



Department of Health

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Dear Colleagues:

I want to wish you all a healthy and happy 2017. Here at the New York State Department of Health (Department), we have already had a busy start to our year. Many exciting new health initiatives were included in the Governor's State of the State addresses and Executive Budget, including initiatives to improve water quality, protect New Yorkers from soaring prescription drug pricing, and aggressively combat every angle of the opioid crisis in New York State (NYS). I will update you on these and other proposals as they progress throughout the coming months. This month though, I will focus on two important infectious diseases that have recently emerged or re-emerged in New York; *Candida auris* and Mumps.

***Candida auris*:** *C. auris* is an emerging fungus that presents a serious global health threat. This multi-drug resistant yeast has recently been identified in the United States and, more specifically, in NYS. There are a few reasons to be concerned about this organism. *C. auris* is often multi-drug resistant, making treatment difficult. Some *C. auris* infections are resistant to the three main classes of antifungal medications. *C. auris* is also known to cause outbreaks in health care facilities. The fungus is associated with severe illness and has the potential to cause significant morbidity and mortality.

In response to this global threat, the Centers for Disease Control and Prevention issued an alert to clinicians in June 2016 and, subsequently, a 2013 NYS case was retrospectively identified. In response, throughout the fall of 2016 and to the present, additional cases have been identified among residents of long-term care facilities and in patients admitted to hospitals, all in the metropolitan New York City area. New York currently has 26 cases and the number continues to rise. Patients with *C. auris* typically have multiple co-morbidities and transfers between long-term care facilities and hospitals, potentially having resided in multiple facilities. The first seven cases nationally were described in a *Morbidity and Mortality Weekly Report* (MMWR) in November, including the initial three cases in New York (https://www.cdc.gov/mmwr/volumes/65/wr/mm6544e1.htm?s_cid=mm6544e1_w).

What do we, as physicians, need to know and what can physicians do to address this issue? First, it is difficult for standard laboratory methods to identify this organism. Therefore, it may be misidentified as *Candida haemulonii* or another yeast. Discuss with your laboratory whether they are able to accurately identify this organism. If you or your laboratory suspect a patient has *C. auris*, specimens should be submitted to the Department's Wadsworth Center Mycology Laboratory. Overnight delivery should be mailed to: Virus Isolation Laboratory, David Axelrod Institute, Wadsworth Center, New York State Department of Health, 120 New Scotland Avenue, Albany, New York 12208. If you have questions, call the Wadsworth Center at (518) 474-4177. Second, all health care providers should be aware that, as an emerging communicable disease, *C. auris* is reportable to NYS, and prompt notification is necessary for

immediate public health action. For further detail on identification and reporting of suspected *Candida auris*, see this health advisory: https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/Notification_21320.pdf.

For those working in hospitals or long term care facilities, it is essential to emphasize the importance of all personnel properly adhering to Standard and Contact Precautions for patients colonized or infected with *C. auris*. Additionally, it is critical that transferring facilities notify receiving facilities when a patient infected or colonized with *C. auris* is transferred.

Mumps: As you know, the incidence of mumps has declined dramatically since the MMR vaccine's debut in 1967. There were just 229 reported cases in the United States in the year 2012. Last year, however, across the United States, there were more than 4,200 cases of mumps reported. New York was one of seven states that had more than 100 cases. Particularly concerning, but not unusual for a mumps outbreak, is that the bulk of New York's 2016 cases of this highly-contagious virus were on state college campuses in New Paltz and Geneseo, just before students dispersed for the winter break. Mumps can spread quickly among persons in close contact, such as in college and university settings.

Of note, most of the students infected were up-to-date on their vaccinations, including the recommended two doses of MMR vaccine. This is because one dose of the MMR vaccine is approximately 78% effective against mumps, and two doses are approximately 88% percent effective. Furthermore, it is believed that the antibody response to mumps may wane several years after receiving the MMR vaccination. The Department offered a third dose of the MMR vaccine to exposed students at the New Paltz campus. While there is no routine recommendation for a third dose, in certain situations such as a sustained college outbreak, this may assist in halting the outbreak.

Given this recent outbreak in NYS, and since this is normally a low incidence disease, I want to alert you, as physicians, to test and report any possible mumps cases to the local health department. Patients suspected of having mumps should remain isolated at their college, university or home for five days following the onset of parotitis. The MMR vaccine should be administered to all patients who have not received two doses or are due for a dose, and do not have a medical contraindication to the MMR vaccine. Clinical diagnosis of mumps can be unreliable as some other viruses can cause symptoms that mimic mumps, and suspected cases must be laboratory confirmed. However, mumps is the primary cause of epidemic parotitis. Clinical specimens should be taken from parotid duct fluids for mumps PCR and viral culture and serum should be collected for mumps IgM antibody testing. But even negative lab results among vaccinated persons may not rule out a diagnosis of mumps in communities with an active outbreak. People with a history of mumps vaccination may not have detectable mumps IgM antibody, but PCR is usually positive if the specimen was collected soon after symptom onset. For more information on when and how to obtain a specimen for lab testing, see the Department's [Mumps Outbreak Control Guidelines](#) for health care providers. The guidelines also include information on how to mail the specimen to the Wadsworth Center for testing.

Finally, I want to invite you to the next Commissioner's Grand Rounds on Wednesday, February 8, from 6 to 8 p.m., in room 1306/7 in Fiterman Hall in the Borough of Manhattan Community College. The topic will be "Technology and the Doctor-Patient Relationship." The focus is on the effective use of technology in everyday practice while preserving the ability to communicate with patients. Our speakers will be Richard M. Frankel Ph.D., Senior Scientist, VA HSR&D Center for Health Information and Communication and Professor of Medicine and Geriatrics, Indiana University School of Medicine, and Joseph C. Kvedar, M.D., Vice President,

Connected Health at Partners Healthcare and Associate Professor, Dermatology, Harvard Medical School. You can attend in-person or participate via webinar by registering [here](#).

Thank you for your attention to these important issues, and again, I wish you a healthy 2017.

Sincerely,

Howard A. Zucker, M.D., J.D.