



Tracking *Candida auris*

Candida auris is an emerging fungus that presents a serious global health threat. CDC’s Mycotic Diseases Branch tracks the number of *C. auris* cases in the United States over time to assess the impact of prevention strategies and inform public health practices. In the United States, most cases of *C. auris* result from local spread within and among healthcare facilities in the same city or state. However, healthcare facilities should be on the lookout for new introductions of *C. auris* from patients who received healthcare elsewhere in the United States or abroad in areas with *C. auris* transmission.

This information is based on *C. auris* case counts provided by local and state health departments to the CDC every month. This data is summarized in the maps and data tables below and includes clinical *C. auris* cases from 2013, the year of the earliest known US case.

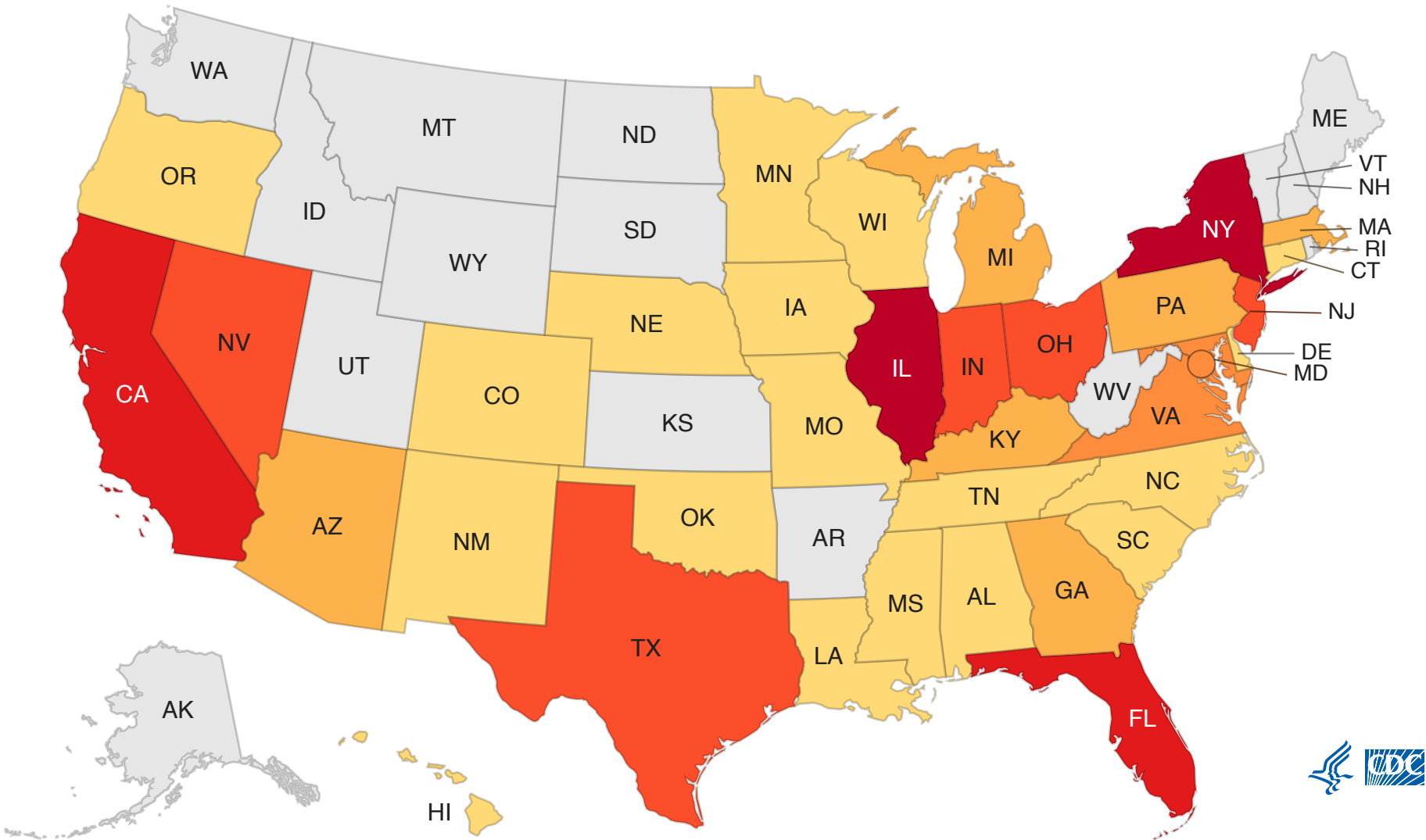
Details on [how this data is tracked](#), a [summary of the *C. auris* case definition](#), and [CDC’s recommendations to facilities tracking *C. auris* cases](#) are provided below.

