

Date: September 25, 2025

From: Kansas Department of Health and Environment – Division of Public Health

To: Kansas Healthcare Providers, Laboratories, and Local Health Departments

RE: Increased *Candidozyma auris* Activity in Kansas – Prevention and Response Guidance

Summary

The Kansas Department of Health and Environment (KDHE) Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Section is alerting healthcare providers, laboratorians, and public health officials of an increase in *Candidozyma auris* (*C. auris*), formerly *Candida auris*, cases in Kansas.

- Outbreaks and transmission commonly occur in healthcare settings, including both acute and long-term settings.
- While most strains of *C. auris* in the U.S. are susceptible to echinocandins, reports of echinocandin-resistant and pan-resistant cases are increasing.
- Infected (i.e. clinical) and colonized persons can shed *C. auris* on objects and surfaces around them including bedrails, doorknobs, and mobile medical equipment.
- *C. auris* can survive on surfaces for weeks and requires the use of EPA-registered disinfectants.
- Decisions to discharge someone from one level of care to another should be based on clinical criteria and the ability of the accepting facility to provide care, not on the presence or absence of infection or colonization.
- Persons with history of infection or colonization should be on the [appropriate transmission-based precautions](#) during all overnight healthcare stays, including long-term care facilities.
- Rapid identification, communicating infection/colonization status at transfer, and a system to implement transmission-based precautions upon admission are crucial for containing the spread of *C. auris* in Kansas.
- Healthcare facilities should work with KDHE HAI/AR to implement the Centers for Disease Control and Prevention (CDC) [Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms \(MDROs\)](#).

Mandated Reporters, including clinicians, are required by [Kansas Administrative Regulation \(K.A.R.\) 28-1-2](#) to report cases of *C. auris* infection or colonization to KDHE or your local health department within 24 hours or the next business day. Confirmed or suspected *C. auris* outbreaks¹ are required to be reported within four hours by phone to the KDHE Epidemiology Hotline at 877-427-7317, option 5. The [Kansas Notifiable Disease Report](#) form may be faxed to the KDHE Epidemiology Hotline at 877-427-7318 or sent via a HIPAA-compliant secure email to kdhe.epihotline@ks.gov. Laboratories are required by [K.A.R. 28-1-18](#) to electronically report *C. auris* laboratory results to KDHE, in addition to submitting an isolate to the Kansas Health and Environment Laboratories (KHEL).

¹ An outbreak is defined as an occurrence of cases that exceeds expected baseline levels for a given time and place, or in which transmission is suspected to be occurring within a common setting.

Background

Candidozyma auris, formerly *Candida auris*, is an emerging multidrug-resistant fungal pathogen that primarily affects persons with severe underlying medical conditions, complex medical needs, or invasive medical devices. Individuals without these risk factors, including healthcare workers and the public, are unlikely to carry or develop illness from *C. auris*. Prolonged skin colonization, even among persons who have recovered from infection, combined with the ability of *C. auris* to persist in the environment for several weeks, increases the risk of transmission in healthcare settings. Chlorhexidine decolonization protocols have been ineffective to date². Additionally, *C. auris* can contaminate a variety of equipment and surfaces in healthcare settings, including high-touch areas such as bedrails and doorknobs, as well as other surfaces and medical equipment. Disinfectants included on the [EPA List P](#) have been evaluated and are registered as effective against *C. auris*.

Kansas Epidemiologic & Genomic Analysis

Since May 2018, infection or colonization cases of *C. auris* have been reportable in Kansas³. The first reported *C. auris* case in Kansas occurred in June 2024. This was a colonization identified during a coordinated public health response between KDHE HAI/AR and a healthcare facility. Between June 2024 and September 25, 2025, 14 cases have been reported: 1 colonization case in 2024 and 13 clinical cases in 2025. The median age at diagnosis is 67 years (range: 39-84 years). Specimen sources included wound (n=5, 36%), urine (n=4, 29%), bronchial wash (n=3, 21%), body fluid (n=1, 7%) and skin (n=1, 7%). Most cases, n=11 (79%), have been reported among case-patients residing in the Wichita or Kansas City, Kansas Metro areas⁴. In addition, KDHE HAI/AR and healthcare facilities have responded this year to seven out-of-state cases in Kansas facilities.

Eight of the KS specimens have been sequenced. These *C. auris* isolates have been identified as Clade I. The preliminary genetic and phylogenetic analysis identified three potential clusters: cluster A (five cases), cluster B (two cases), and cluster C (one case). Taken together, this sequencing and epidemiologic analysis suggests that transmission may be occurring in Kansas, prompting urgent actions to help contain the spread of *C. auris*.

Recommendations for Infection Prevention and Control Professionals

C. auris is highly transmissible in healthcare settings. Persons who are colonized or infected can spread *C. auris* onto surfaces around them which can spread to others. Once a person has been identified with *C. auris*, infection prevention and control (IPC) professionals should adhere to CDC's [Infection Control Guidance: C. auris](#) and work with the KDHE HAI/AR team to implement the [CDC MDRO Containment Strategy](#). The primary IPC measures for prevention of *C. auris* transmission in healthcare settings are:

- **Hand hygiene:** healthcare providers should follow [standard hand hygiene practices](#).
 - Alcohol-based hand sanitizer is preferred when hands are not visibly soiled.

