

## ***Candida auris* (*C. auris*)**

### **Disease Reporting and Surveillance Case Definition**

#### **What to report:**

Any patient or laboratory finding that meets either of the following criteria:

- Detection of *C. auris* in a specimen using either culture or a culture independent diagnostic test (CIDT) (e.g., Polymerase Chain Reaction [PCR])  
-OR-
- Detection of an organism that commonly represents a *C. auris* misidentification (refer to table of common misidentifications based on the identification method used located at <https://www.cdc.gov/fungal/candida-auris/recommendations.html>) in a specimen by culture

We continue to request notification of NC DPH from any clinician, laboratory or facility that suspects *C. auris* infection or colonization.

#### **Isolate submission:**

Further characterization of suspect and confirmed *C. auris* isolates is available at no cost to the submitter through the State Laboratory of Public Health. Isolate submission is requested for the following:

- Detection of *C. auris* in a specimen using either culture or a culture independent diagnostic test (CIDT) (e.g., Polymerase Chain Reaction [PCR])
- Detection of an organism that commonly represents a *C. auris* misidentification (refer to table of common misidentifications based on the identification method used available from <https://www.cdc.gov/fungal/candida-auris/recommendations.html> and *C. auris* identification algorithm available from <https://www.cdc.gov/fungal/diseases/candidiasis/pdf/Testing-algorithm-by-Method-temp.pdf>) in a specimen by culture
- Yeast isolates that have not been speciated from individuals with evidence of epidemiologic linkage (refer to epidemiologic linkage criteria, below)

When submitting an isolate, please specify on the [requisition form](#) which testing method was used at the submitting facility to identify the organism.

#### ***C. auris* case definitions:**

##### **Laboratory criteria for diagnosis**

##### *Confirmatory laboratory evidence:*

Detection of *C. auris* from any body site using either culture or a culture independent diagnostic test (CIDT) (e.g., Polymerase Chain Reaction [PCR]).

*Presumptive laboratory evidence:*

Detection of *C. haemulonii* from any body site using a yeast identification method that is not able to detect *C. auris* (refer to <https://www.cdc.gov/fungal/candida-auris/recommendations.html>), AND

- Either the isolate/specimen is not available for further testing
- OR-
- The isolate/specimen has not yet undergone further testing.

*Epidemiologic linkage:*

Person resided within the same household with another person with confirmatory or presumptive laboratory evidence of *C. auris* infection or colonization.

-OR-

Person received care within the same healthcare facility as another person with confirmatory or presumptive laboratory evidence of *C. auris* infection or colonization.\*

-OR-

Person received care in a healthcare facility that commonly shares patients with another facility that had a patient with confirmatory or presumptive laboratory evidence of *C. auris* infection or colonization.\*

-OR-

Person had an overnight stay in a healthcare facility in the previous one year in a foreign country with documented *C. auris* transmission (<https://www.cdc.gov/fungal/candida-auris/tracking-cauris.html>).

\*Note: the person with confirmatory or presumptive laboratory evidence of *C. auris* and potentially exposed individuals do not need to be present in a health care facility for any overlapping time period. Any case occurring in a facility with a confirmed or probable case identified in the prior 12 months would be considered epidemiologically linked.

## **Case classification**

### ***C. auris* case, clinical**

#### **Confirmed:**

Person with confirmatory laboratory evidence from a clinical specimen collected for the purpose of diagnosing or treating disease in the normal course of care. This includes specimens from sites reflecting invasive infection (e.g., blood, cerebrospinal fluid) and specimens from non-invasive sites such as wounds, urine, and the respiratory tract, where presence of *C. auris* may simply represent colonization and not true infection.

#### **Probable:**

Person with presumptive laboratory evidence and evidence of epidemiologic linkage.

**Suspect:**

Person with presumptive laboratory evidence and no evidence of epidemiologic linkage.

**C. *auris* case, colonization/screening**

**Confirmed:**

A person with confirmatory laboratory evidence from a swab collected for the purpose of screening for *C. auris* colonization regardless of site swabbed. Typical colonization/screening specimen sites are skin (e.g., axilla, groin), nares, rectum, or other external body sites. Swabs from wound or draining ear are considered clinical.

**Probable:**

Person with presumptive laboratory evidence from a swab collected for the purpose of screening for *C. auris* colonization.

**Criteria to distinguish a new *C. auris* case from an existing *C. auris* case:**

- For clinical cases, count patient once regardless of if a new event occurs
- For colonization/screening cases, count patient only once regardless of the interval between testing (assumes patient is always colonized)
- A person with a clinical case should not be counted as a colonization/screening case thereafter (e.g., patient with known infection who later has colonization of skin is not counted as more than one case).
- A person with a colonization/screening case can be later categorized as a clinical case (e.g., patient with positive screening swab who later develops bloodstream infection would be counted in both categories).

**Purpose of reporting:**

Reporting and surveillance aim to:

1. Prevent transmission of infections with *C. auris* between patients, within or among health care facilities, or between health care facilities and the community
2. Identify and respond to outbreaks
3. Better characterize the epidemiology of these infections

Early detection and aggressive implementation of infection prevention and control strategies are necessary to prevent further spread of *C. auris*. These strategies require an understanding of the prevalence or incidence of *C. auris*. Public Health authorities must be notified promptly when cases of *C. auris* are detected to contain *C. auris*.

References:

1. Council of State and Territorial Epidemiologists. (2018). *Standardized Case Definition for Candida auris clinical and colonization/screening cases and National Notification of C. auris case, clinical* [position statement]. Retrieved from [https://cdn.ymaws.com/www.cste.org/resource/resmgr/2018\\_position\\_statements/18-ID-05.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/2018_position_statements/18-ID-05.pdf)