



## *Candida auris*

### Tracking *Candida auris*

**i** Notice: *C. auris* tracking updates may be delayed due to the COVID-19 response.

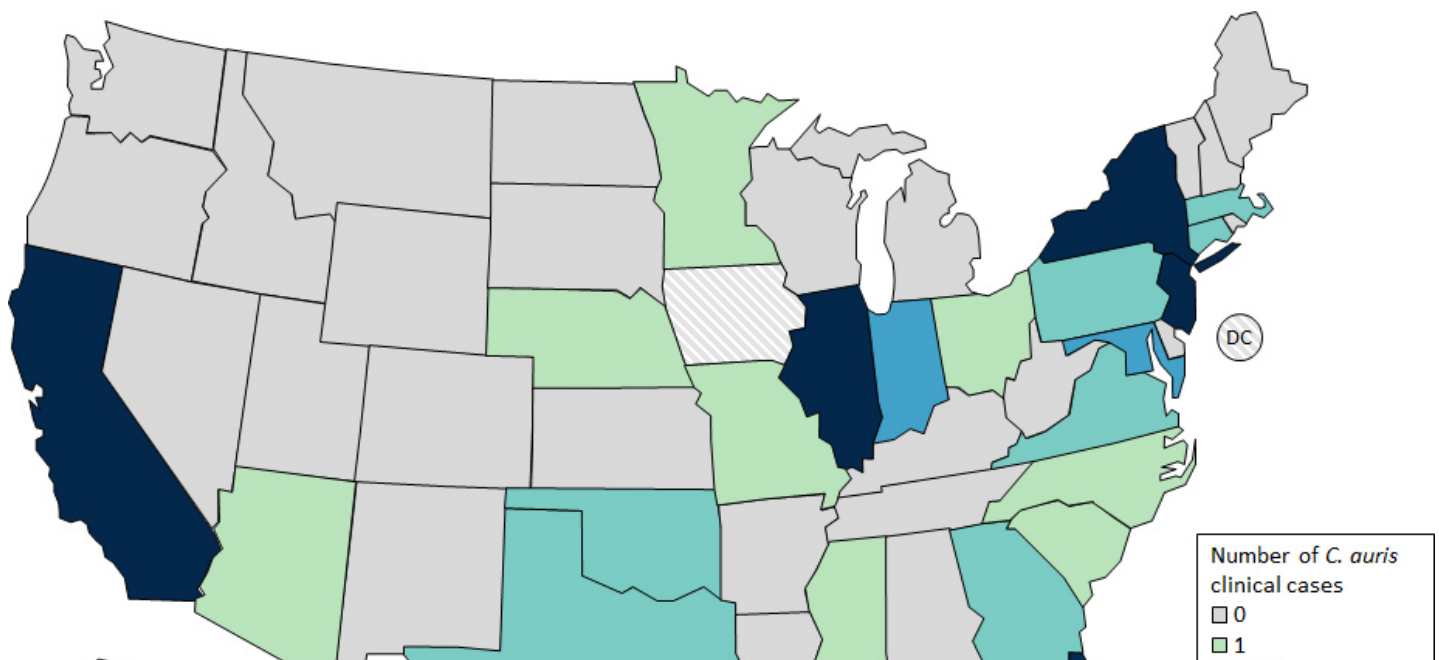
*Candida auris* is an emerging fungus that presents a serious global health threat. *C. auris* causes severe illness in hospitalized patients in several countries, including the United States. Patients can remain colonized with *C. auris* for a long time and *C. auris* can persist on surfaces in healthcare environments. This can result in spread of *C. auris* between patients in healthcare facilities.

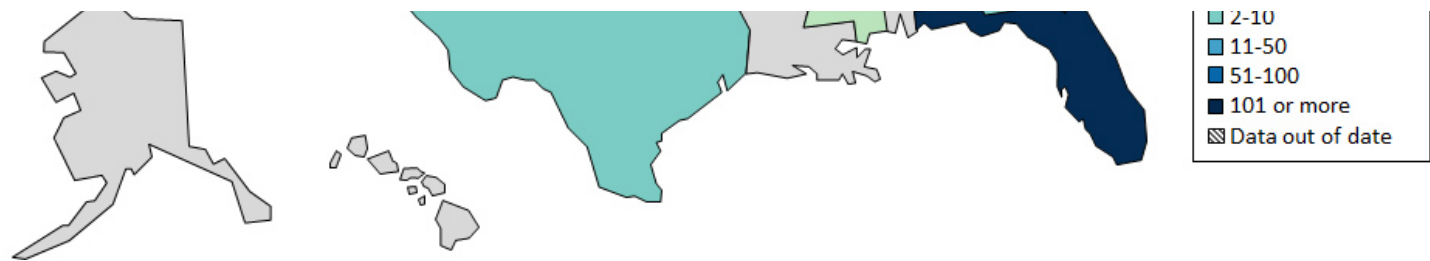
Strains of *C. auris* in the United States have been linked to other parts of the world. U.S. *C. auris* cases are a result of inadvertent introduction into the United States from a patient who recently received healthcare in a country where *C. auris* has been reported or a result of local spread after such an introduction.

