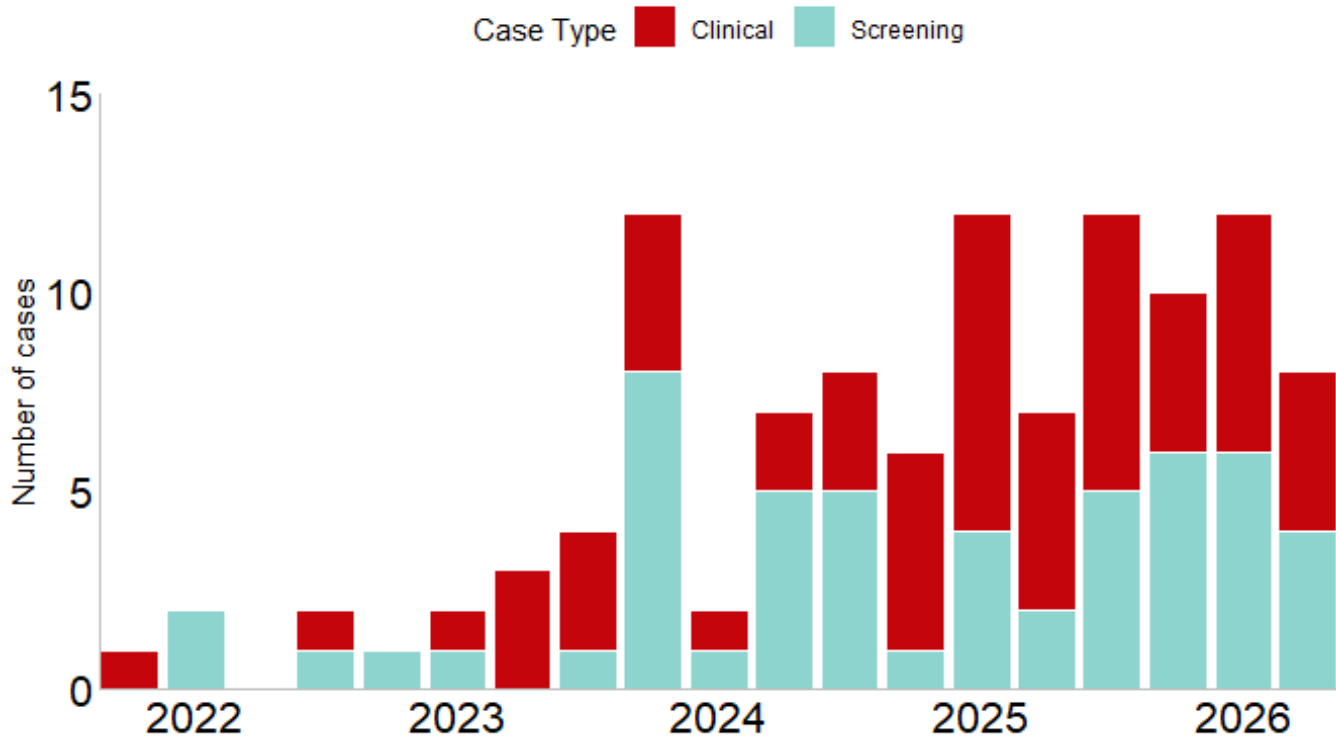


2025 Wisconsin Data Update

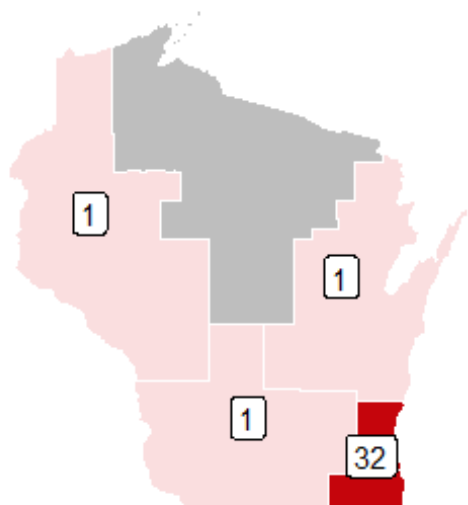
Candida auris cases in Wisconsin

From the first detection in 2021 through May 2026, Wisconsin has detected 111 cases of *Candida auris*. Of those, 58 (52.3%) were clinical cases. The remaining were detected via colonization screening.



