# **National Center for Emerging and Zoonotic Infectious Diseases**



# Algorithm to identify *Candida auris* based on phenotypic laboratory method and initial species identification

#### **PURPOSE**

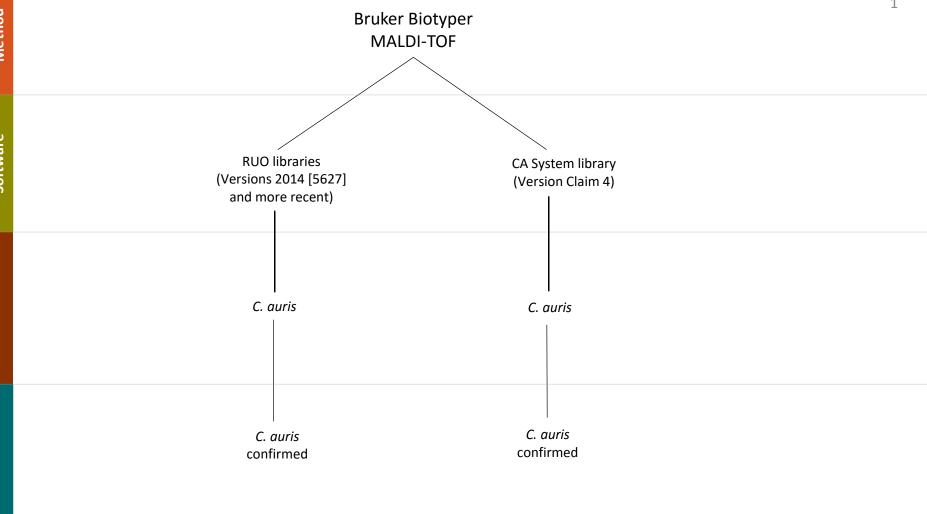
Candida auris is a multidrug-resistant yeast that has been found in multiple countries, including the United States. *C. auris* can cause invasive infections, be passed from person to person, and persist in the environment. Its severity, communicability, and drug resistance makes correctly identifying *C. auris* crucial to treating patients and preventing infections. However, this is challenging because traditional phenotypic methods frequently misidentify *C. auris*. This algorithm details the steps needed to determine the correct *Candida* spp. based on the tests and equipment available in your lab.

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- 6. MicroScan
- 7. RapID Yeast Plus
- 8. Summary of this algorithm in table form

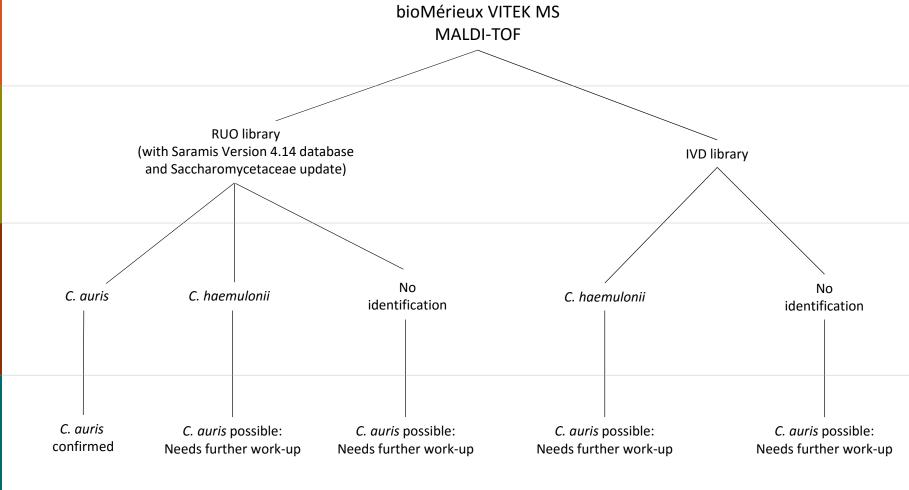
Please note that these algorithms are based on our current knowledge about misidentification of C.auris and may change as we learn new information.





#### C. auris confirmed:

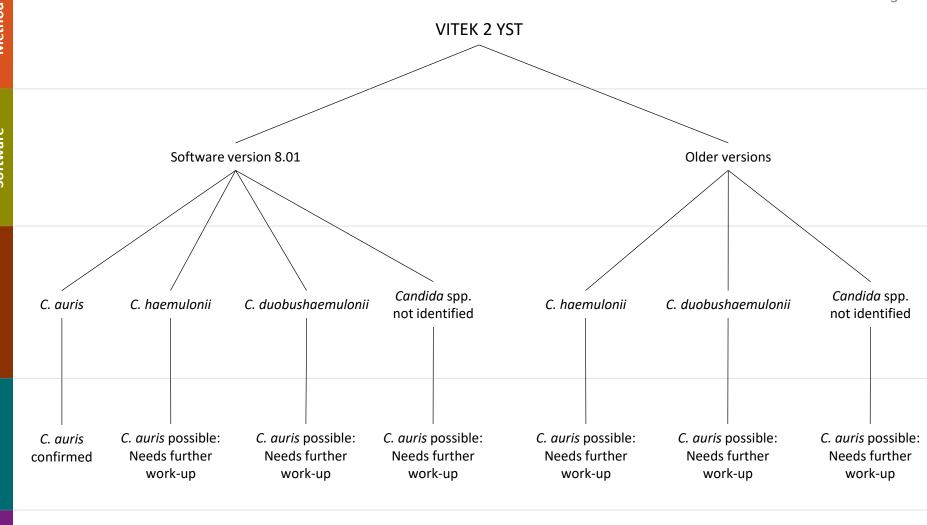
Place patient in transmission-based precautions, report to CDC (candidaauris@cdc.gov), and notify state and local health departments.



