Candida auris (*Candidozyma auris*) Education and Training for Local Health Departments

Session 3: Identification of *C. auris* and Colonization Screening

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Communicable Disease Service | New Jersey Department of Health

October 15, 2026

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Overview

- Identification and Testing Methods
- Colonization Screening Overview
- Targeted Colonization Screening
- Point Prevalence Survey (PPS) Overview
- Coordination of Colonization Screenings
- Post-PPS Process & Procedures

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Identification of *Candida auris* (*C. auris*)

- Identification of *C. auris* may occur when:
  - A clinical specimen is collected for the purpose of diagnosing or treating illness, OR
  - Colonization screening (i.e., testing) is being conducted for surveillance purposes
- Testing Methods:
  - **Fungal culture:** primarily used for clinical isolates; may be used for surveillance screening
  - **Molecular testing (i.e., real-time polymerase chain reaction [PCR])**: primarily used for screening swabs

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Comparison of Testing Methods

Fungal Culture

- Slow growth – up to 14 days
- Only able to detect live fungi capable of growth
  - Less sensitive
- Difficult to grow and isolate
- Fungal pathogen of interest may not be isolated due to fungal competition and overgrowth of other fungi present

Real-Time PCR

- Preferred method for laboratory detection of *C. auris* colonization
- Rapid result turnaround time (e.g., 4 hours)
- Able to detect live and dead targeted fungi
- Highly sensitive
- Highly specific

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C. auris Colonization Screening Overview

- Testing patients/residents who don't have symptoms of infection to see if they are carrying *C. auris*
  - *C. auris* colonization screening may be conducted proactively or in response to case identification
- NJDOH recommends conducting screening using 1 swab per patient that is used to swab six body sites:
  - Both nares
  - Both axilla
  - Both sides of the groin

  ~62% sensitivity

  ~80% sensitivity
- Testing is primarily conducted via real-time PCR

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Targeted *C. auris* Colonization Screening

- Testing for *C. auris* colonization may be targeted towards the highest risk patients/residents
  - Roommates of a case patient
  - Patients admitted to the same hallway of a unit as the case patient
  - Patients admitted to an intensive care unit or other high acuity unit where a case patient received care
- Used when testing an entire unit is not feasible
- May be expanded if screening results identify transmission

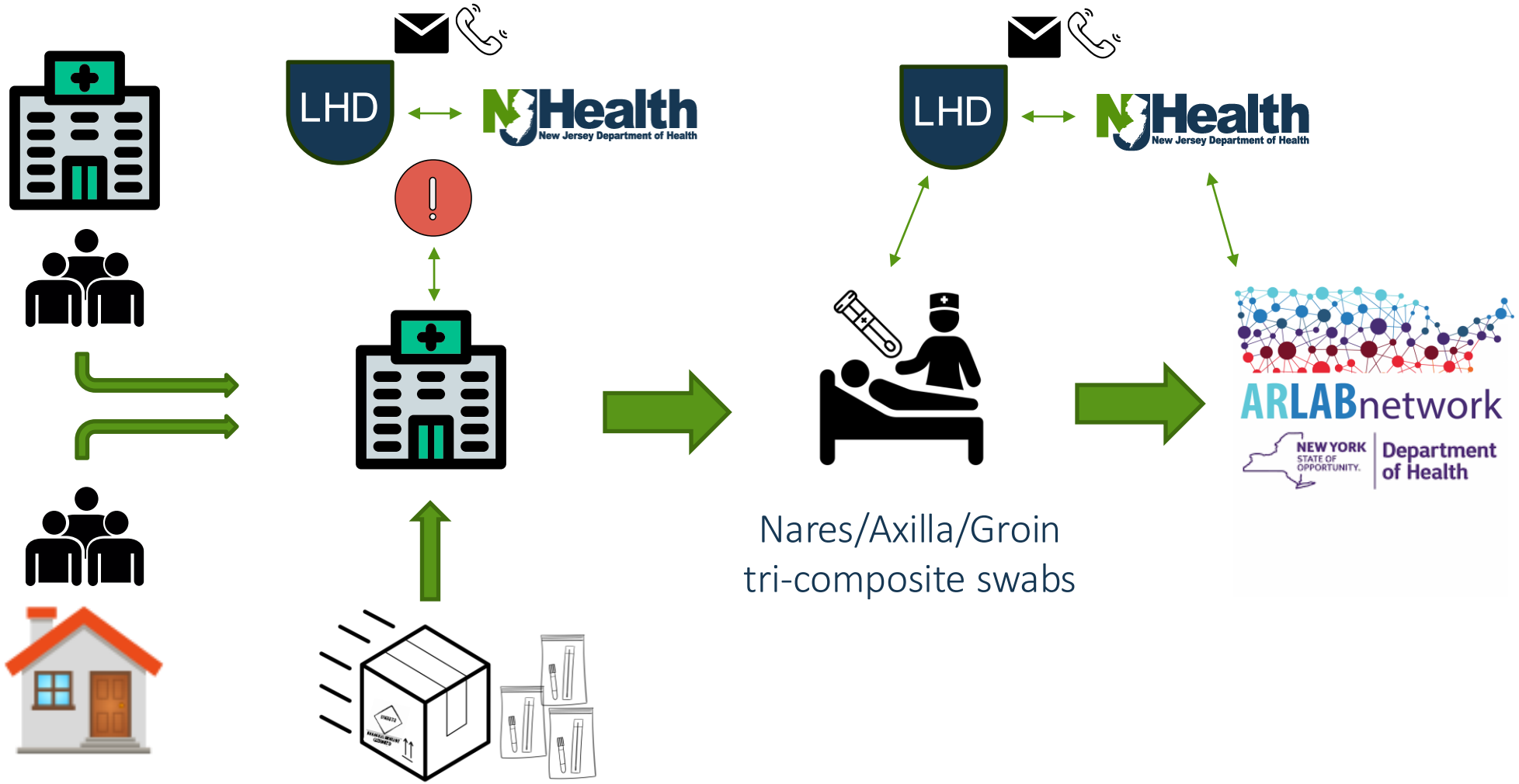
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C. auris Point Prevalence Survey Overview