Candida auris isolate testing

In 2025, 35 total *Candida auris* clinical isolates were received from submitters. This map shows the public health region that isolates were submitted from:



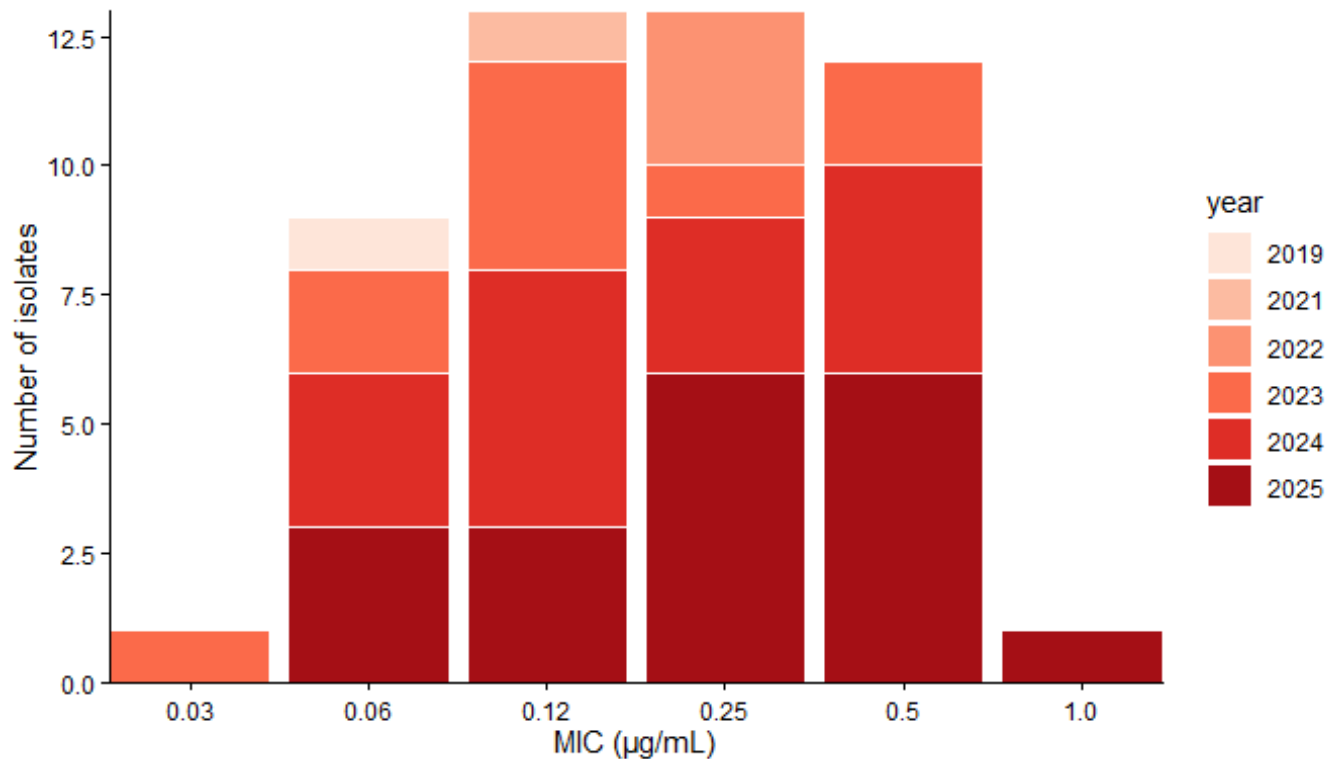
Candida auris antifungal susceptibility testing (AFST)

Until 2025 WSLH tested all *Candida auris* isolates against a panel of antifungals that include azoles, echinocandins, and Amphotericin B. Starting in 2025, at the direction of CDC, Wisconsin began limiting AFST to only invasive and urine isolates.

Since testing began, there has been a slight shift towards more resistant isolates, including in echinocandins like micafungin, which are often used to treat *Candida auris*.

