

# Molecular Detection of *C. auris*: A Comparative Evaluation of Commercial Assays including a new selective *C. auris* media for Clinical Laboratory Use



Elisabeth Kauntz<sup>1</sup>, Ronny Martin<sup>1</sup>, Johannes Zitzmann<sup>1</sup>, Johannes Strupp<sup>1</sup>, Emma Wilhelm<sup>1</sup>, Oliver Kurzai<sup>1,2</sup>, Alexander M. Aldejohann<sup>1,2</sup>

1) Institute for Hygiene and Microbiology, University of Wuerzburg, 97080 Wuerzburg, Germany  
 2) National Reference Center for Invasive Fungal Infections NRZMyk, Leibniz Institute for Natural Product Research and Infection Biology- Hans KnoellInstitute, Jena, Germany

## INTRODUCTION

*Candidozyma auris* (*C. auris*) is a multidrug-resistant fungal pathogen causing severe invasive infections with high transmission risk in healthcare settings.

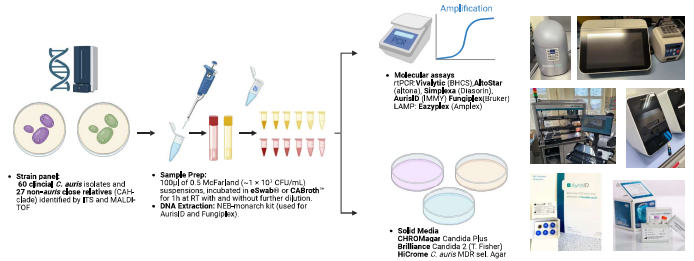


**Rapid, accurate detection is critical for outbreak control.**

This study evaluates the performance of six commercial molecular assays (5 rtPCR, 1 LAMP), three solid media and compares two liquid media eSwab® and a novel selective broth, CABroth™ for clinical laboratory use.

## METHODS

60 clinical *C. auris* isolates, 27 non-auris CAH-clade isolates were used to evaluate all methods of detection.



## RESULTS

### (1) Validation of 60 clinical *C. auris* strains and 27 close relatives (CAH clade)

**rtPCR assays (fig 1).** Sensitivity: 100% for all assays (60/60 *C. auris* detected), Turnaround Time: 30 min – 6 h, Throughput: 1–90 samples per run, Mean CT Values (95%CI): Simplexa: 20,48 (20,00–20,95); AurisID: 23,83 (23,36–24,3), Vivalytic: 30,49 (29,72–31,27), Fungiplex: 28,88 (28,25–29,52), AltoStar: 26,53 (26,05–27,02)  
**LAMP assay (fig 2).** Median TTP: 9.43 min (8.80–9.97); Quickest assay! 6 false positives among CAH-clade, Specificity: 77,7% Adjusted cut-off (15 min dotted line) improved specificity to 96.3% as 1x *C. duobushaemuli* remained positive.

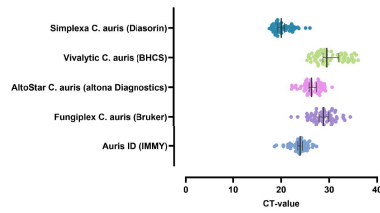


Figure 1: Performance of 5 qPCR assays vs. 60 clinical *C. auris* isolates (Clade I-V)

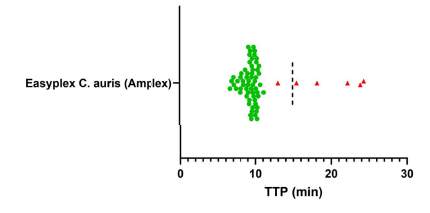


Figure 2: LAMP against 60 clinical *C. auris* isolates (Clade I-V, green dots) and 6 false positives CAH-clade isol. (red tri.)

### (2) Dilution series of 5 *C. auris* strains (Clade I-V) and LOD

**Molecular assays (fig 3).** All rtPCR assays identify *C. auris* at low concentrations. AltoStar *C. auris* shows the best performance. LAMP has the lowest sensitivity. Simplexa is inhibitory with CABroth™, otherwise both media perform equally.

