Got a horrifying foreign superbug? You may have more than one



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The sad tale of a US resident who fell ill while traveling abroad has prompted an ominous warning from health experts at the Centers for Disease Control and Prevention—that is, that the most horrifying, highly drug-resistant infections known to health experts tend to travel in packs.

The patient who prompted the warning was traveling in Kenya in the late summer of 2018 when a cerebral hemorrhage struck. The

brain bleed landed the traveler in a hospital there for a month, during which time doctors performed a variety of procedures. Those included placing a feeding tube and inserting a breathing tube into the neck. The patient encountered several complications during the treatments, including sepsis, pneumonia, and a urinary tract infection, requiring courses of potent antibiotic and anti-fungal medications.

In September, the severely ill patient was medically evacuated to an acute-care hospital in Maryland. There, doctors found that the patient had become infected with several of the most dreaded multi-drug-resistant bacteria. These include oxacillinase-48-like-producing carbapenem-resistant *Klebsiella pneumoniae* and the New Delhi metallo-beta-lactamase-producing carbapenem-resistant *Pseudomonas aeruginosa*. Both germs are notoriously difficult to treat and can be deadly.

The patient was put in a private room with contact precautions to keep the germs contained. But in consultation with infectious-disease experts at the CDC, doctors decided to investigate further. They tested for yet another dastardly pathogen: the fungus *Candida auris*.

Partners in crime

First spotted in Japan in 2009, this deadly drug-resistant fungus has since appeared around the globe. It has popped up in about 30 countries, including the United States. *C. auris* tends to stalk healthcare facilities, infecting vulnerable patients who are already sick or immunocompromised. Recent research suggests that it gets around by sloughing off the skin of carriers, shedding millions of infectious cells onto touchable surfaces.

Once in a healthcare facility, *C. auris* can swiftly spread from patient to patient. In one healthcare facility in the US, nearly half of the patients in the entire facility became

colonized within months of one colonized patient arriving. Once infected, an estimated 30% to 60% of patients die.

Though the patient transferred from Kenya came from a facility with no reported cases of *C. auris*, the germ's swift and stealthy spread has made health experts cautious. Moreover, experts have noticed that patients who test positive for *C. auris* also tend to have simultaneous infections of drug-resistant bacteria, like the strains the patient had.

To see if the patient was carrying *C. auris*, the treating doctors in Maryland swabbed the patient's groin and armpits. Sure enough, the swab was positive for *C. auris*. Fortunately, with the contact precautions in place, the fungus hadn't spread to other patients in the hospital. The patient was treated and eventually discharged to a rehabilitation center.

Still, the case offers a cautionary tale, the CDC experts say. In a report released Thursday in the CDC's Morbidity and Mortality Weekly Report, they write:

> *This case highlights the importance of a high level of suspicion for C. auris in persons admitted to US health care facilities with a history of health care abroad, even if C. auris is not known to be widespread in that location.*

Co-colonization with *C. auris* and other frightening pathogens appears common, they add. And early identification of *C. auris* is critical to keeping it from spreading further.

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