



Candida auris in New Jersey



Patricia M. Barrett, MSD
Antimicrobial Resistance Coordinator
New Jersey Department of Health

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CSTE State Epidemiologist Call



New Jersey's experience

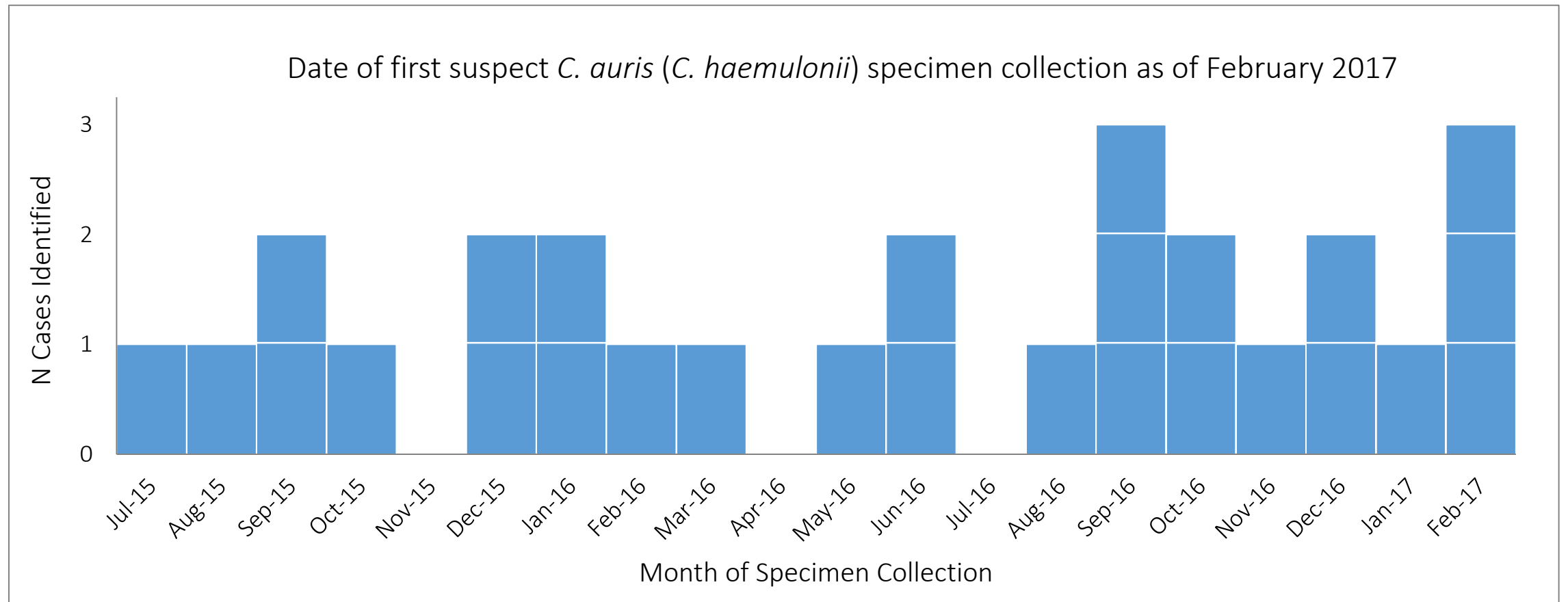
- June 2016 – January 2017
 - *C. auris* clinical alert and basic guidance
 - 5 sporadic cases
- February 2017
 - 4 new cases reported
 - Two common healthcare facility exposures identified
 - Acute care hospital (ACH) and long-term acute care hospital (LTACH)
 - Same building, laboratory, and support staff