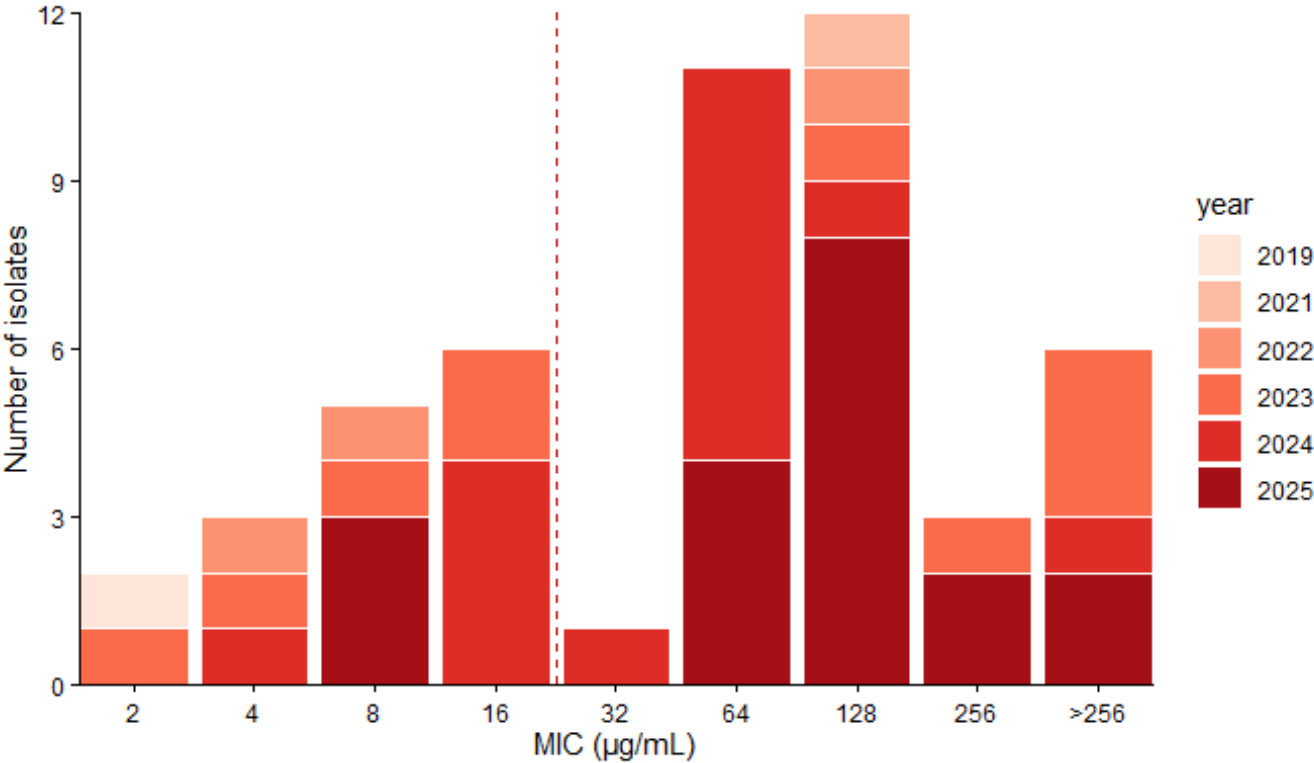
Micafungin

CDC's tentative MIC breakpoint for micafungin is 4 µg/mL. Wisconsin has not yet detected an isolate of *Candida auris* at or above this MIC.