#### C. auris confirmed:

Place patient in transmission-based precautions, report to CDC (candidaauris@cdc.gov), and notify state and local health departments.

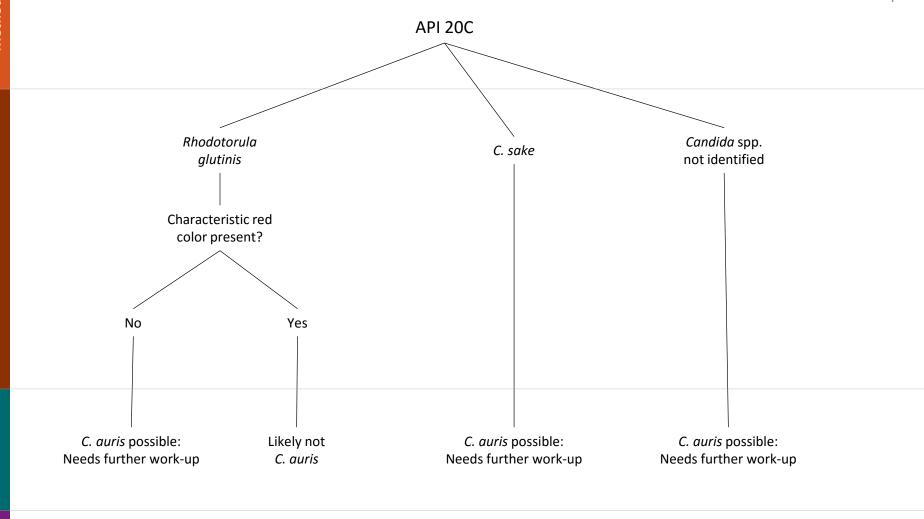
#### C. auris possible:



#### C. auris confirmed:

Place patient in transmission-based precautions, report to CDC (candidaauris@cdc.gov), and notify state and local health departments.

