

Health Care Leaders Remain Vigilant About New Superbug

The Centers for Disease Control and Prevention is calling the latest drug resistant fungus that has shown up in Illinois “a serious global health threat.”

It’s called [Candida auris](#) and it first showed up in the United States in 2015. The bulk of the cases to date are in New York, New Jersey and Illinois where it has been seen in long term care facilities, such as nursing homes, in the Chicago area.

Lori Grooms, OSF HealthCare Director of Infection Prevention and Control said for the average person who is healthy has a lesser chance of having any ill effects from C. auris. Infection Prevention staff throughout the United States have been tracking, watching and preparing.

Illinois Numbers

Grooms says there are 154 clinical cases in Illinois to date, with another four suspected cases, according to the latest briefing from the Illinois Department of Public Health. A clinical case means the patient showed signs of illness related to the organism. IDPH is also looking at colonized persons who have the organism on their skin but it is not causing signs of illness.

Those patients can spread the disease but those at risk for infection are mostly in long term care or have compromised immune systems requiring frequent contact with health care, such as persons who require mechanical ventilators to help with breathing or who have a tracheostomy (an opening made into their throat again to assist with breathing, many times requiring mechanical ventilation).

“Common places where we are seeing this infection is in patients respiratory specimens who require mechanical ventilation, urine specimens of patients who have chronic urinary catheters (a tube inserted into the bladder to assist with drainage of urine), patients who have long-term IV lines, and/or patients who have chronic wounds,” she said based on information from Illinois Department of Public Health officials.

Characteristic	Percentage of Patients
Presence of IV device	77%
Wounds	67%
Feeding tube	59%
Urinary Catheter	53%
Tracheostomy	51%
Mechanically ventilated	50%

“We have been monitoring very closely for it. Infection preventionists at OSF HealthCare have reports they look at daily,” Grooms explained. OSF HealthCare also has a specialized microbiology lab in Peoria that serves health care facilities throughout the Ministry.

Dr. John Farrell, heads up the Peoria-based microbiology lab which is the System Lab for all OSF HealthCare providers. It can perform more sophisticated DNA testing to identify pathogens.

Dr. Farrell says the proliferation of *C. auris* is much like that of other antibiotic-resistant pathogens that emerged a decade ago such as Methicillin-resistant *Staphylococcus aureus* ([MRSA](#)) and Carbapenem-resistant Enterobacteriaceae ([CRE](#)) which adapted to and spread because of over use of certain antibiotics.

He agrees with Grooms that reducing over use of those powerful drugs is key to helping protect patients from *C. auris*.

“Ensure that we minimize their exposure to broad spectrum, powerful antibiotics ... the antibiotics I call “Gorillacillin.”

Farrell said, his lab can help care providers zero in on the source of an infection, rather than using broad spectrum antibiotics for treatment when the cause isn’t known.

“We also work together as a team to ensure that our advanced molecular diagnostics, like the ones Smitty is employing as we’re speaking, are used appropriately and that’s what diagnostic stewardship is all about.”

Grooms said hospitals and labs in Illinois are required to report any suspected cases of *C. auris* or other infectious diseases to their local public health department. IDPH can arrange for additional testing at their state operated labs. Since 2017, the state has also required local health departments enter patients

into Illinois' [XDRO registry](#) for extensively drug resistant organisms, when identified through their testing.

Grooms said when patients show up at any OSF HealthCare facility, they are screened against that database and if they are suspected of having *C. auris*, they would be isolated, tested, and if necessary a regime of medication outlined by the CDC.

Contact precautions would be put in place including hand hygiene, and use of protective gowns and gloves. Rooms would be cleaned with bleach, considered one of the EPA-approved health care disinfectants.

However, because *C. auris* is not killed by commonly used antifungal drugs, treatment can be challenging, particularly because most of the patients impacted already have serious underlying health conditions.

Her best advice is to ask questions of care providers especially for patients connected to catheters, or lines to deliver medicine, oxygen, or food. When visiting with patients, family and visitors should clean their hands with alcohol hand sanitizer provided or soap and water, when entering and leaving the room.

She recommends asking questions of providers, especially for patients at risk such as, "How long does it (the line) need to be in?' 'Do I still need it?'" Grooms added, "Prompt removal of lines is very important, especially for patients in hospitals."

[Frequently Asked Questions \(from Illinois Department of Public Health](#)