

Candida auris



Candida auris Home

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.

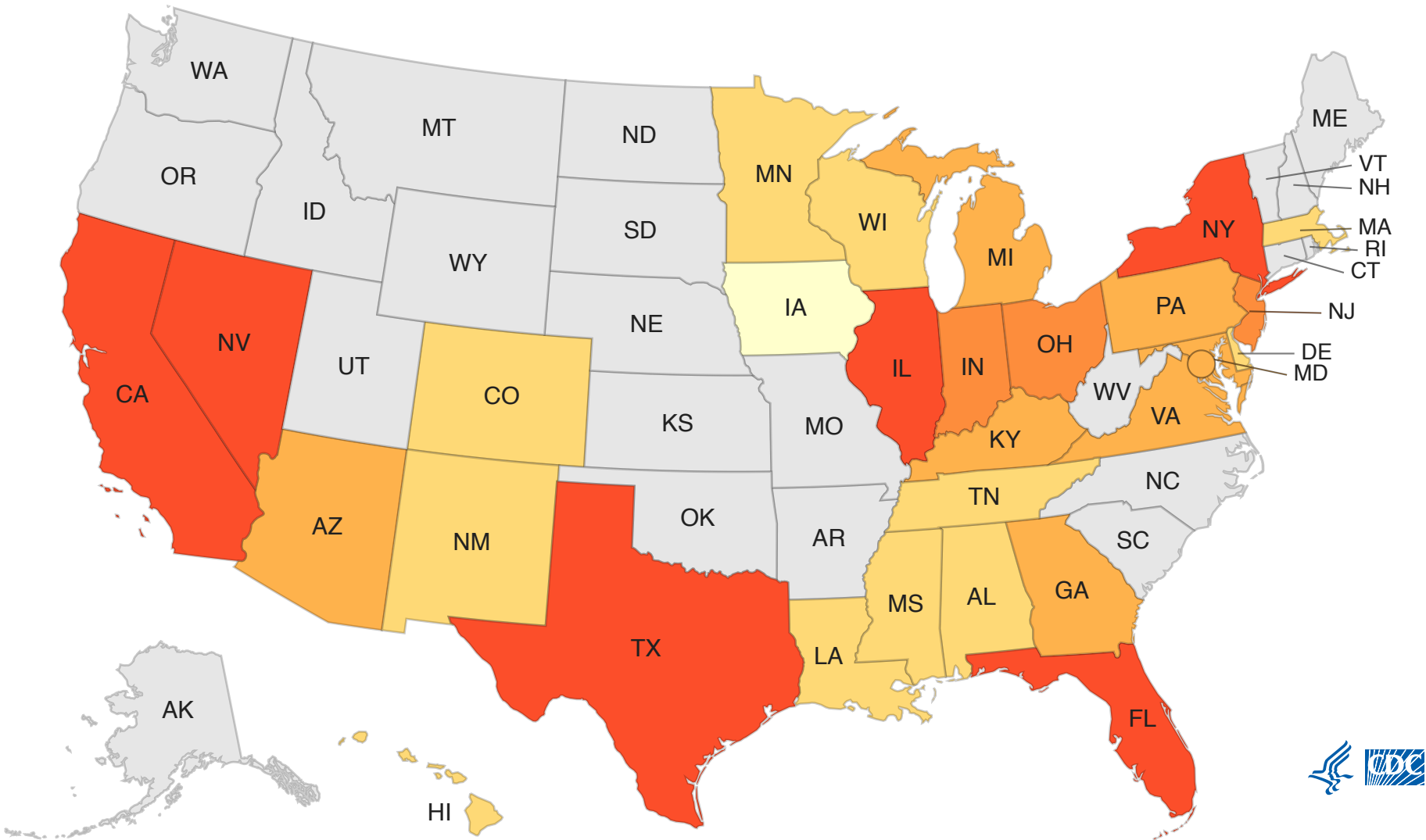
Details on [how this data is tracked](#), a [summary of the C. auris case definition](#), and [CDC’s recommendations to facilities tracking C. auris cases](#) are provided below.

C. auris tracking data

2022

Apply Filters

Reset All



Number of C. auris clinical cases through December 31, 2022

In 2022, there were 2,377 clinical cases and 5,754 screening cases.

- ☐ 0 clincial cases and at least 1 screening case
- ☐ 1 to 10
- ☐ 11 to 50
- ☐ 51 to 100

☐ 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	17	
<input type="radio"/> California	yes	359	
<input type="radio"/> Colorado	yes	1	
<input type="radio"/> Delaware	yes	5	
<input type="radio"/> District Of Columbia	yes	19	
<input type="radio"/> Florida	yes	349	
<input type="radio"/> Georgia	yes	12	
<input type="radio"/> Hawaii	yes	1	
<input type="radio"/> Illinois	yes	276	
<input type="radio"/> Indiana	yes	87	
<input type="radio"/> Iowa	yes	0	
<input type="radio"/> Kentucky	yes	22	
<input type="radio"/> Louisiana	yes	10	
<input type="radio"/> Maryland	yes	46	
<input type="radio"/> Massachusetts	yes	2	
<input type="radio"/> Michigan	yes	33	
<input type="radio"/> Minnesota	yes	1	
<input type="radio"/> Mississippi	yes	5	
<input type="radio"/> Nevada	yes	384	
<input type="radio"/> New Jersey	yes	94	
<input type="radio"/> New Mexico	yes	1	
<input type="radio"/> New York	yes	326	
<input type="radio"/> Ohio	yes	79	
<input type="radio"/> Pennsylvania	yes	33	
<input type="radio"/> Tennessee	yes	8	
<input type="radio"/> Texas	yes	160	
<input type="radio"/> Virginia	yes	40	
<input type="radio"/> Wisconsin	yes	1	

Tracking cases through NNDSS

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.

Last Reviewed: February 14, 2023