² <https://doi.org/10.1007/s10096-023-04723-5>

³ www.kdhe.ks.gov/DiseaseReporting

⁴ Cases are attributed to the county of the case-patient's usual place of residence at the time of diagnosis. This does not indicate where the case-patient became infected or colonized.

- **Setting-based precautions:** acute care and long-term acute care hospitals should use [Contact Precautions](#). Nursing homes and skilled nursing facilities should use either Contact Precautions or [Enhanced Barrier Precautions](#), as specified in the [Implementation of Personal Protective Equipment Use in Nursing Homes to Prevent Spread of MDROs](#).
 - Generally, facilities equipped to care for people with other MDROs or *Clostridioides difficile* can also care for someone with *C. auris*.
- **Environmental disinfection:** use an EPA-registered hospital-grade disinfectant effective against *C. auris*.
 - [EPA List P](#) includes approved products for *C. auris*.
 - Some products with *C. albicans* or fungicidal claims may not be effective against *C. auris*.
 - Always adhere to manufacturer's directions for use, including applying the product for the correct contact time for all products.
- **Communication and transfers:** always ensure that the *C. auris* status is communicated on patient/resident transfer so the receiving facility can implement the appropriate setting-based precautions.
 - Facilities can utilize the [KDHE HAI/AR Interfacility MDRO Transfer Form](#) for transfers.
 - Decisions to discharge from one level of care to another should be based on clinical criteria and the ability of the accepting facility to provide care, not on the presence or absence of infection or colonization⁵.
 - Consider signing up with the KDHE MDRO Alert System⁶, powered by KONZA Health's Kansas Health Information Network (KHIN), to receive timely notifications of persons admitted to your facility with a known clinical or colonization status so that setting-based precautions can be implemented.

Recommendations for Healthcare Providers

While colonization (carried on the body without infection) with *C. auris* is possible, it can also cause life-threatening infections in some people. Symptoms of *C. auris* infection are nonspecific and depend on the location and severity of infection. *C. auris* affects people that:

- Require complex medical care
- Have invasive medical devices such as ventilators or central lines
- Have frequent or prolonged stays in healthcare facilities

Echinocandins should be used for initial treatment for clinical infections in adults, per [CDC guidance](#). Consultation with an infectious disease specialist is recommended. Healthcare providers can call 404-639-5168 or email fungalconsult@cdc.gov for consultation on diagnosis or treatment for suspected or confirmed fungal diseases. Reports of echinocandin- or pan-resistant *C. auris* cases in the U.S. are increasing. Antifungal susceptibility testing should be performed for all clinical *C. auris* cases to guide therapy⁷. CDC does **not** recommend treatment for *C. auris* without signs or symptoms of infection. Early detection of clinical and colonized cases, followed by

⁵ <https://www.cdc.gov/candida-auris/hcp/infection-control/index.html>

⁶ Email kdhe.haiar@ks.gov to inquire about the KDHE MDRO Alert System

⁷ www.cdc.gov/candida-auris/hcp/clinical-care/index.html

measures like screening and IPC practices, can limit the spread of *C. auris*. Report all cases of *C. auris* to public health.

Recommendations for Laboratories

[K.A.R. 28-1-28](#) requires any person who is in charge of a laboratory as specified in [Kansas Statutes Annotated \(K.S.A.\) 65-118](#) to report to KDHE using an automated, secure electronic laboratory reporting system for *C. auris* laboratory results performed or sent to a reference lab for testing, including antifungal susceptibility results. Laboratories must submit the following to the Kansas Health and Environment Laboratories (KHEL) if the test(s) indicate(s) the presence of *C. auris* in the following order of preference:

- 1) isolates of positive cultures
- 2) original clinical specimen
- 3) nucleic acid, or
- 4) any other materials determined by the Secretary of KDHE.

During business hours, email questions regarding electronic reporting to the EpiTrax Surveillance System Program to kdhe.epitraxadmin@ks.gov. Contact KHEL Customer Service for any questions on isolate submissions, including shipping requirements and acceptable materials, by calling 785-296-1620 or email kdhe.khel_help@ks.gov.

Recommendations for Local Health Departments

Local health departments are advised to take the following actions in response to *C. auris*. Your proactive response and collaboration are vital to protecting public health in Kansas.

- Share this alert with healthcare providers, facilities including long-term care facilities, and laboratories in your county to ensure they are informed and prepared.
- Promptly report any suspected or confirmed cases to the KDHE Epidemiology Hotline and encourage clinicians and laboratories to do the same.
- The KDHE Healthcare-Associated Infections and Antimicrobial Resistance team will lead the public health investigations. Relevant case details will be shared with your health department through the KS EpiTrax system to support coordination.
- For any questions, or further clarification, please reach out to the KDHE Epidemiology Hotline at kdhe.epihotline@ks.gov or your regional epidemiologist.

Additional Resources

[Infection Control Guidance – CDC](#)

[Interim Guidance for a Public Health Response to Contain Novel or Targeted MDROs – CDC](#)

[MDRO Containment Strategy – CDC](#)

[Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities – CDC](#)

[Laboratory Information for *C. auris* – CDC](#)

[Clinical Treatment of *C. auris* infections – CDC](#)

[List P: Registered Antimicrobial Products Effective Against *C. auris* – EPA](#)

[KDHE Healthcare-Associated Infections and Antimicrobial Resistance Program](#)