*Candida auris* was made nationally notifiable at the 2018 Council for State and Territorial Epidemiologists (CSTE) Annual Conference. For the updated case definition and information on the nationally notifiable condition status, please see the [2018 CSTE position statement](#)  [PDF - 16 pages] .

To view the NNDSS HL7 Healthcare-Associated Infections, Multidrug-Resistant Organisms (HAI MDRO) Message Mapping Guide, which includes *C. auris* and CP-CRE, visit [MMGs and Artifacts](#).

#### U.S. Map: Clinical cases of *Candida auris* reported by U.S. states, as of November 30, 2020





Cases are categorized by the state where the specimen was collected. Most [probable cases](#) were identified when laboratories with current cases of *C. auris* reviewed past microbiology records for *C. auris*. Isolates were not available for confirmation. Early detection of *C. auris* is essential for containing its spread in healthcare facilities.

### Clinical cases of *Candida auris* reported by U.S. states, as of November 30, 2020

State	Number and type of clinical <i>Candida auris</i> cases reported	
	Total	
Arizona	1	0
California	117	0
Connecticut	2	0
Florida	106	0
Georgia	2	0
Illinois	411	4
Indiana	21	0
Iowa*	1	0
Maryland	17	0
Massachusetts	9	0
Minnesota	1	0
Mississippi	1	0
Missouri	1	0
Nebraska	1	0
New Jersey	202	22
New York	681	4



<b>North Carolina</b>	1	0
<b>Ohio</b>	1	0
<b>Oklahoma</b>	2	0
<b>Pennsylvania</b>	3	0
<b>South Carolina</b>	1	0
<b>Texas</b>	7	0
<b>Virginia</b>	6	0
<b>Washington DC*</b>	0	0
<b>TOTAL*</b>	1,595	30

\* Data may be out of date.



Beyond the clinical case counts reported above, an additional 3,172 patients have been found to be colonized with *C. auris* by targeted screening in 19 jurisdictions.

**CDC will update case counts monthly.**

## What are clinical cases?



Cases are classified according to definitions established by the [Council of State and Territorial Epidemiologists](#)  [\[PDF - 13 pages\]](#) . Clinical cases are based on cultures or culture-independent diagnostic testing from specimens collected during the course of clinical care for the purpose of diagnosing or treating disease. Confirmed clinical cases are those with isolates that have been confirmed as *C. auris* in the laboratory.

## What are probable clinical cases?

Cases are classified according to definitions established by the [Council of State and Territorial Epidemiologists](#)  [\[PDF - 13 pages\]](#) . Probable clinical cases are those with presumptive laboratory evidence and evidence of epidemiologic linkage (e.g., *Candida haemulonii* identified in a patient from a facility with other known *C. auris* cases, but the isolate was not available for confirmatory testing or has not yet undergone further testing).

