Candida auris Surveillance Report September 22, 2025



Michigan C. auris Case Count: Total Cases Clinical Case Screening Case
1,997 489 1,508

Cases initially identified as screening cases that later develop a positive clinical culture will solely be reported as a clinical case to avoid double counting the same individuals.

167 individuals converted from a screening to clinical case.

Fig 1. Candida auris Cases in Michigan by Case Typea, 2021 – September 22, 2025

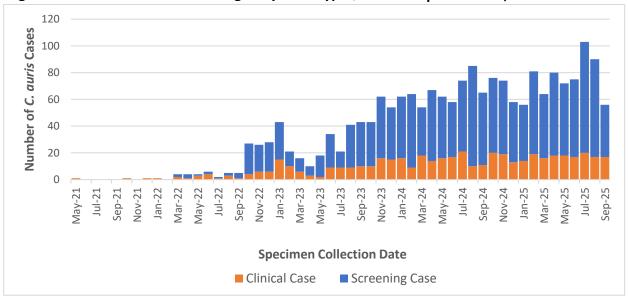
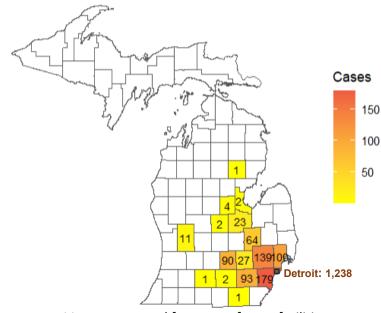


Fig 2. Jurisdiction of Health Care Facility at C. auris Case Detection^b



11 cases reported from out-of-state facilities.

Fig. 3. C. auris Cases by Health Care Facility Type^c at Detection^b

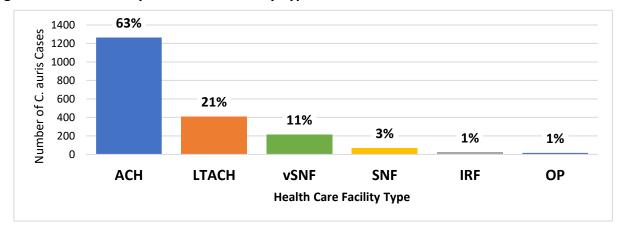


Fig 4. Clinical C. auris Cases by Specimen Source, n= 489

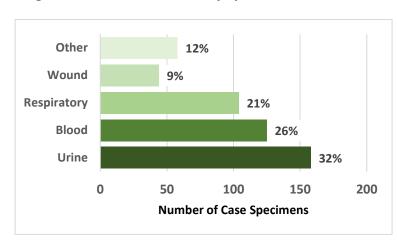


Fig 5. Clinical Isolate Antifungal Susceptibility Testing^d, n = 375

Antifungal Drug	MIC ₅₀ (Range)	% Resistant	
Polyene Class:			
Amphotericin B	1 (0.125-3)	0.3	
Echinocandin Class ^e :			
Anidulafungin	0.5 (0.03-16)	3.5	
Micafungin	0.25 (0.03-8)	2.4	
Azole Class:			
Fluconazole	128 (4 ->256)	98.4	
Itraconazole	1 (0.06-4)	NA	
Isavuconazole	2 (0.03-4)	NA	
Posaconazole	0.25 (<=0.008-1) NA	
Voriconazole	1 (0.03-8)	NA	

Fig 6. Clinical Isolate Susceptibility Testing by Antifungal Class^f, n = 375

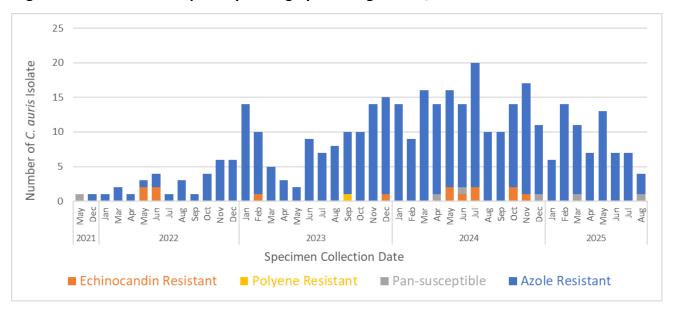


Fig 6. C. auris Cases by Race, as of Aug 31, 2025 Fig 7. C. auris Cases by Sex, as of Aug 31, 2025

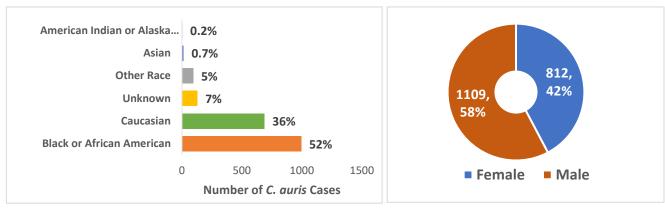
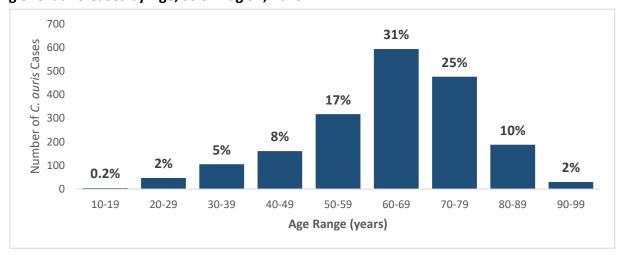


Fig 8. C. auris Cases by Age, as of Aug 31, 2025



- ^a Case Type: Clinical Case C. auris identified in a specimen collected during the course of clinical care for the purpose of diagnosis or treatment of disease, such as from a blood, urine, respiratory, wound; Screening Case C. auris identified in a sample collected to detect colonization, such as the axilla and/or groin; Individuals initially identified as a screening case but whom later develop a positive clinical culture will solely be reported as a clinical case in this report thereafter.
- **b Location at Detection** Health care facility where the individual was present at the time the *C. auris* positive specimen was collected, which may or may not reflect the location where *C. auris* was acquired.
- ^c Health Care Facility Type: LTACH long-term acute care hospital; ACH acute care hospital; vSNF ventilator-capable skilled nursing facility; IRF inpatient rehabilitation facility; SNF skilled nursing facility; OP outpatient setting.
- ^d Antifungal Susceptibility Testing: Performed by the CDC Antimicrobial Resistance Laboratory Network. There are currently no established *C. auris*-specific susceptibility breakpoints. Therefore, breakpoints are defined based on those established for closely related *Candida* species and on expert opinion. <u>Antifungal Susceptibility Testing for C. auris | Candida auris (C. auris) | CDC</u>
- ^e **Echinocandin Resistance:** An echinocandin drug continues to be the recommended initial therapy for treatment of *C. auris* infections. Clinical Treatment of *C. auris* infections | Candida auris (C. auris) | CDC

updates are provided for demographics including age, sex, and race data.

f Antifungal Class: Echinocandin resistant and polyene resistant isolates were also azole resistant. Susceptible isolates were susceptible to all three classes of antifungals. Of 14 echinocandin and polyene resistant isolates, 13 (93%) were collected in healthcare facilities in the City of Detroit, and 1 in Grand Traverse County.

MDHHS, Multidrug Resistant Organism (MDRO) Containment Unit updates C. auris data weekly. Monthly