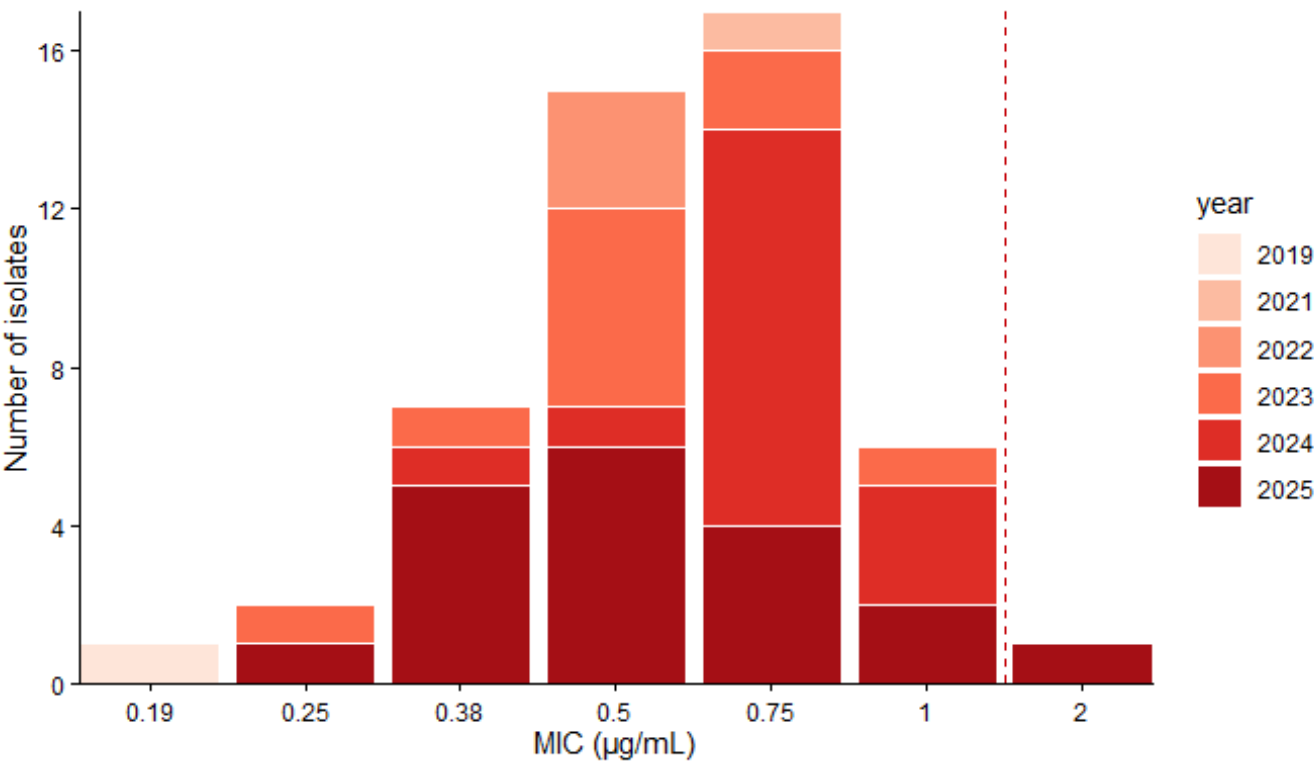
Fluconazole

Dashed line represents CDC's tentative MIC breakpoint



Amphotericin B

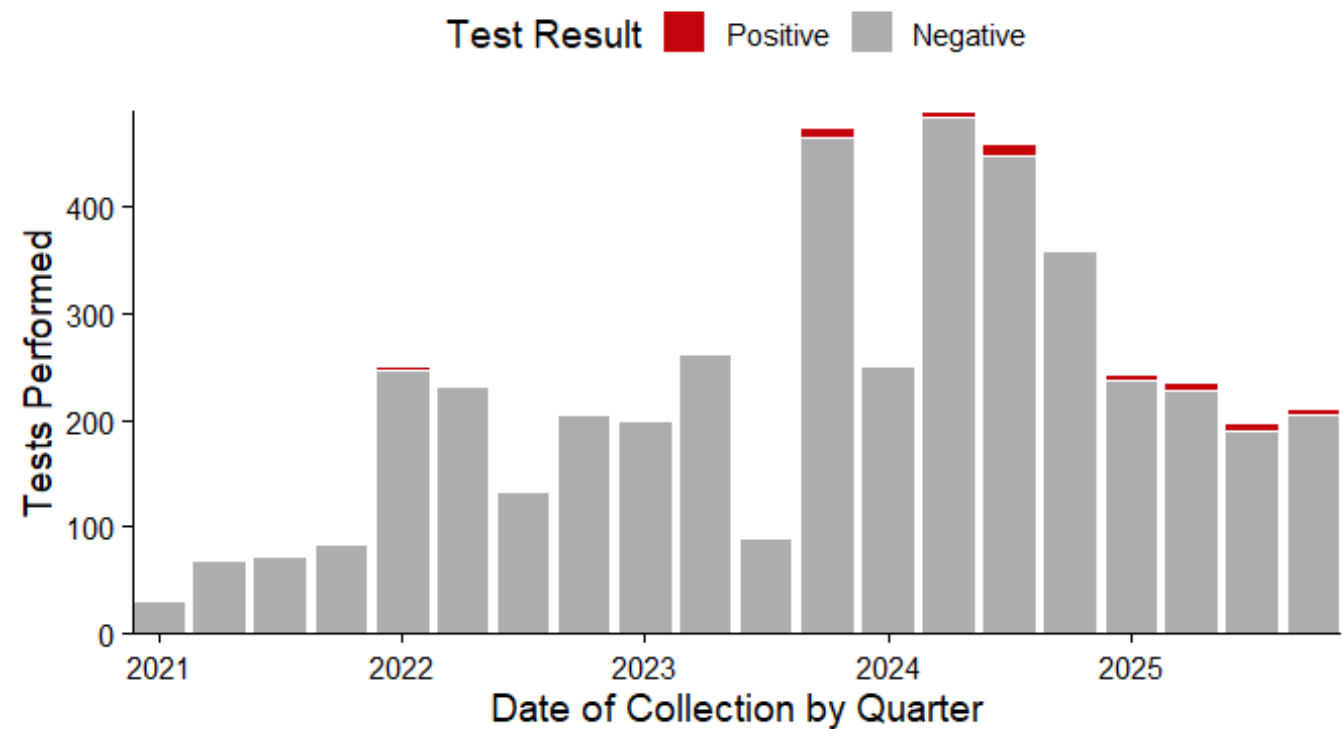
Dashed line represents CDC's tentative MIC breakpoint