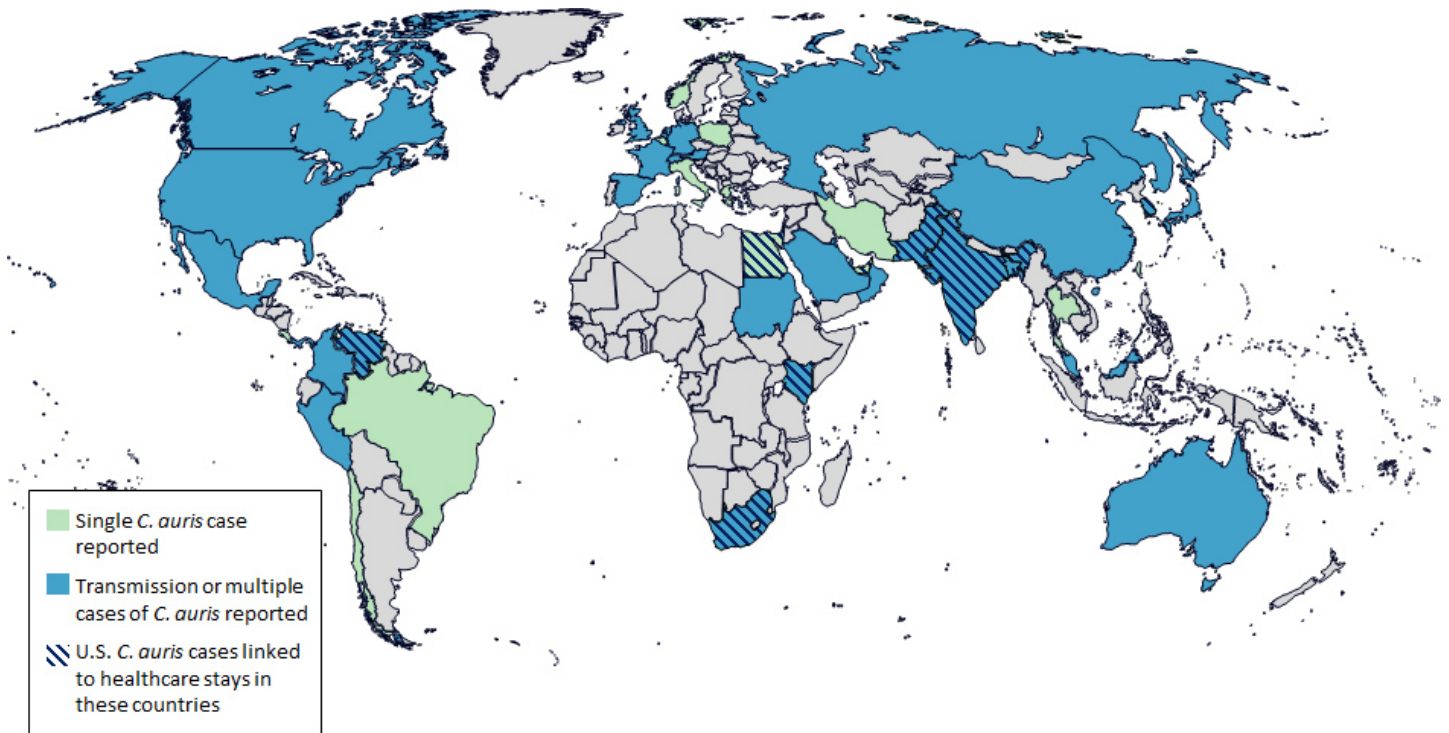
Certain laboratory methods commonly misidentify *C. auris*. Most frequently, *C. auris* is misidentified as *C. haemulonii*, though other misidentifications have occurred. CDC has developed [identification](#), [treatment](#), and [infection control](#) recommendations to help prevent the spread of *C. auris*.

## What are colonization/screening cases?

Cases are classified according to definitions established by the [Council of State and Territorial Epidemiologists](#)  [\[PDF - 13 pages\]](#) . Screening is when swabs are collected from patients to determine whether or not they may unknowingly be carrying the organism somewhere on their bodies without signs of active infection. Colonization means that these patients are found to be carrying *C. auris* on their bodies, even though they are not sick with the infection. This targeted screening work was conducted as part of an effort to control the spread of *C. auris*.

CDC encourages all U.S. laboratories that identify *C. auris* to notify their state or local public health authorities and CDC at [candidaauris@cdc.gov](mailto:candidaauris@cdc.gov). CDC is working closely with public health and healthcare partners to prevent and respond to *C. auris* infections. The CDC-sponsored Antibiotic Resistance Laboratory Network (ARLN) will help improve detection and response to *C. auris* nationwide.

## Countries from which *Candida auris* cases have been reported, as of January 13, 2021



- Single cases of *C. auris* have been reported from Austria, Belgium, Brazil, Chile, Costa Rica, Egypt, Greece, Italy, Iran, Norway, Poland, Taiwan, Thailand, and the United Arab Emirates.
- Multiple cases of *C. auris* have been reported from Australia, Bangladesh, Canada, China, Colombia, France, Germany, India, Israel, Japan, Kenya, Kuwait, Malaysia, Mexico, the Netherlands, Oman, Pakistan, Panama, Peru, Qatar, Russia, Saudi Arabia, Singapore, South Africa, South Korea, Spain, Sudan, Switzerland, the United Kingdom, the United States, and Venezuela; in some of these countries, extensive transmission of *C. auris* has been documented in more than one hospital.
- U.S. cases of *C. auris* have been found in patients who had recent stays in healthcare facilities in Egypt, India, Kenya, Kuwait, Pakistan, South Africa, South Korea, the United Arab Emirates, and Venezuela, which also have documented cases.
- Other countries not highlighted on this map may also have undetected or unreported *C. auris* cases.

Page last reviewed: January 13, 2021

Content source: Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Foodborne, Waterborne, and Environmental Diseases (DFWED)