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05.07.2025

Emerging Threats:
Tracking *Candida auris* across Oregon and other States

Summary & Purpose

In this presentation we will :

- tell the story of the emergence of *Candida* (*Candidozyma*) *auris* in another US state
- review current *C. auris* epidemiology in Oregon, and
- provide current recommendations related to *Candida auris* in Oregon

Purpose:

The purpose of this presentation is to describe the current epidemiology of *C. auris* in Oregon, highlighting a key case study from another jurisdiction that has experienced introduction and spread. By analyzing this example, we aim to provide insight into a potential future scenarios for Oregon, emphasizing the importance of vigilance and preparedness in addressing this growing fungal threat.

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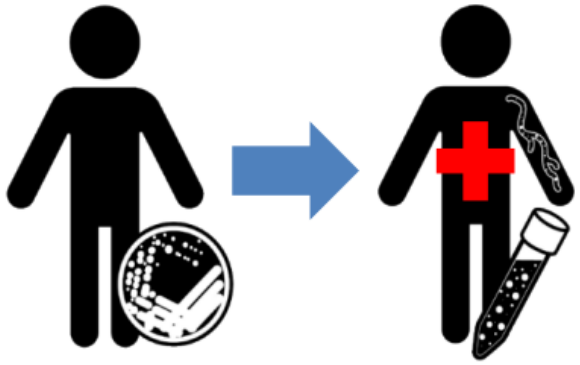
Background

Candida (Candidozyma) auris

C. auris is an emerging fungal pathogen threat

Highly drug-resistant

Spreads easily in healthcare settings



Colonization can lead to infection with poor outcomes

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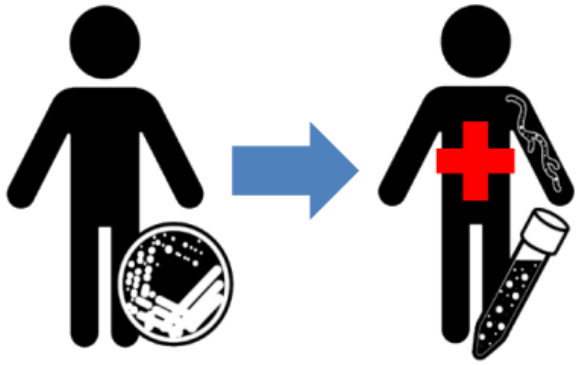

Colonization can lead to infection with poor outcomes

1 in 3 patients with invasive *C. auris* infection will die

Transmission can happen quickly

- In one outbreak, minimum contact time to acquire *C. auris* was only four hours

- Invasive infections have occurred in patients within 48 hours of admission in ICU settings

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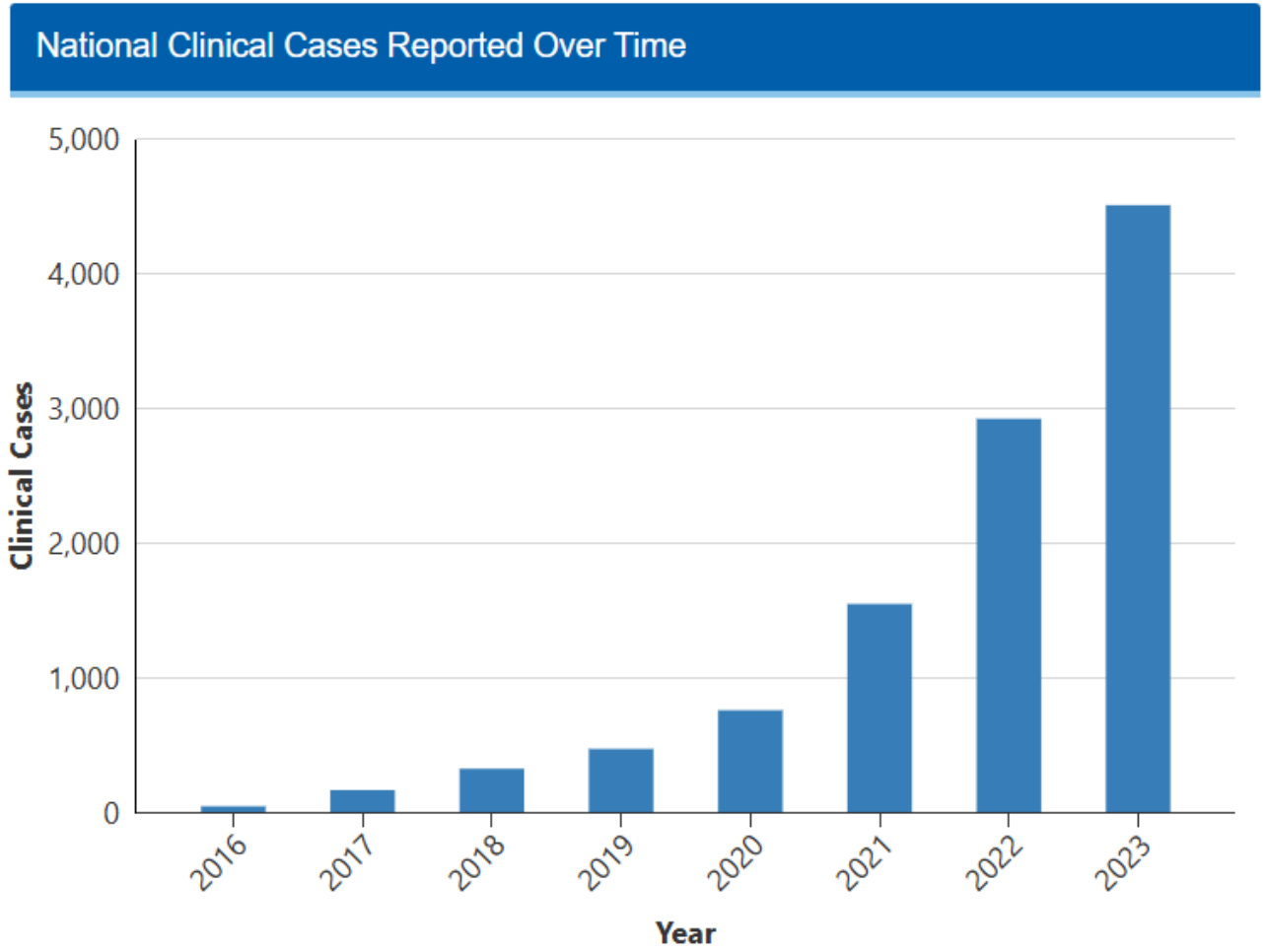
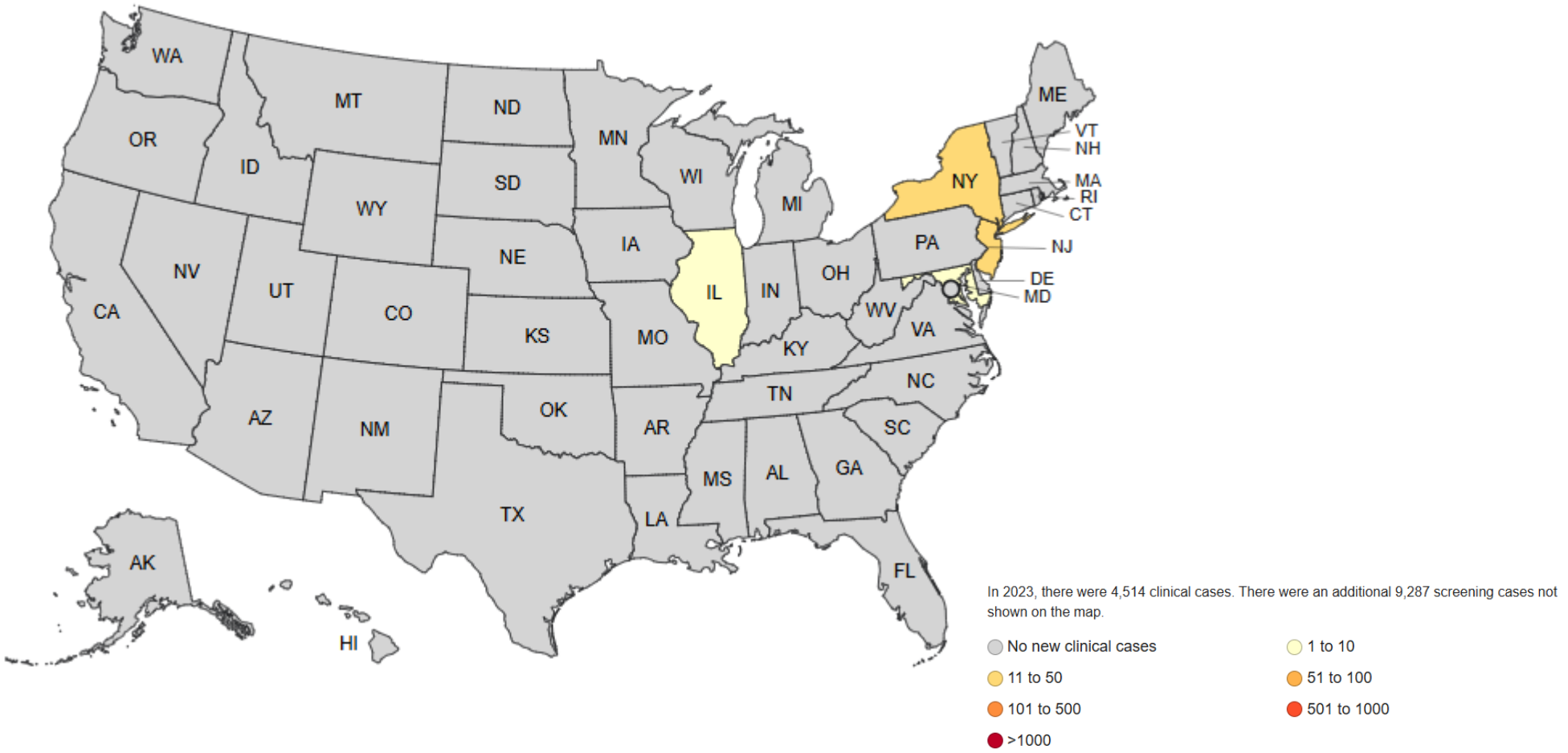
Candida auris Epidemiology

