

Candida auris outbreak in New York State: A Case Study

Introduction: The *Candida auris* outbreak in New York State, with 331 reported cases concentrated in Brooklyn and Queens, prompts health officials to consider stringent measures for hospitals and nursing homes. The state is exploring comprehensive guidelines, including mandatory pre-admission screening and isolation of infected individuals, to address the urgency arising from the fungus's resistance to antifungal medication, ease of transmission, and persistence on surfaces, marking a significant shift in the state's response strategy.²

Facts of the Case: The occurrence of *Candida auris* in New York State has resulted in 331 reported cases, mainly clustered in Brooklyn and Queens. This resilient fungus, identified in 2009, presents a substantial public health concern due to its resistance to antifungal drugs and ease of transmission. Health officials are contemplating rigorous measures to address the outbreak, such as mandatory pre-admission screening and isolating infected individuals, signifying a change in the state's response approach. The evolving nature of the outbreak and challenges in screening procedures emphasizes the necessity for continuous surveillance and enhanced preparedness. According to the Centers for Disease Control and Prevention (CDC), 90% of *C. auris* infections resist at least one drug, with nearly half of the infected patients succumbing within 90 days. This outbreak emphasizes the importance of swift and adaptable public health responses to counter emerging infectious threats.³

Epidemiological aspects of the event: The epidemiological study of the *Candida auris* outbreak in New York involves retrospective observational methods focusing on 331 reported cases. Measures like relative risk or odds ratios may assess risk factors, with regression models used to identify significant contributors. The investigation explores the fungus's persistence, resistance to medication, and healthcare challenges. Health officials deploy statistical tools to assess guideline impacts, addressing biases in case distribution.²

Management of the event: In addressing the *Candida auris* outbreak in New York, public health measures were deployed to curb the spread of the drug-resistant fungus. The proactive response, involving potential guidelines like mandatory screening and isolation, highlighted officials' swift actions.² However, identified gaps in preparedness, notably in on-site testing and managing persistent fungal presence, signal the need for enhancements. While the urgency prompted quick actions, the time-consuming aspects of screening tests and a centralized testing approach revealed the system's limitations. Recognizing these gaps enables the call for improved readiness, urging the development of faster on-site testing for a more responsive system. The lessons from this outbreak stress the importance of enhancing healthcare adaptability to emerging threats. Recommendations include investments in rapid diagnostics research, establishing clear communication channels, and refining strategies for persistent infectious agents. The post-event period offers an opportunity to implement these improvements, fortifying public health resilience against evolving epidemiological challenges.¹

Communications of the event: The communication efforts during the *Candida auris* outbreak in New York played a pivotal role in delivering information to the community. Throughout and

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immediately following the event, health authorities actively shared details about the outbreak, potential guidelines, and the situation's urgency. Transparent communication enabled the public to grasp the severity of the issue and the need for collaborative efforts in controlling its spread. The handling of public communications seems effective, featuring clear messaging on implemented measures like mandatory pre-admission screening and isolation.² Timely updates from health officials contributed to raising public awareness and fostering cooperation. However, the dynamic nature of the outbreak and the identification of preparedness gaps highlight the necessity for continuous and adaptable communication strategies. When assessing communication efforts, it is crucial to prioritize accessibility and clarity for diverse audiences. Ensuring that information is comprehensible to the general public, healthcare professionals, and other stakeholders is vital for fostering a coordinated and well-informed response. The insights gained from the communication aspect of this event can guide future strategies for effectively conveying public health information during emerging health crises.

Summarize: In conclusion, the response to the *Candida auris* outbreak in New York showcased a proactive stance in public health, characterized by implementing potential guidelines and transparent communication. Despite the measures' effectiveness, the outbreak's ever-changing nature emphasized the necessity for constant adaptation and preparedness. This incident emphasizes the ongoing requirement for investments in rapid diagnostics, enhanced communication approaches, and collaborative initiatives to strengthen the healthcare system's ability to tackle emerging health threats. The gained insights are valuable for shaping future responses and ensuring a well-coordinated and informed approach during health crises.

Resources

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