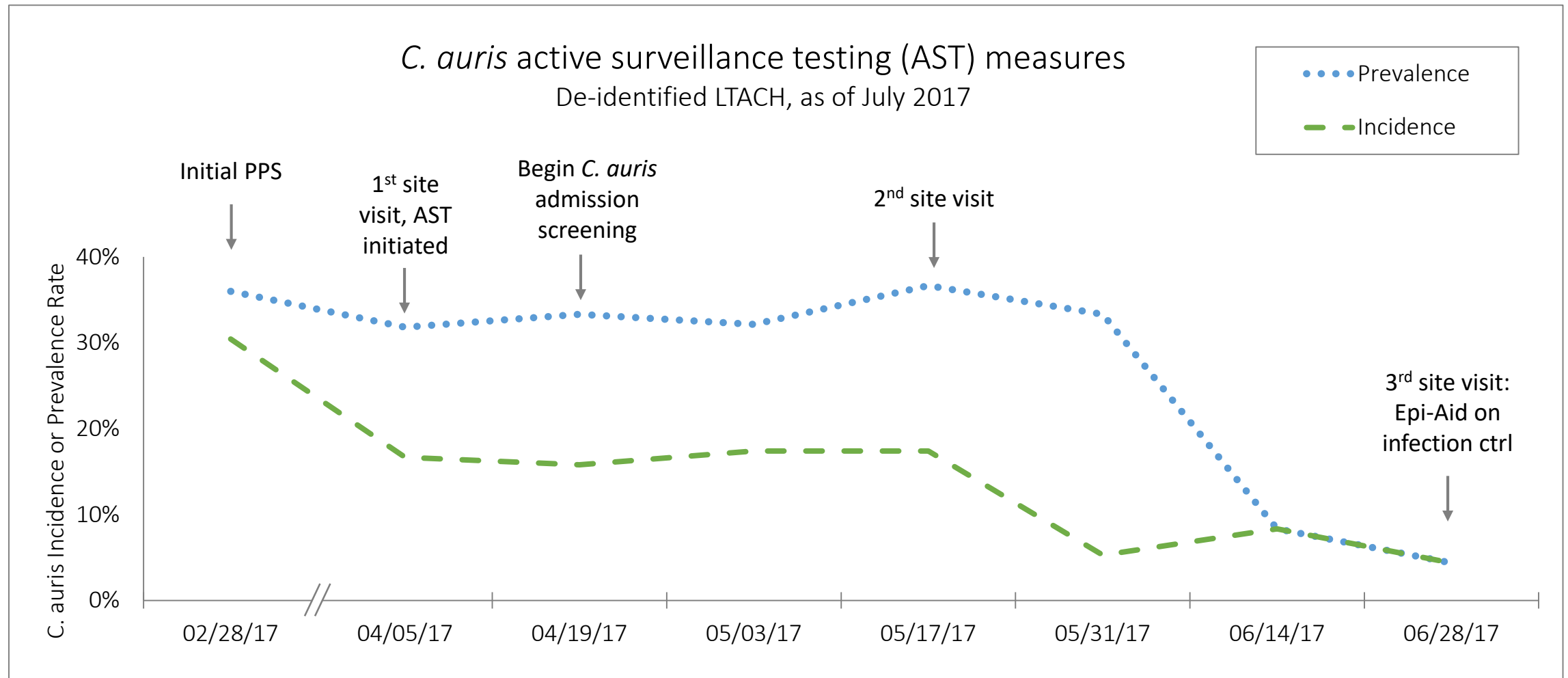
Zooming in: *C. auris* in one healthcare building

- Laboratory lookback identified 23 additional cases of *Candida haemulonii* (VITEK2 YST)
 - *C. auris* misidentification confirmed by CDC and instrument manufacturer
- Undetected outbreak beginning June 2015
- Response activities:
 - Separate and joint facility calls
 - ‘Building problem, not a facility problem’
 - Infection control site visits
 - Surveillance testing

Retrospective review for *C. auris*: Cases from one NJ hospital lab



C. auris surveillance at NJ LTACH

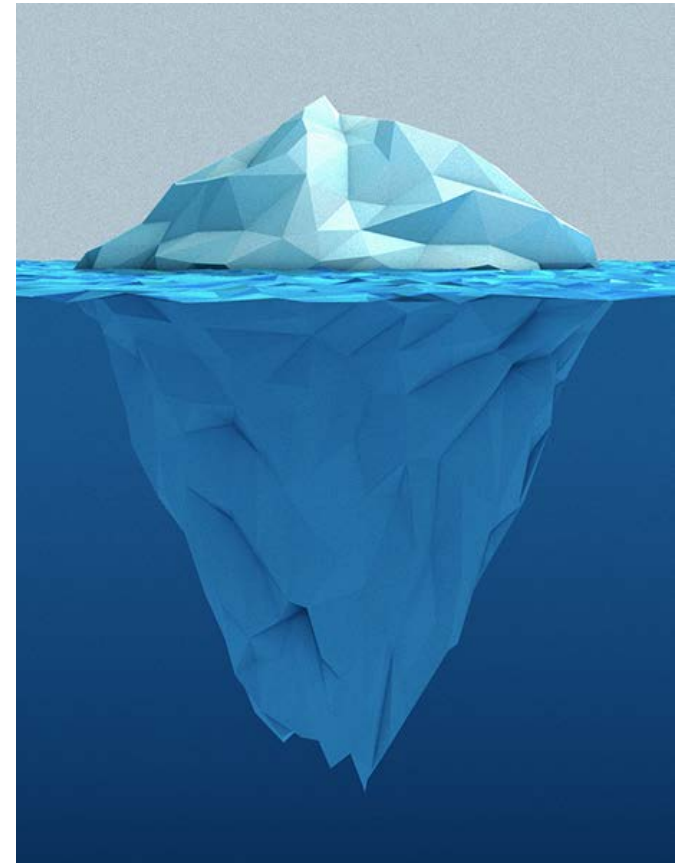


Infection control: Epi-Aid findings

- Infection Control Assessment and Response (ICAR)
 - One-site observations & education
- Hand hygiene
 - Missed opportunities in patient rooms
 - Availability of supplies
- Personal protective equipment (PPE)
 - Confusing signage
 - Staff adherence
- Environmental services (EVS)
 - Missed high-touch surfaces
 - Appropriate products
 - Contact times
 - Preparation
- Training
 - Lacking for non-medical staff (e.g. EVS, dietary)
 - Missing for visitors and patients

Zooming out: Is this the tip of the iceberg?

