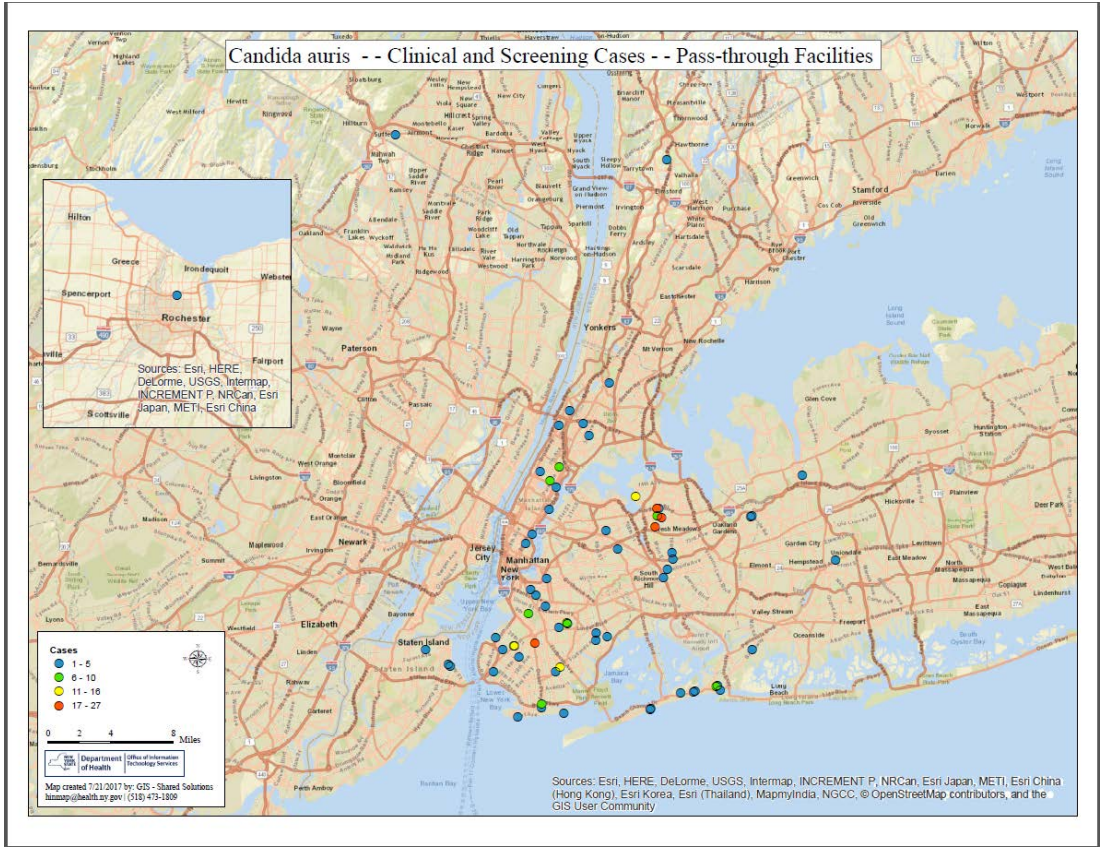
Geographic Distribution

- All but 2 diagnosed in New York City facilities
  - Greatest numbers in Brooklyn, Queens
- One diagnosed in Monroe County (Rochester)
  - Recent admission to involved NYC hospital
- One diagnosed in Westchester County
  - No obvious link to NYC facilities

Facility Involvement

- From 90 days before 1st positive culture to the present
  - 28 NYS hospitals
  - 37 NYS nursing homes
  - 1 LTACH
  - 1 Hospice
  - Additionally, 1 hospital outside the US, 1 LTACH in another state, numerous private medical offices, private homes

Geographic Distribution



Antifungal Resistance

- All but one case resistant to fluconazole
  - Variable resistance to other azoles
- Resistance seen to amphotericin B
- Only one case resistant to echinocandins
  - Recent development, NYC case
  - The resistant case's isolates were initially susceptible to echinocandins but later developed resistance, a known treatment challenge

NYSDOH Prevention and Control Activities

Goals

- Prevent transmission and further spread in affected facilities
- Define the extent of the problem
- Delay and blunt the impact of this organism in New York and the US

When We Find a Case

- NYSDOH regional epidemiologists contact facility
- Ensure appropriate infection control measures are in place
- Case investigation (e.g. medical record review, location tracking)
- Surveillance cultures of contacts (e.g. roommates)
- Point prevalence surveys of affected units
- Environmental cultures of surfaces
- Site visit

Laboratory Investigation

- Wadsworth Center
  - Support affected facilities (supplies, shipping)
  - Culture, susceptibilities, PCR
    - Isolates and also primary clinical and environmental samples

Current Activities

- Required webinar for NYC hospitals and nursing homes Thursday, May 11, 2017
- On-site reviews of hospitals and nursing homes in Brooklyn and Queens to assess compliance with infection control requirements
- Continued testing of patient and environmental samples at Wadsworth Center
- Roundtable with healthcare leadership to discuss guidelines, infection control, and *C. auris* response

Current Activities, cont.

- Point Prevalence Surveys
  - Target selected hospitals and nursing homes in affected region
  - Detect possible unrecognized *C. auris* colonization among patients and contamination in the environment
  - Evaluate response strategy
- Admission screening
  - Target high risk admissions
  - Promote early implementation of infection control precautions

Acknowledgements

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