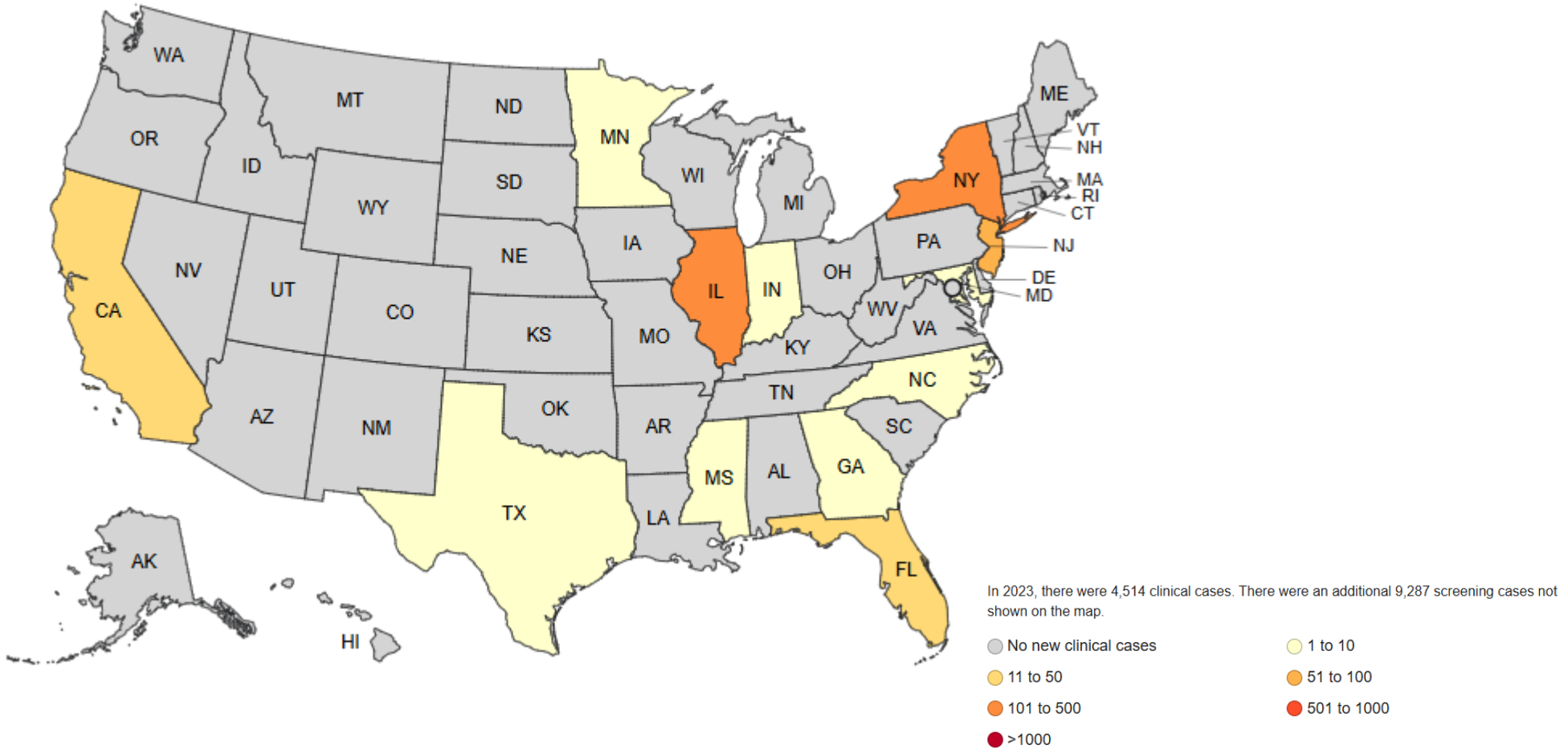
C. auris has spread rapidly across the US