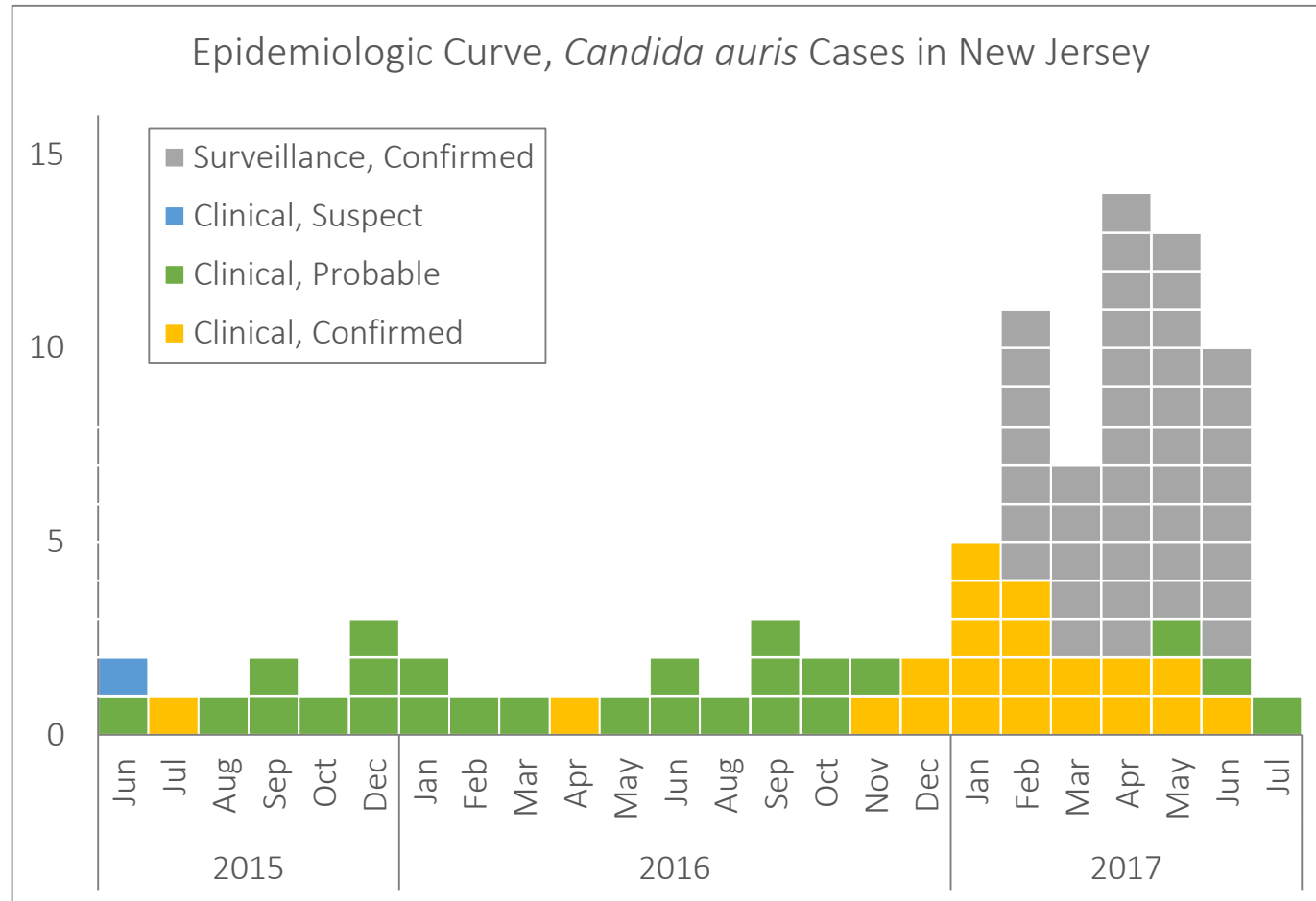
- How can we ensure that we are not missing other facilities with *C. auris*?
- Limitations
 - Volume of healthcare facilities for outreach
 - Expertise required to identify cases
- Solution: laboratory-focused outreach
 - June Epi-Aid objective
 - Understand lab common practices
 - *C. auris* records reviews



Lab outreach: Epi-Aid preliminary findings

- Online survey with one week of email and phone outreach
- Over 100 responses
 - VITEK2 YST (57%), API 20C (32%), and MALDI-TOF (25%) most common instruments
 - Reflexive *Candida* spp. identification most common in blood and sterile body isolates (89%, 85%)
 - 26% report completing a lab lookback
 - ~20 labs support the majority of micro testing, statewide
- 9 *C. auris* isolates and 2 new cases reported
- Next steps:
 - Laboratory-specific recommendations
 - Record review follow-up

Where we are today



- Epi-Aid follow-up
- Update guidance
 - Patient resources
- Increase *C. auris* team capacity
- Outreach and education
 - Webinars

Thank you!

Patricia M. Barrett, MSD

Antimicrobial Resistance Coordinator, New Jersey Department of Health

patricia.barrett@doh.nj.gov

609.826.5964