



Minnesota  
Department  
of Health

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

November 22, 2016

Dear Infection Preventionist:

Thank you for all that you do to partner with us regarding public health in Minnesota. I am writing to notify you that the Minnesota Department of Health (MDH) is instituting sentinel surveillance for invasive candidiasis (IC) beginning January 1, 2017. MDH is conducting this surveillance pursuant to Minnesota Rules 4605.7000 to 4605.7900. Specifically, Minnesota Rules, 4605.7046, permits the Commissioner of Health to require sentinel surveillance of infectious diseases and syndromes if certain criteria are met. Documentation on the approved proposal for this change as well as details on IC reporting will be available on the MDH website by December 31, 2016. If you have questions in the interim, you can contact Brittany VonBank at the phone number or email below.

*Candida* can cause severe and fatal infections in immunocompromised or debilitated individuals, and is one of the most common causes of health care-associated bloodstream infections (candidemia) in the United States. There is limited population-based information about candidemia and other invasive candidiasis. This data has indicated possible changes in the predominant *Candida* species isolated and the emergence of antifungal-resistant infections. This year the Centers for Disease Control and Prevention released an alert describing the global emergence of multidrug-resistant *Candida auris* as a cause of invasive health care-associated infections with high mortality. While reports of *C. auris* are limited in the United States, in other countries *C. auris* has caused large outbreaks in health care facilities. Sentinel surveillance will allow MDH to quantify the burden of IC in the catchment area, gain a better understanding of the epidemiology of IC, track trends in specific *Candida* species that cause invasive infections, including emerging pathogens like *C. auris*, and monitor antifungal resistance patterns.

The definition of IC will include *Candida* spp. isolated from any normally sterile site. Sentinel surveillance will initially begin with only candidemia. This surveillance will include the submission of blood isolates to the PHL for further characterization and the submission of laboratory testing information (i.e. speciation and antifungal susceptibility results). All cases will need to be reported as they occur.

Your participation in this surveillance program is greatly appreciated. Your hospital will be instrumental in the characterization of IC throughout Minnesota. If you have any questions about this letter, please contact Brittany VonBank at 651-201-4148 or [brittany.vonbank@state.mn.us](mailto:brittany.vonbank@state.mn.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Edward P. Ehlinger".

Edward P. Ehlinger, MD, MSPH  
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