Colonization testing for *Candida auris* in Wisconsin, 2021-2025

WSLH performs colonization screening for *Candida auris* using axilla/groin swabs. These specimens are currently tested using PCR on the Panther Fusion platform. While only 27 (3.0%) were positive in 2025, nearly half of new cases in Wisconsin were detected via screening. Colonization screening can be one-time events in response to clinical cases where multiple patients are screened at once, or upon admission to selected facilities if patients have certain risk factors.

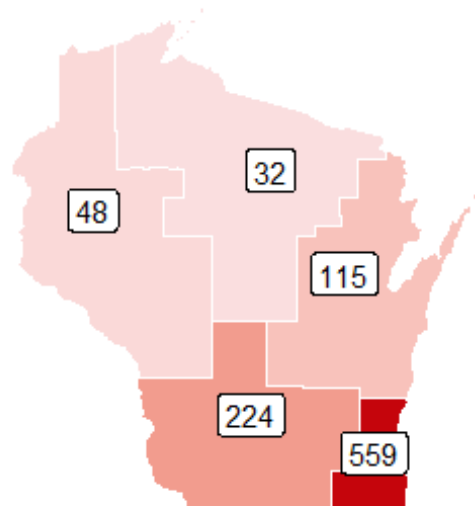
WSLH is happy to support any clinical labs interested in bringing *Candida auris* colonization screening onboard via sharing of protocols, samples, or other resources.



Bacterial isolate testing in Wisconsin, 2025

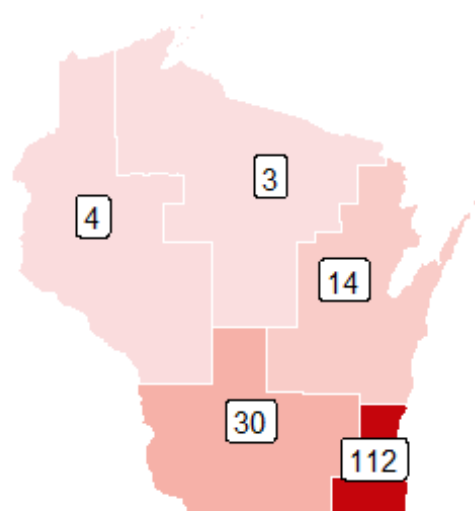
WSLH received isolates from submitters across the state for bacterial isolate testing looking for carbapenemase-producing organisms. WSLH requests isolates that are resistant to carbapenem antibiotics (and, in the case of *Pseudomonas aeruginosa*, also non-susceptible to cefepime, ceftazidime, and/or ceftolozane/tazobactam).