C. auris tracking data

All years

Apply Filters

Reset All





☐ 101 to 500

☐ 501 to 1000

☐ 1001 or more

Download Data (CSV)

Data Table			
Location	Any C. auris Cases	Total Clinical Cases	
<input type="radio"/> Alabama	yes	6	
<input type="radio"/> Arizona	yes	20	
<input type="radio"/> California	yes	813	
<input type="radio"/> Colorado	yes	1	
<input type="radio"/> Connecticut	yes	3	
<input type="radio"/> Delaware	yes	5	
<input type="radio"/> District Of Columbia	yes	62	
<input type="radio"/> Florida	yes	683	
<input type="radio"/> Georgia	yes	24	
<input type="radio"/> Hawaii	yes	1	
<input type="radio"/> Illinois	yes	1,044	
<input type="radio"/> Indiana	yes	177	
<input type="radio"/> Iowa	yes	1	
<input type="radio"/> Kentucky	yes	29	
<input type="radio"/> Louisiana	yes	10	
<input type="radio"/> Maryland	yes	97	
<input type="radio"/> Massachusetts	yes	17	
<input type="radio"/> Michigan	yes	35	
<input type="radio"/> Minnesota	yes	3	
<input type="radio"/> Mississippi	yes	6	
<input type="radio"/> Missouri	yes	2	
<input type="radio"/> Nebraska	yes	1	
<input type="radio"/> Nevada	yes	408	
<input type="radio"/> New Jersey	yes	419	
<input type="radio"/> New Mexico	yes	1	
<input type="radio"/> New York	yes	1,325	
<input type="radio"/> North Carolina	yes	1	
<input type="radio"/> Ohio	yes	111	
<input type="radio"/> Oklahoma	yes	2	
<input type="radio"/> Oregon	yes	2	
<input type="radio"/> Pennsylvania	yes	49	
<input type="radio"/> South Carolina	yes	1	
<input type="radio"/> Tennessee	yes	8	
<input type="radio"/> Texas	yes	224	
<input type="radio"/> Virginia	yes	62	
<input type="radio"/> Wisconsin	yes	1	

C. auris was [made nationally notifiable in 2018](#)  [\[PDF – 17 pages\]](#) . Therefore, in [states where *C. auris* is reportable](#), state and local public health departments should report cases to the [National Notifiable Diseases Surveillance System \(NNDSS\)](#). [NNDSS data on *C. auris*](#) are available through CDC WONDER and [data.CDC.gov](#), but the data are incomplete because many states have not yet begun to submit *C. auris* data to NNDSS. Therefore, the case counts on this web page are more comprehensive than the NNDSS data. However, this web page relies on public health departments' voluntary reporting of cases to CDC, so there may still be other *C. auris* cases that are unreported or undetected. In addition, case counts on this web page may differ from NNDSS data because NNDSS counts cases by residence state.

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

How cases are counted

What are clinical cases?

Clinical cases of *C. auris* are classified according to the [surveillance case definition](#) established by the Council of State and Territorial Epidemiologists. 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. Cases are categorized by the state of the healthcare facility where the specimen was collected. [Clinical cases](#) include both confirmed and probable cases.

What are colonization/screening cases?

Colonization/screening cases of *C. auris* are classified according to the [surveillance case definition](#) established by the Council of State and Territorial Epidemiologists. Screening is when swabs are collected from patients to determine whether or not they may 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. [Screening](#) patients for *C. auris* colonization may be recommended when transmission or colonization of *C. auris* is suspected, to control the spread.

How facilities can help track and respond to *C. auris* cases

CDC is working closely with public health and healthcare partners to prevent and respond to *C. auris* infections. CDC encourages all U.S. laboratories that identify *C. auris* to notify their state or local public health authorities. State and local public health authorities can notify CDC about *C. auris* cases by emailing candidaauris@cdc.gov. CDC's [AR Lab Network](#) is available for assistance with *C. auris* identification and screening, to help improve detection and response to *C. auris* nationwide.