# C. auris possible:

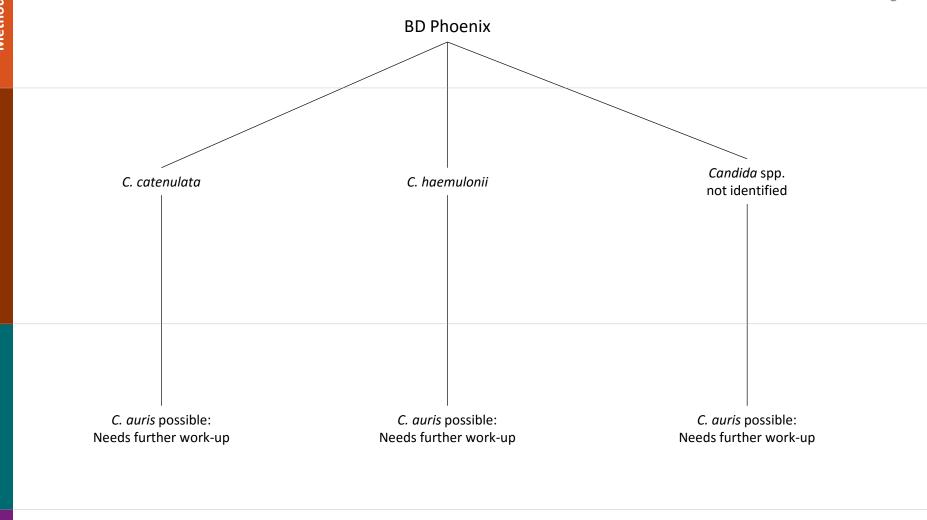


# C. auris suspected:

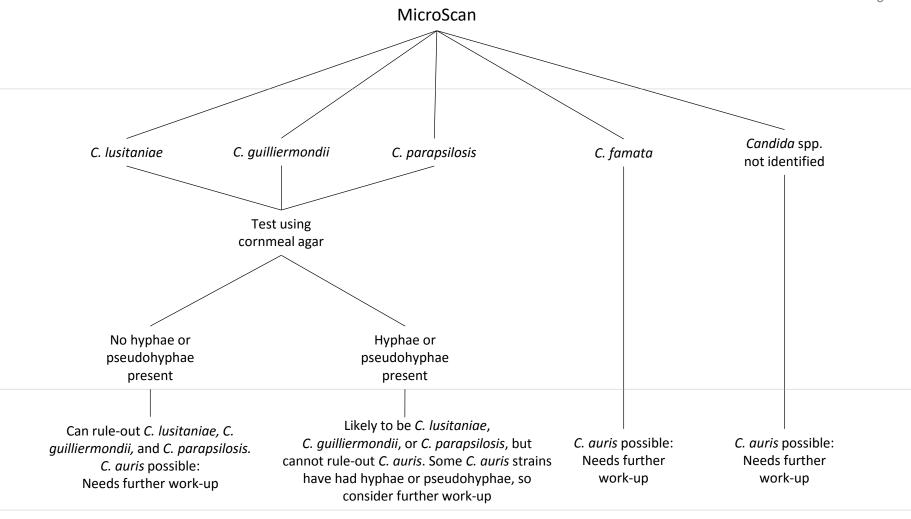
Place patient in transmission-based precautions and notify state and local health departments and CDC (candidaauris@cdc.gov). Send any isolates suspected to be *C. auris* to a reference lab, a state public health lab, a regional lab, or CDC for further identification.

# Likely not C. auris:

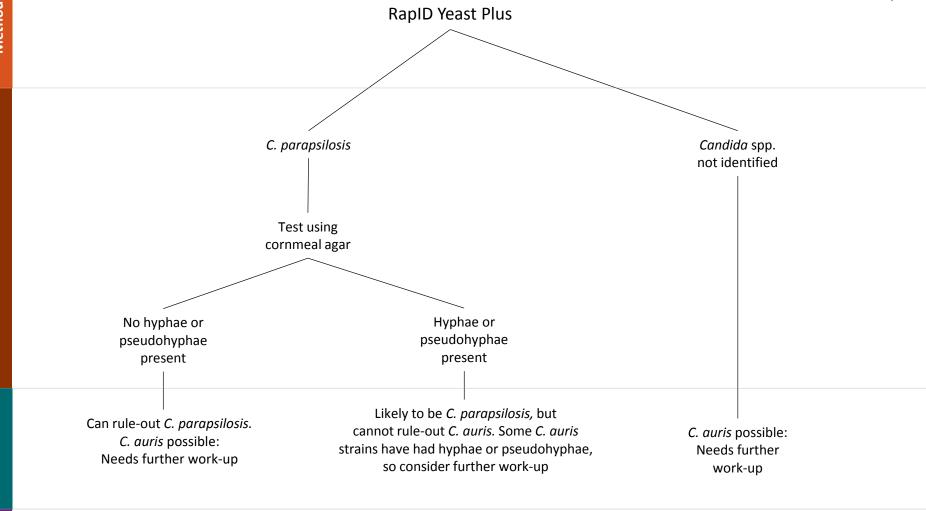
No further *C. auris*-related action required.



# C. auris possible:



### C. auris possible:



# C. auris possible:

Identification	Database/Software, if	C. auris is confirmed if initial	C. auris is possible if the following initial identifications are given. Further
Method	applicable	identification is <i>C. auris.</i>	work-up is needed to determine if the isolate is <i>C. auris</i> .
Bruker Biotyper MALDI-TOF	RUO libraries (Versions 2014		
	[5627] and more recent)	C. auris	n/a
	CA System library (Version		
	Claim 4)	C. auris	n/a
	RUO library (with Saramis		
bioMérieux	Version 4.14 database and		C. haemulonii
VITEK MS	Saccharomycetaceae update)	C. auris	No identification
MALDI-TOF			C. haemulonii
	IVD library	n/a	No identification
VITEK 2 YST			C. haemulonii
			C. duobushaemulonii
	Software version 8.01	C. auris	Candida spp. not identified
			C. haemulonii
			C. duobushaemulonii
	Older versions	n/a	Candida spp. not identified
API 20C			Rhodotorula glutinis (with characteristic red color present)
			C. sake
		n/a	Candida spp. not identified
BD Phoenix			C. catenulata
			C. haemulonii
		n/a	Candida spp. not identified
MicroScan			C. lusitaniae*
			C. guilliermondii*
			C. parapsilosis*
			C. famata
		n/a	Candida spp. not identified
RapID Yeast		7-	C. parapsilosis*
Plus		n/a	Candida spp. not identified

<sup>\*</sup> C. guilliermondii, C. lusitaniae, and C. parapsilosis generally make hyphae or pseudohyphae on cornmeal agar. If hyphae or pseudohyphae are not present on cornmeal agar, the isolate should raise suspicions of being C. auris as C. auris typically does not make hyphae or pseudohyphae. However, some C. auris isolates have formed hyphae or pseudohyphae. Therefore, it would be prudent to consider any C. guilliermondii, C. lusitaniae, and C. parapsilosis isolates identified on MicroScan and any C. parapsilosis isolates identified on RapID Yeast Plus as possible C. auris isolates and further work-up should be considered.

If *C. auris* is confirmed: Place patient in transmission-based precautions, report to CDC (candidaauris@cdc.gov), and notify state and local health departments.