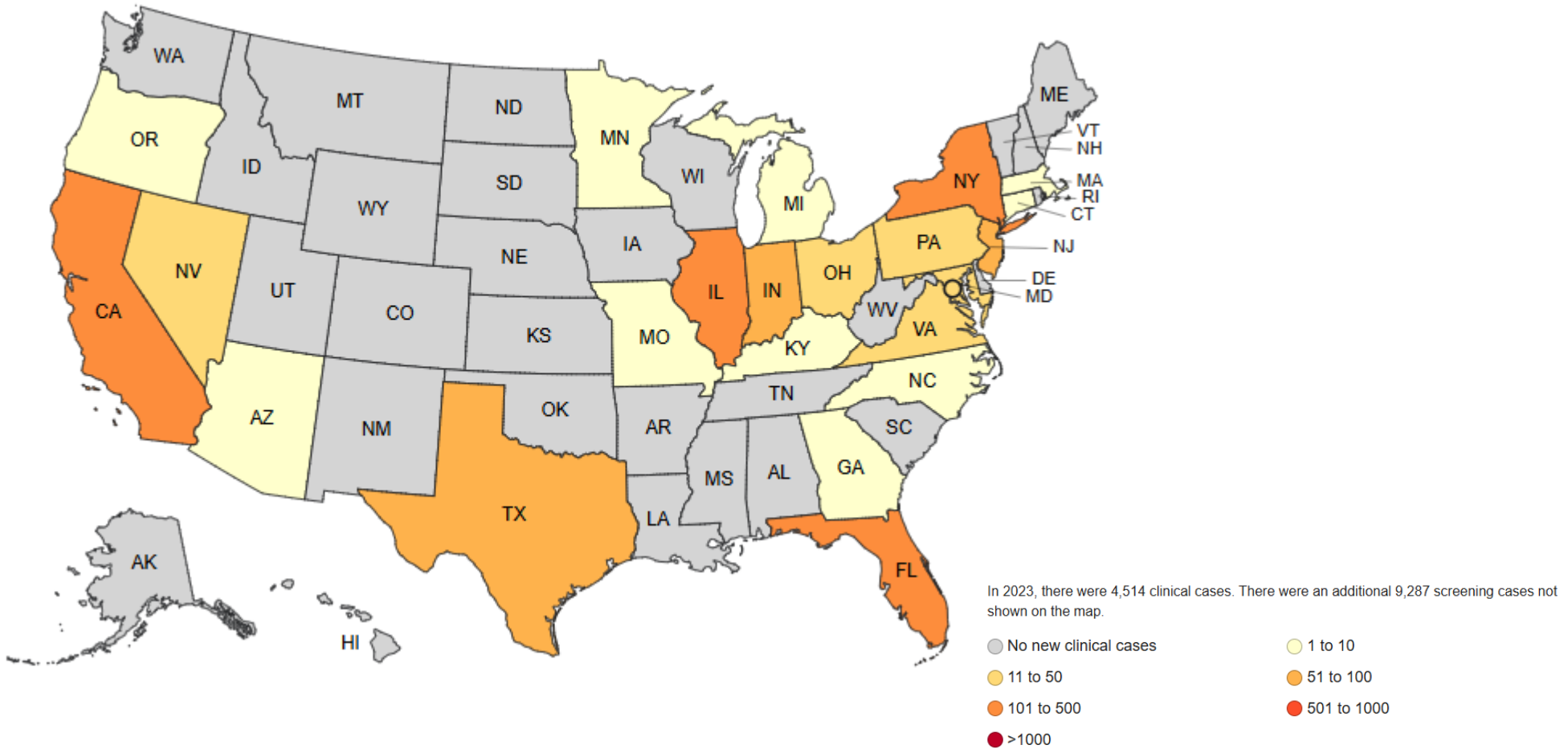
Clinical Cases of *C. auris* Reported in the U.S., 2016



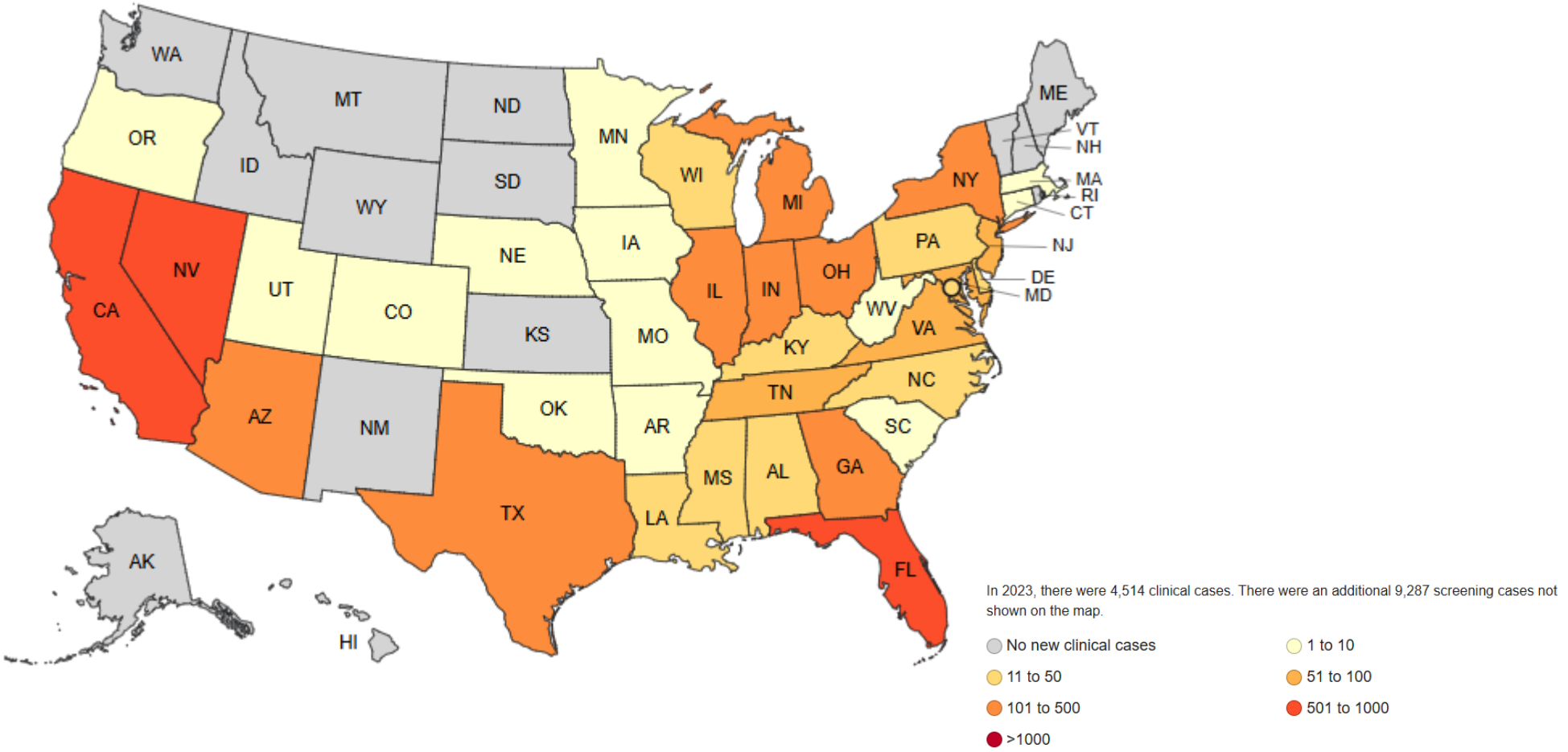
Clinical Cases of *C. auris* Reported in the U.S., 2019



