At the beginning of July 2017, 20 separate NHS Trusts and independent hospitals in the United Kingdom had detected over 200 patients colonised or infected with *Candida auris*. Three hospitals have seen large nosocomial outbreaks that proved difficult to control, despite intensive infection prevention and control measures. As of Monday 14 August 2017, all three hospitals declared their outbreaks over. More than 35 other hospitals had patients, known to be colonised with *C. auris*, transferred to them [1]. More recently four cases of nosocomial fungaemia by *C. auris* have been described in Valencia, Spain [2].

Most of the detected cases within the UK were colonised patients picked up through enhanced surveillance activities in the three most affected hospitals. Approximately one quarter of the cases were clinical infections, including 27 patients who developed blood stream infections.

Lookback exercises from Trusts with significant outbreaks have shown that for patients with clinical infections there has been no attributable mortality to *C. auris* within the UK, in contrast to the high case fatality reported in the literature. It is important to note that these case series are not accompanied by comparable background mortality rates from the critical care centres they were reported.

A pilot survey of patients being admitted to the ICU was launched in July 2017, with screening of all patients on ward entry in five English hospitals serving diverse populations to determine the background rate of colonisation. The results of this survey will help shape future surveillance strategies.

Public Health England’s (PHE) National Infection Service continues to work closely with microbiologists and clinicians in hospitals to investigate potential risk factors for colonisation and clinical infection. In addition, the Biosafety Investigation Unit at PHE Porton Down is investigating the fungicidal activity of a variety of disinfectants and antiseptics.

PHE has published a new guidance document on the management of *C. auris*, including an updated version of the guidance on laboratory investigation, management and infection control of *C. auris*, originally published in June 2016 [1]. The document was updated to reflect the increasing experience in the complexities of managing *C. auris* cases (within several UK NHS Trusts, Health Protection Teams, and the national incident management team), and to include some additional and novel aspects of outbreak control.

The updated guidance for laboratories and healthcare providers is published alongside the new guidance on the management of *C. auris* and is primarily intended for healthcare professionals in nursing homes. The guidance document can be adapted for use in residential homes and other community care settings [2]. It is aimed at facilitating the discharge or transfer of patients from the hospital into community settings.

A new patient information leaflet is also available for healthcare professionals in hospitals and community care facilities to download and either circulate directly to colonised individuals and their families, or adapt for other purposes [3].
Comment and practical tips for the microbiological laboratory

*C. auris* infections represent a challenge for clinicians, due to:
- the high mortality rate (ranging from 30 to 60%),
- resistance to many antifungals,
- the fact that infections occur several weeks into hospital admission, and
- the extensive environmental contamination that makes it difficult to implement effective infection control measures.

Moreover, diagnosis of *C. auris* infection cannot be done by specific risk factors, because they are similar to those reported for other *Candida* infections. In addition, laboratory diagnosis is often difficult because commercial tests can misidentify the mold and MALDI-TOF methodology is only accurate when *C. auris* is included in the library.

Practical tips for the microbiological laboratory:
- Growth at 42-45 °C
- Colonies pink or pale purple on CHROMagar
- No identification possible by classical biochemical methods (API 20C AUX, VITEK-2 YST, BD Phoenix and MicroScan)
- Identification by MALDI-TOF Biotyper (species present in the database) and confirm by D1/D2 sequencing

References
1. PHE (August 2017). Guidance for the laboratory investigation, management and infection prevention and control for cases of Candida auris.

Maurizio Sanguinetti, Nicola Petrosillo, Eskild Petersen
ESCMID Emerging Infections Taskforce (EITaF)