



Messenger

Ebola Outbreak in the DRC

The outbreak of Ebola virus (Zaire type) continues to intensify in the Democratic Republic of the Congo (DRC), where the government has been unsuccessful in countering rebel activities near its borders with Rwanda and Uganda. Despite the vaccination of over 100,000 people with the new Ebola Zaire vaccine, the security uncertainty has made public health investigation and intervention difficult or impossible. A series of attacks on health workers, including the murder of a WHO epidemiologist on April 19, has resulted in mounting case counts and deaths due to this deadly filovirus.

As of May 7, 2019, ProMed reported a cumulative count of 1600 cases, of which 1534 were confirmed and 66 were probable. In total, there have been 1069 deaths (1003 confirmed and 66 probable, mortality rate of 67%), 442 people healed and 267 suspected cases under investigation.

Since then, residents and health workers have faced ongoing threats. On May 7, the triage facility of the Masiki Health Center in Katwa Health Zone was set on fire. A burial team officer was murdered in Vuhovi on the night of May 7-8. On May 8, armed men launched several attacks in the town of Butembo, one of the epicenters of the outbreak. The attackers were pushed back by the Armed Forces of the Democratic Republic of the Congo. A dozen attackers were killed and six were captured. A policeman from the city also died in the attack. Because of this new security incident, the response teams have limited their movements in the city, performing only minimum services.

Since the beginning of May, there have been five consecutive days in which the response teams have not been able to carry out all the necessary response activities in Butembo. They have been forced to curtail active case-finding in the community, vaccination, and dignified and secure burials. It was in this health zone that the nurse in charge of the Isonga health area was kidnapped and killed in February 2019.

***Candida auris* Update**

The Centers for Disease Control and Prevention (CDC) reported that as of March 31, 2019, there were 613 U.S. cases of *Candida auris*, an emerging fungus that is rapidly spreading worldwide.

While Illinois, New Jersey and New York are bearing the brunt of the outbreak, with 156, 106 and 319 cases respectively, nine other states have also reported

cases. Additionally, 1123 patients were found to be colonized with *C. auris* but not showing symptoms. The number of U.S.-based cases of the infection jumped by 26 in March 2019 alone.

C. auris cases have been reported globally, including multiple cases in Australia, Canada, China, Colombia, France, Germany and India. *C. auris* is difficult to manage because it is often multidrug-resistant.

C. auris culture isolates have been misidentified by clinical laboratory identification systems including the Vitek 2 YST, API 20C, BD Phoenix, MicroScan and the RapID Yeast Plus systems. Diagnostic devices based on matrix-assisted laser desorption/ionization time-of-flight (MALDI-TOF) can differentiate *C. auris* from other *Candida* species, but not all the reference databases included in MALDI-TOF devices allow for detection.

Currently, accurate identification of *C. auris* can be performed using the Bruker Biotyper brand MALDI-TOF devices using the updated Bruker FDA-approved MALDI Biotyper CA System library (Version Claim 4) or their “research use only” libraries (Versions 2014 [5627] and more recent) and VITEK (MALDI-TOF) MS RUO (with Saramis Ver 4.14 database and Saccharomycetaceae update). VITEK 2 with software version 8.01 should also be able to accurately detect *C. auris*, though misidentifications of strains from certain clades have been reported and all *Candida duobushaemulonii* specimens should be forwarded for further identification.

Contact the Public Health Laboratory at 805-781-5507 if you think you may have a suspicious culture that you wish to refer for identification. The state Microbial Diseases Laboratory has developed the technology to accurately identify *Candida auris*.

Relentless Measles Virus: State, Nation and World

The Centers for Disease Control and Prevention (CDC) now reports a total of 880 U.S. cases of measles thus far this year, with cases in 24 states: Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Texas, Tennessee, and Washington.

Total cases have exceeded the record year of 2014 when 667 cases were reported.

Rash illness cases—especially with exposure to a known measles case—should prompt inquiries with the communicable disease staff at the Public Health Department. Call 805-781-5500 (Monday-Friday, 8:00-5:00) or 805-781-4553 (on weekends and after hours).

Rapid, reliable measles or mumps virus PCR testing is performed by the Public Health Laboratory staff in the space of a few hours.

For collection supplies, contact the laboratory at 805-781-5507.

Questions?

Please contact the Laboratory Director at 805-781-5512 or jbeebe@co.slo.ca.us.

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