Clinical Cases of *C. auris* Reported in the U.S., 2021



Clinical Cases of *C. auris* Reported in the U.S., 2023



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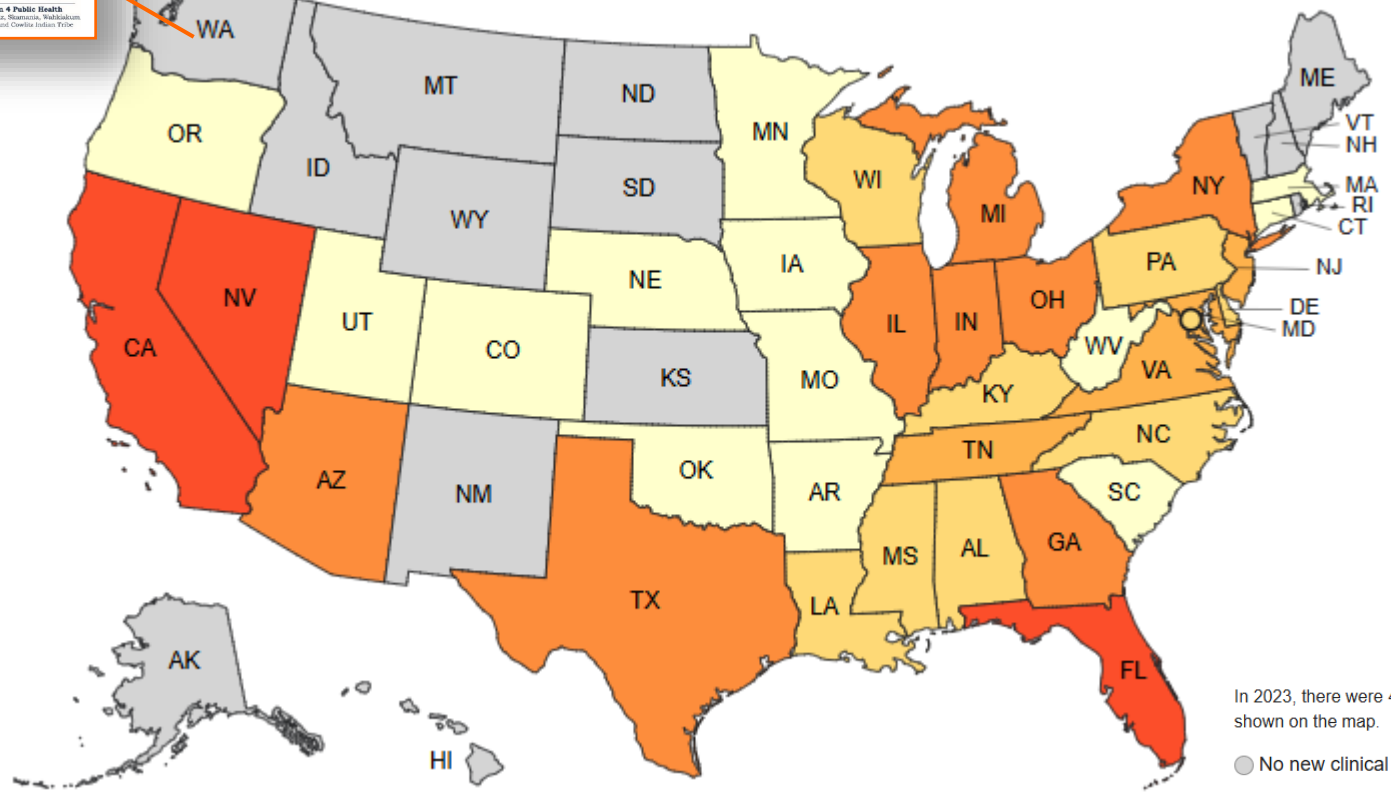
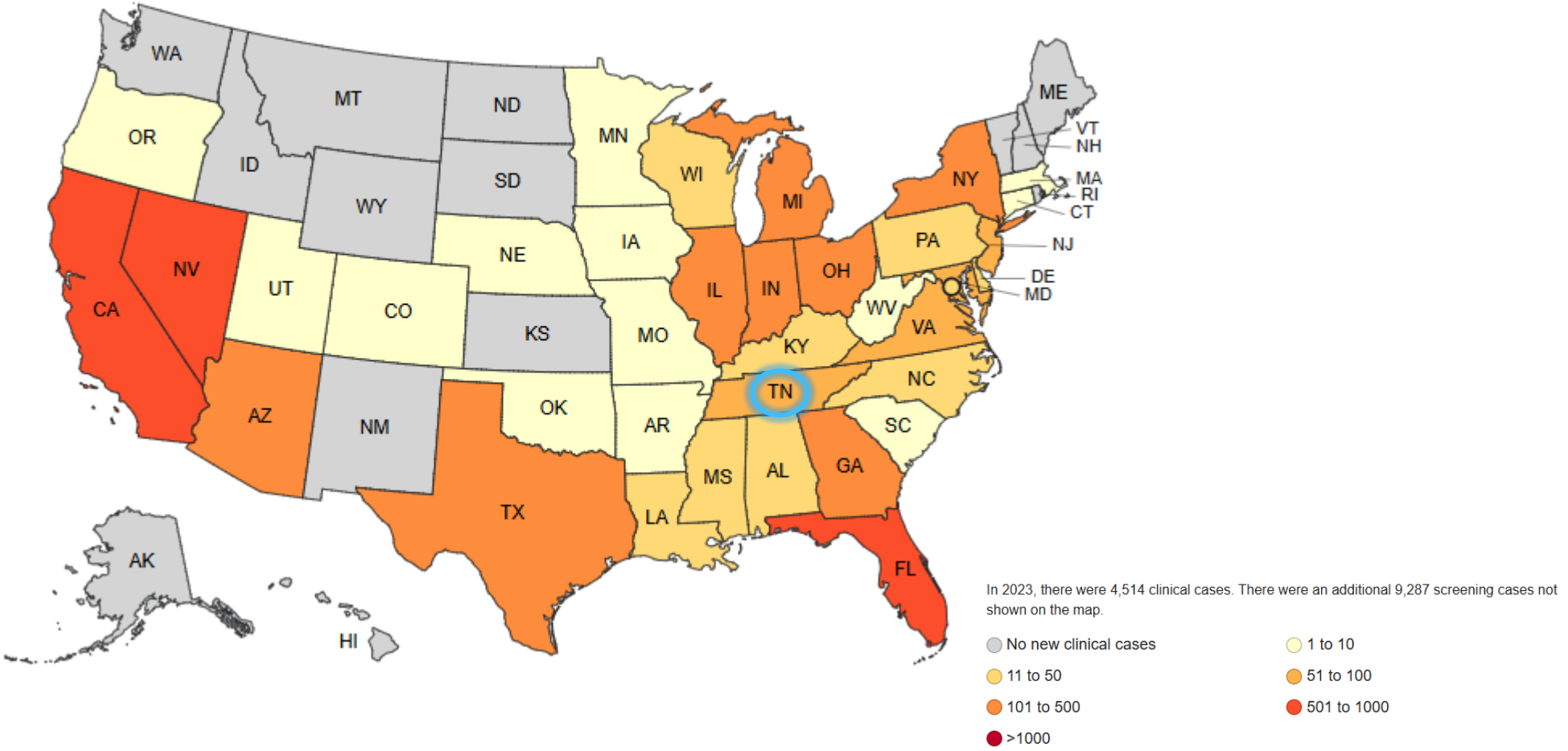


In 2023, there were 4,514 clinical cases. There were an additional 9,287 screening cases not shown on the map.

