



Preparedness for Zika Virus Disease — New York City, 2016

Source: Madad SS, Masci J, Cagliuso NV Sr., Allen M. [Preparedness for Zika Virus Disease — New York City, 2016.](#) *Morb Mortal Wkly Rep* 2016;65:1161–1165. DOI: <http://dx.doi.org/10.15585/mmwr.mm6542a2>.

The state of New York has reported the highest number of Zika virus disease cases in the continental United States, with 715 cases reported as of September 21, 2016, underscoring the importance of the health care system to be prepared to care for patients with possible Zika virus disease. NYC Health + Hospitals created a Zika Preparedness and Response Action Plan by building upon the framework established in 2014 to screen patients for possible exposure to Ebola virus disease. The Zika plan includes universal screening for travel-associated Zika virus exposure, signage and maps depicting areas with active Zika virus transmission, laboratory services, and timely linking of infected patients to appropriate care. A robust emergency preparedness and response program can help health care systems limit the effects of Zika virus and ensure appropriate screening, diagnosis, and care. Potentially effective strategies include modification of established and tested protocols, offering ongoing health care provider education, and close collaboration with state and local health departments for Zika guidance and support.

Candida auris, a globally emerging invasive, multidrug-resistant fungus

Source: Vallabhaneni S, Kallen A, Tsay S, Chow N, Welsh R, Kerins J, Kemble SK et al. [Investigation of the first seven reported cases of *Candida auris*, a globally emerging invasive, multidrug-resistant fungus](#) — United States, May 2013–August 2016 *Morb Mort Weekly Report*. Early Release / November 4, 2016 / 65. https://www.cdc.gov/mmwr/volumes/65/wr/mm6544e1.htm?s_cid=mm6544e1_e.

Summary

What is already known about this topic?

Candida auris is an emerging pathogenic fungus that has been reported from at least a dozen countries on four continents during 2009–2015. The organism is difficult to identify using traditional biochemical methods, some isolates have been found to be resistant to all three major classes of antifungal medications, and *C. auris* has caused health care–associated outbreaks.

What is added by this report?

This is the first description of *C. auris* cases in the United States (US). *C. auris* appears to have emerged in the US only in the last few years, and US isolates are related to isolates from South America and South Asia. Evidence from US case investigations suggests likely transmission of the organism in health care settings.

What are the implications for public health practice?

It is important that laboratories accurately identify *C. auris* and for health care facilities to implement recommended infection control practices to prevent the spread of *C. auris*. (In the US): Local and state health departments and CDC should be notified of possible cases of *C. auris* and of isolates of *C. haemulonii* and *Candida* spp. that cannot be identified after routine testing.