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Hospital-Associated Outbreaks of Multidrug-Resistant *Candida auris* — Multiple Cities, Colombia, 2016

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Background: The emerging multidrug-resistant fungus, *Candida auris*, has caused hospital-associated outbreaks with high mortality in several countries. Reported cases of *C. auris* infection in Colombia increased in 2016, prompting concern for further spread. We investigated to elucidate transmission mechanisms and inform infection control.

Methods: A case was defined as isolation of *Candida auris* from a patient's blood with confirmation by molecular identification, isolated from a patient's blood. We abstracted medical records and sampled patients, healthcare workers, and hospital surfaces. We performed antifungal susceptibility studies and whole genome sequencing (WGS) on isolates.

Results: We identified 40 cases at 4 hospitals in 3 cities. In-hospital mortality was 56%. Nearly half (45%) of patients were infants. All patient had a central venous catheter, two-thirds had recent surgery, and half received parenteral nutrition during their stay. The median time from admission to collection of blood culture yielding *C. auris* was 22 days. *C. auris* was isolated from 44 (14%) of 325 environmental samples, including from transport equipment and rooms without a known case-patient present for up to 6 months. Of the 6 patients sampled, *C. auris* was cultured from either the groin or axilla of 4. Samples from 2 nurses' hands yielded *C. auris*. Nine (23%) of 40 isolates were resistant to fluconazole and 7 (18%) of 40 were resistant to amphotericin B; all isolates were highly related by WGS.

Conclusions: *C. auris* caused outbreaks of invasive disease, predominantly in young children, with high mortality in several Colombian hospitals. *C. auris* was found on patient and healthcare worker skin and on hospital surfaces, suggesting that assiduous infection control practices are needed to limit the spread of this emerging pathogen.