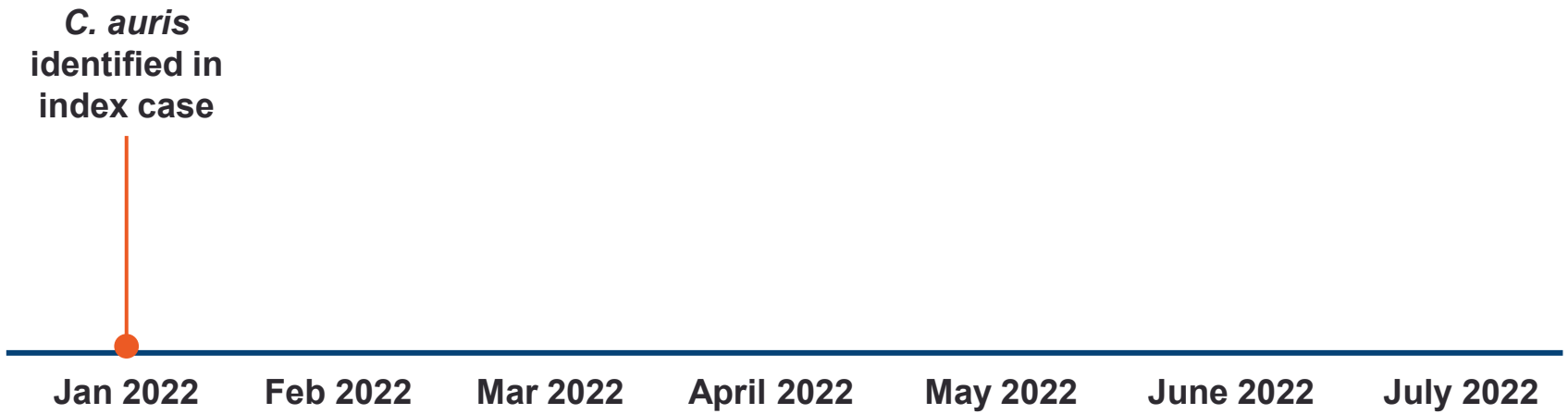
- No new clinical cases
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- >1000

Clinical Cases of *C. auris* Reported in the U.S., 2023



Tennessee

First TN *C. auris* case identified in Jan 2022



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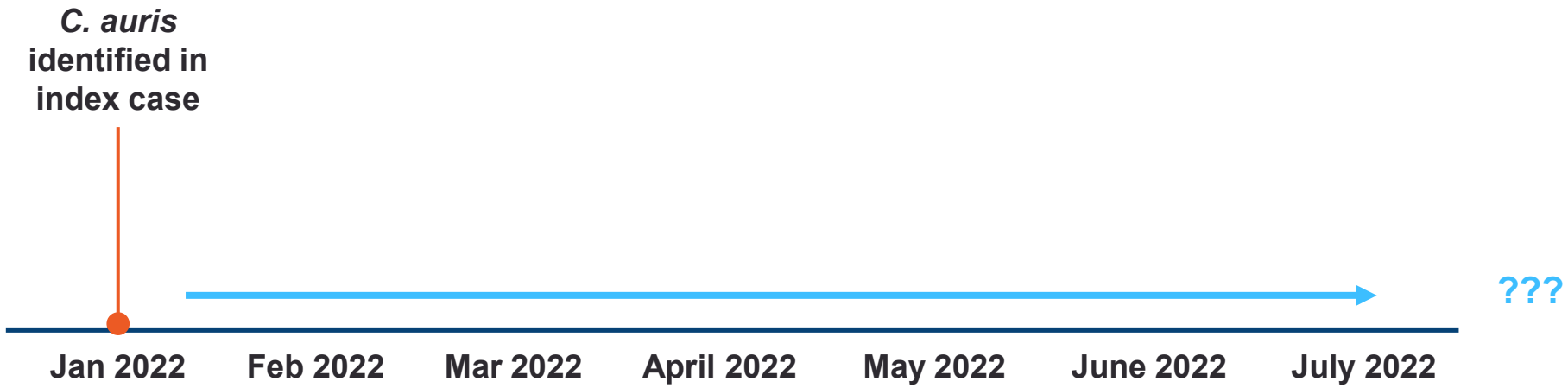