Number of isolates received from each public health region



Isolates from each public health region that tested positive for a carbapenemase

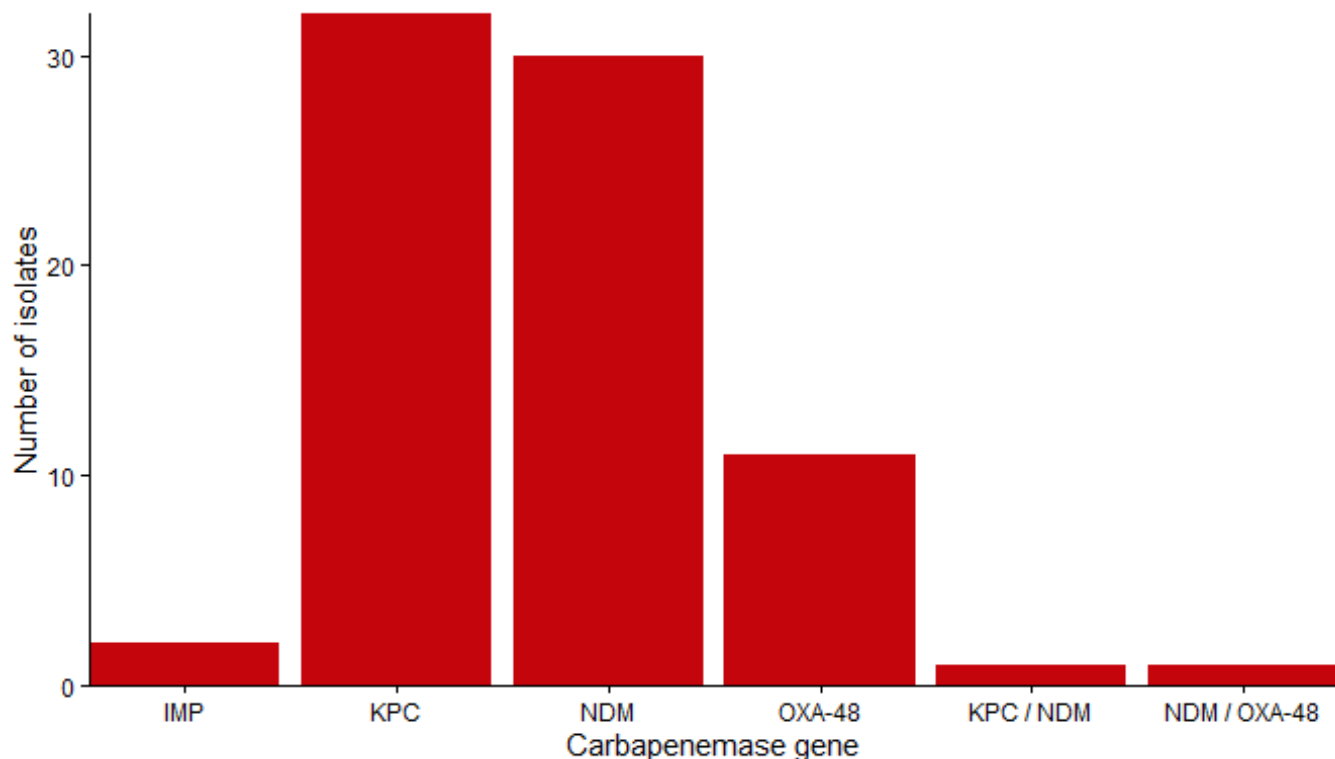
Positive isolates are not always new cases. Patients with CPOs can test positive repeatedly.



Carbapenemase genes detected in Enterobacterales spp.

WSLH tested 428 Carbapenem-resistant Enterobacterales (CRE) isolates in 2025. 77 (18.0%) were positive for a carbapenemase.

Most of the carbapenemases are detected in species such as *Enterobacter cloacae*, *E. coli*, *Klebsiella pneumoniae*, and *Citrobacter freundii*. Two of the isolates had more than one carbapenemase detected, one with KPC & NDM and the other with NDM & OXA-48.



Carbapenemase genes detected in *Pseudomonas aeruginosa*

WSLH tested 274 Carbapenem-resistant *Pseudomonas aeruginosa* isolates in 2025. One was positive, for a VIM carbapenemase. VIM is most commonly found in *Pseudomonas* species.

Carbapenemase genes detected in *Acinetobacter baumannii*

WSLH tested 89 *Acinetobacter* isolates in 2025, and 85 (95.5%) were positive for a carbapenemase.

