



MARYLAND Department of Health

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

August 26, 2019

Dear Colleague,

We are writing with an update on Maryland Department of Health's (MDH) ongoing investigation of the first reported case of *Candida auris* in a Maryland resident not known to have been imported from another jurisdiction. This letter describes our investigation and informs you how you can help stop the spread of *C. auris*.

C. auris is an emerging fungal infection that has caused outbreaks in healthcare settings. In most U.S. outbreaks, transmission has occurred in high-acuity post-acute care facilities, including long-term acute care hospitals and skilled nursing homes caring for patients on ventilators and/or receiving dialysis. *C. auris* is often multidrug resistant and can be misidentified as other *Candida* species with standard laboratory methods. Patients may be asymptotically colonized, can develop active infections, or both. Both colonized patients and those with active infections are capable of transmitting *C. auris* to other patients. *C. auris* is not believed to be a threat to otherwise healthy healthcare workers.

To date, the primary goals of the current investigation have been to identify additional cases and to stop transmission. MDH epidemiologists trace all possible healthcare contacts of patients colonized with *C. auris*. "Contacts" include persons who overlapped in time on the same hospital unit or in the same operating room as a known case, and persons who received wound care from the same team as a known case.

- If contacts are located in facilities similar to those where transmission has occurred in other jurisdictions, MDH notifies the facility, recommends that the patient be placed on contact precautions, and assists with collecting a skin swab to perform colonization screening by PCR at the MDH Laboratories Administration.
- If contacts are discharged home, or to a setting where transmission is less likely to occur, the contact's name is submitted to the Encounter Notification System (ENS) within the Chesapeake Regional Information System for our Patients (CRISP). Through this system, MDH epidemiologists are notified when one of these contacts is admitted to a high-risk facility. MDH contacts the admitting facility to ensure the patient is placed on contact precautions and screened appropriately.

As part of this investigation, over 600 healthcare contacts at more than 35 facilities in Maryland, Washington, D.C., and Virginia have been screened, and only 9 additional cases have been identified. Four of these were identified through the CRISP ENS process. Most additional cases have been cases of colonization rather than infection. Updated state-specific counts of clinical cases are posted to CDC's website (<https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>) on a monthly basis. Note that for *C. auris*, cases are attributed to the state in which the specimen is collected rather than the state in which the patient resides. Isolates obtained from positive cases are undergoing genetic analyses at CDC to better understand the clade(s) to which these cases belong.

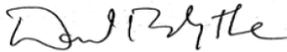
Please continue to be vigilant. Notify MDH immediately if you identify patients infected or colonized with *C. auris* **OR** other species of *Candida* that *C. auris* is frequently misidentified as (see Table here: <https://www.cdc.gov/fungal/candida-auris/recommendations.html>). Continue to ask all patients about travel and screen those with an overnight stay in a healthcare facility outside the United States in the last 12 months for *C. auris*. Free, rapid turnaround screening is available through the AR Lab Network (contact mdphl.arln@maryland.gov for assistance).

We appreciate your continued attention to this important matter. Please contact us at (410) 767-6700 with any questions or concerns. Additional information about *Candida* testing and *C. auris* colonization screening can be found at Maryland's ARLN website: <http://bit.ly/midatlanticarln>.

Sincerely,



Monique Duwell, MD, MPH
Chief, Center for Infectious Disease Surveillance and Outbreak Response



David Blythe, MD, MPH
Director, Infectious Disease Epidemiology and Outbreak Response Bureau