Clinical and colonization cases of *C. auris* in *Tennessee, 2022-2024*

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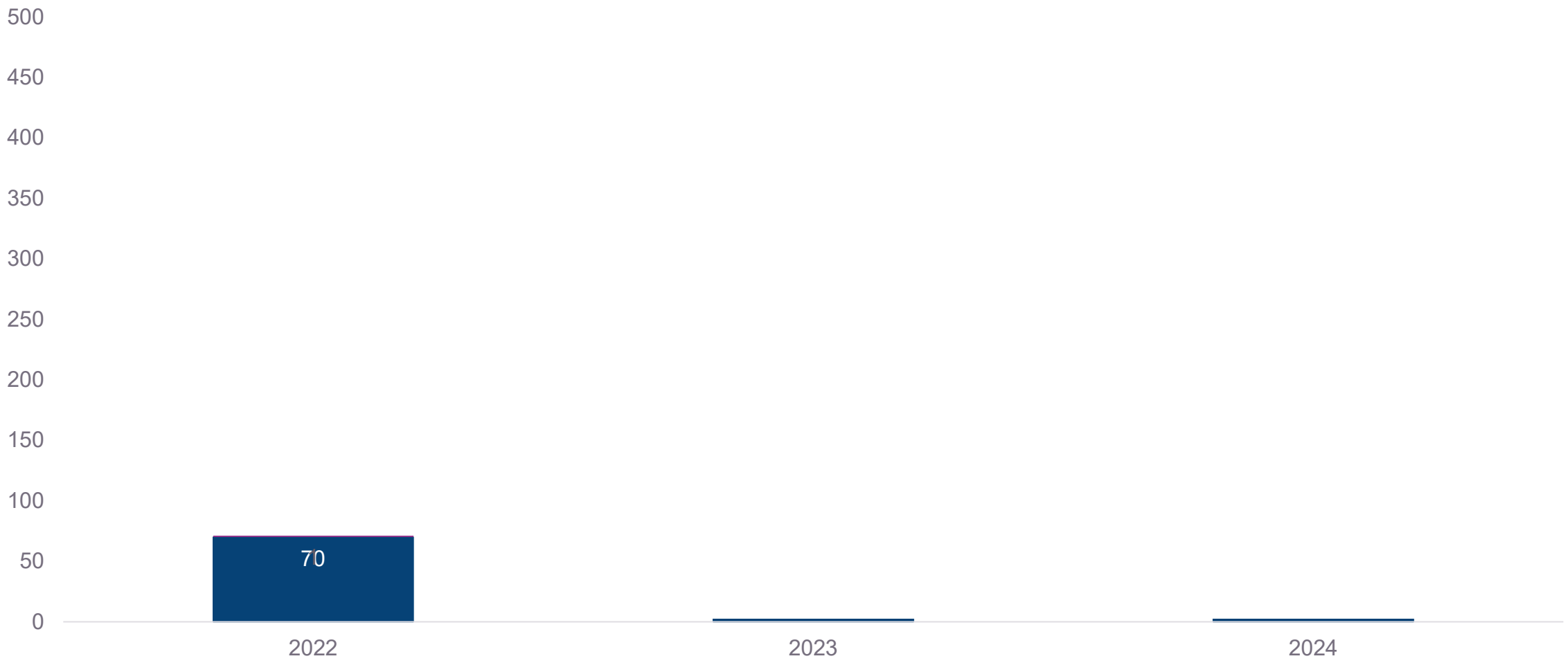
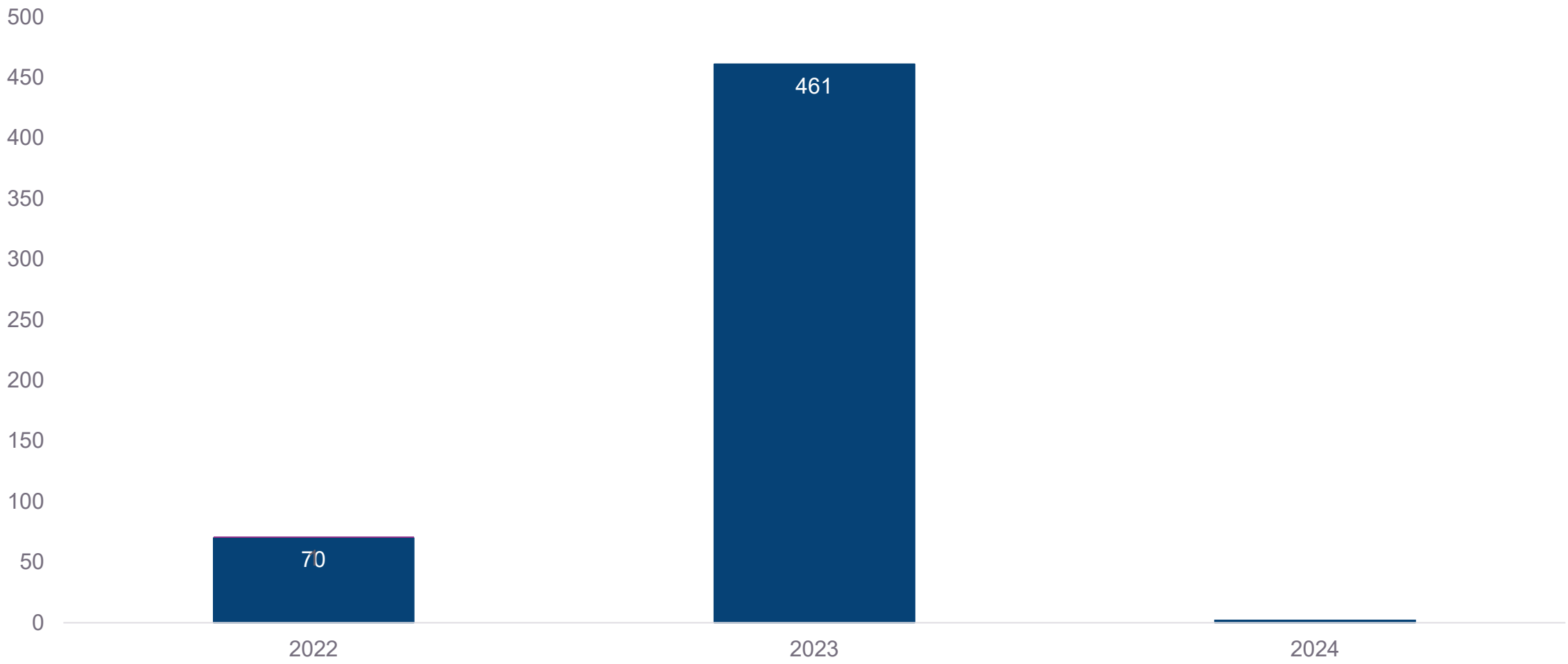


Clinical and colonization cases of *C. auris* in Tennessee, 2022-2024



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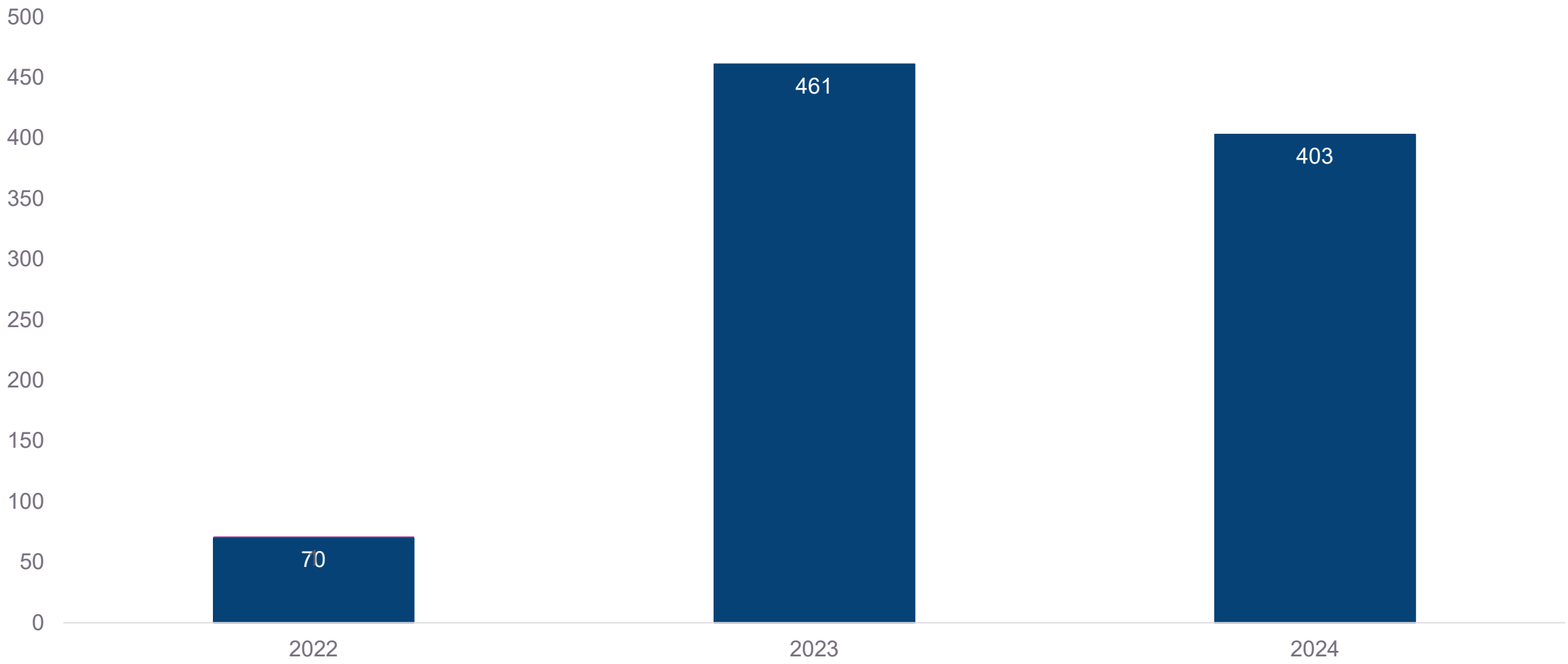