**Selective media (fig 4).** Most tested selective media detect *C. auris* in low concentrations. However, HiChrome shows a limited detection rate. CABroth™ harbours the highest yield, even at very low concentrations, but also the longest time of incubation.

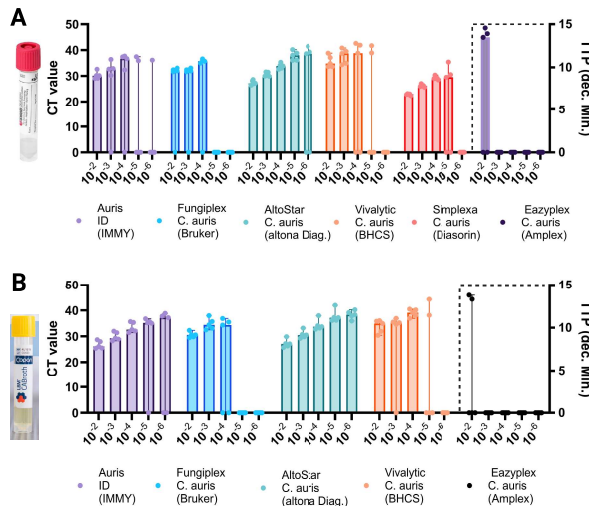


Figure 3: Performance of molecular assays. Dilution series of 5 *C. auris* strains (Clade I-V, McF 0.5) in A) eSwab® and B) CABroth™. The new selective broth (CABroth™ (Copan Italia, Brescia)) that was included as a comparison to eSwab® media shows similar performance.

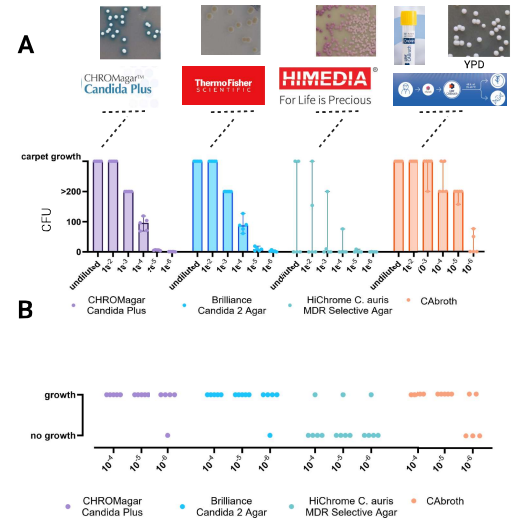
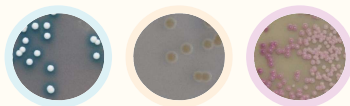


Figure 4: A) Performance of solid and liquid selective media. Dilution series of representative 5 *C. auris* strains (Clade I-V, from McF 0.5). B) Discrimination and activity of growth at higher dilution levels.

### (3) Performance of solid selective media vs. 60 clinical *C. auris* strains and 27 close relatives (CAH clade)

CHROMagar and Brilliance show equal sensitivity, while HiChrome seems to be selective for a non-MDR setting (no growth of relevant clinical strains)



Chromogenic medium	Sensitivity (95% CI)	Specificity (95% CI)	PPV (95% CI)	NPV (95% CI)
CHROMagar Candida Plus	0,95 (0,86-0,99)	0,93 (0,76-0,99)	0,97 (0,88-1,00)	0,89 (0,72-0,98)
Th. Fisher Brilliance Candida 2	0,95 (0,86-0,99)	1,00 (0,90-1,00)	1,00 (0,94-1,00)	0,90 (0,73-0,98)
HiChrome C. auris MDR Selective	0,63 (0,50-0,75)	1,00 (0,91-1,00)	1,00 (0,87-1,00)	0,55 (0,40-0,69)

## CONCLUSION

Rapid *C. auris* detection is elemental for outbreak and infection control. Overall the assays show medium to excellent performance. However, cultural methods harbour at least equal sensitivity compared to molecular tests. Patient samples are currently evaluated to further validate our findings.

## ACKNOWLEDGEMENTS

We are thankful to all companies involved. Contact: alexander.aldejohann@uni-wuerzburg.de