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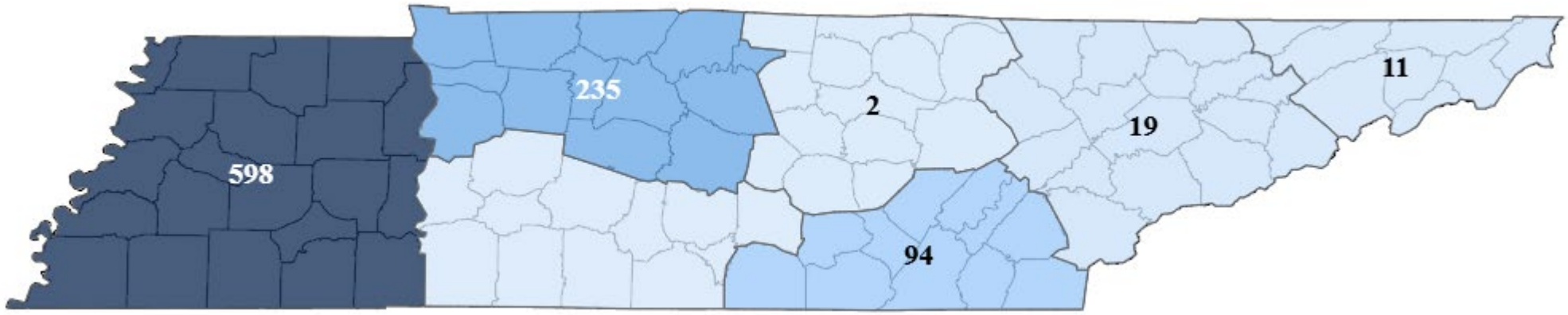

Clinical and colonization cases of *C. auris* in Tennessee, 2022-2024

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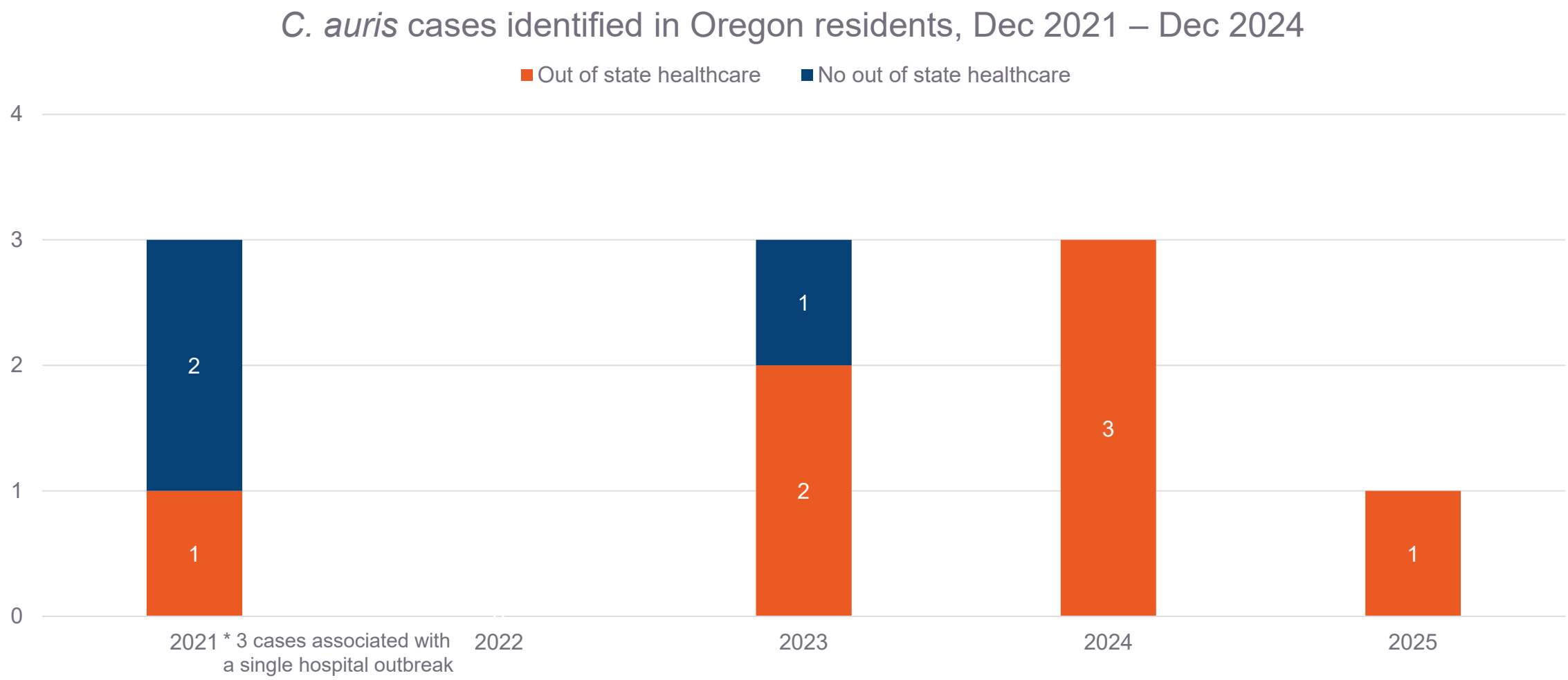
Epidemiology
C. auris in Oregon

C. auris remains rare in Oregon



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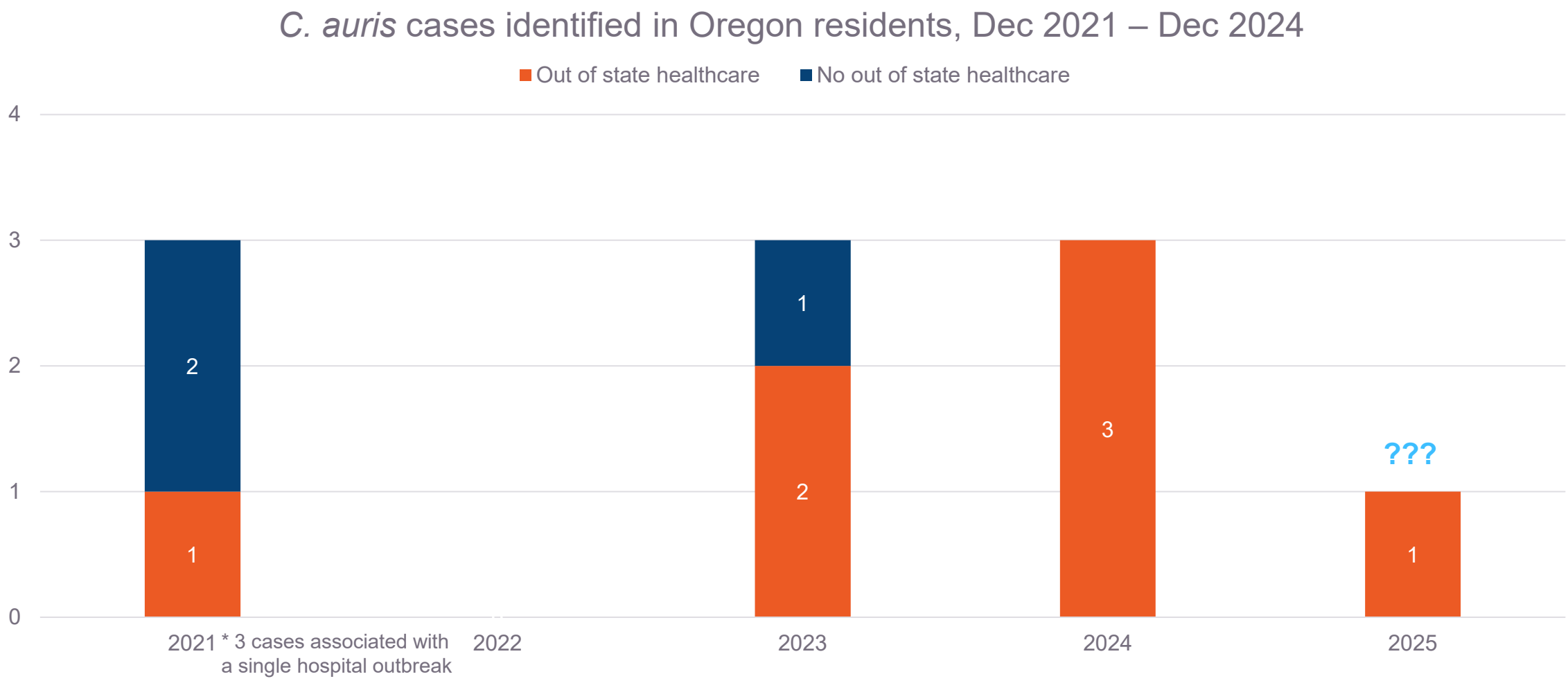

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Key Takeaways & Recommendations

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- ***C. auris*** **spreads fast and is hard to contain once it has a foothold**

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- **Healthcare facilities can safely care for *C. auris* patients**

Key Takeaways

- *C. auris* spreads fast and is hard to contain once it has a foothold
- Oregon has maintained low prevalence since introduction in 2021
- Containment is possible
- Almost all healthcare facilities can safely care for *C. auris* patients
- **Prevention, detection will be key to continued lower/slower trend**

Statewide recommendations

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All healthcare facilities should routinely use disinfectants effective against *C. auris*

- even if a case has not been identified
- See EPA list P

Hospitals should test some patients on admission

- e.g., those with recent out of state healthcare
- see Oregon interim admission screening guidance

Clinical labs should work towards being able to identify *C. auris*

- Public health lab can test/speciate clinical isolates
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Admission Screening for High-Priority Pathogens

OHA recommends testing some patients on admission to acute care hospitals for *C. auris* and carbapenemase producing organisms (CPOs), e.g., those with out of state or international hospitalization in the past year.

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Oregon facilities are participating

17+

facilities participating

When done through public health lab, free:

supplies

tests

shipping

Results

5 cases

Detected via admission screening so far
(1 C. auris, 4 CPO)

OHA recommendations for follow-up of new cases

Identified on admission:

- ✓ Report immediately
- ✓ Appropriate infection prevention measures in place
- ✓ Notify transferring facility

Identified during admission:

Single case identified during clinical care

- ✓ Report immediately
- ✓ Appropriate infection prevention measures in place
- ✓ Notify transferring facility
- ✓ Screen high-risk patients (shared room or bathroom or occupied bed space after index)
- ✓ Conduct point prevalence survey (PPS)

Transmission suspected; cluster identified

- ✓ Screen high-risk patients
- ✓ Conduct PPS at 2-week intervals until 2 rounds negative
- ✓ Identify all patients overlapping with index; screen upon readmission or at receiving facility if discharged

Thank you

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Public Health Division
Acute & Communicable Disease Prevention (ACDP) Section
Healthcare-Associated Infection (HAI) Program
Email: hai@odsoha.oregon.gov

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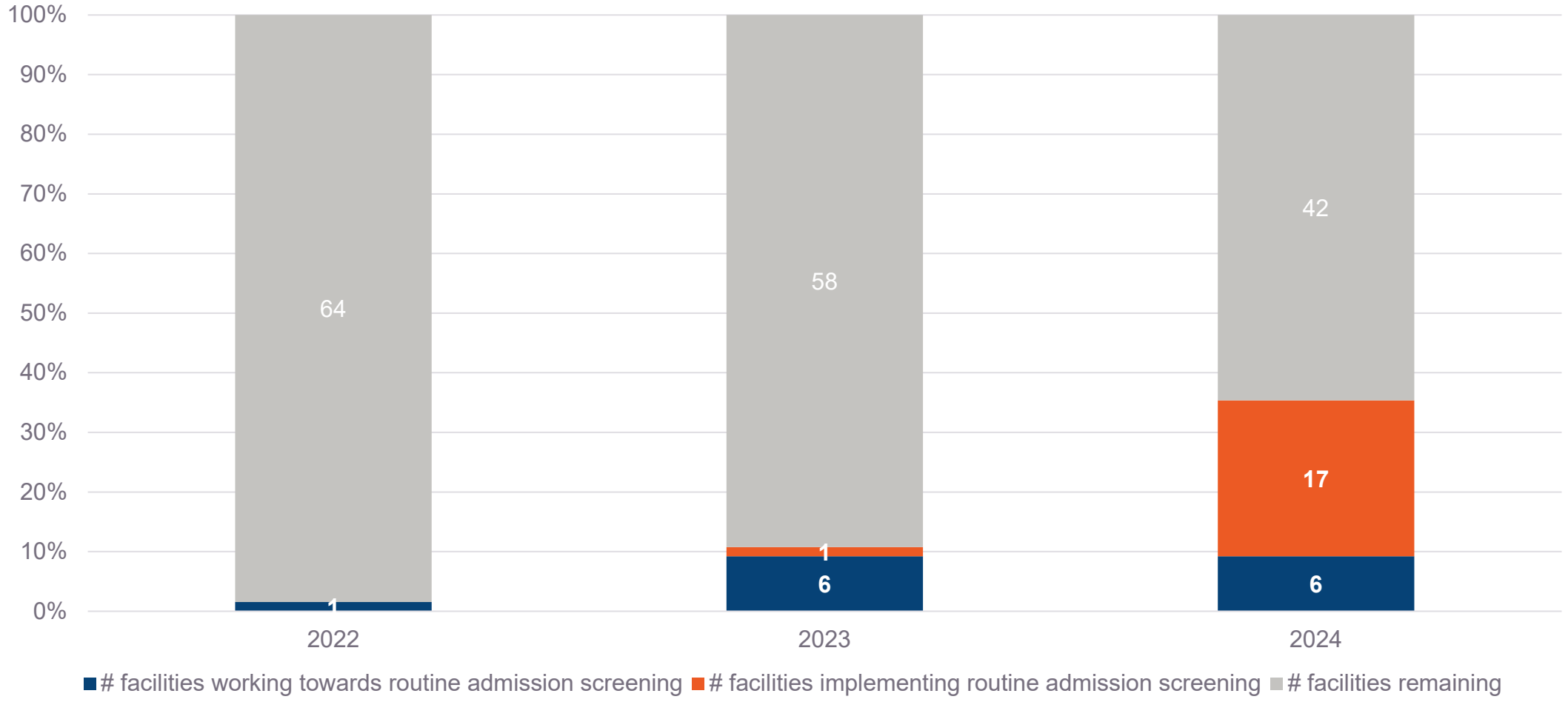
Supplemental Slides

Resources

- EPA List P: disinfectants effective against *C. auris*
- OHA Interim Admission Screening Guidance
- CDC Identification of *C. auris* for laboratories
- OHA *C. auris* Investigative Guidelines
- CDC *C. auris* Infection Prevention

Many Oregon hospitals are working towards or already implementing admission screening



CA Patient Transfer Network