- Point Prevalence Survey (PPS): broad (e.g., unit-wide) testing of patients admitted to a unit/facility to capture a prevalence estimate at a given point in time
- Typically excludes known *C. auris* cases
- May be conducted proactively or in response to case identification
- PPSs are a critical component of *C. auris* case investigation and response that helps determine if there is evidence of transmission

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Overview of NJDOH's *C. auris* Colonization Screening Process



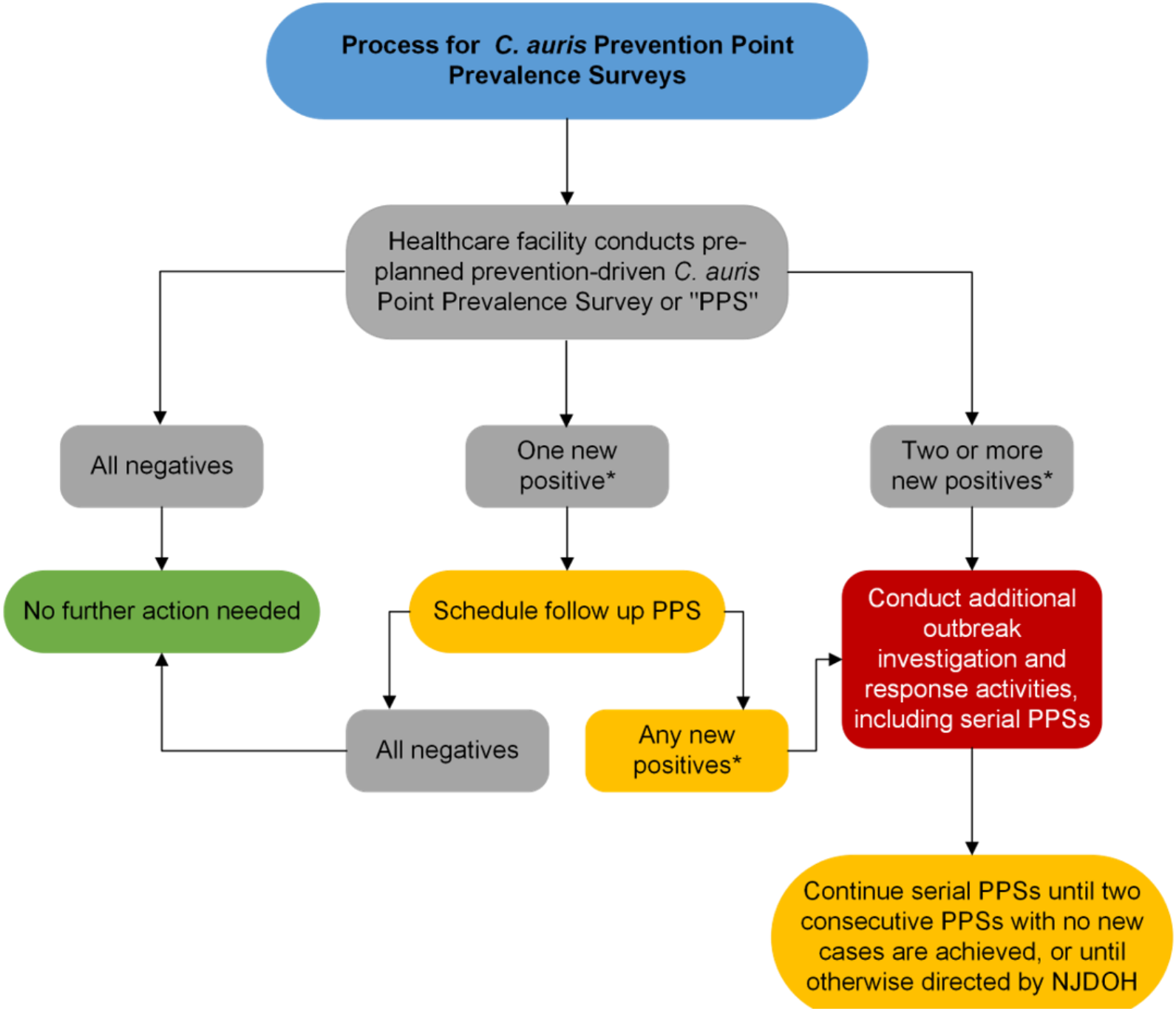
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Prevention Point Prevalence Surveys

- PPSs proactively performed based on the level of risk for *C. auris* importation and transmission
  - Long-term acute care hospitals (LTACHs): facility-wide
  - Ventilator-capable skilled nursing facilities (vSNFs): ventilator unit
- Goal: early identification of colonized individuals to prevent transmission in high-risk settings
- Frequency: conducted once* every three to six months

*If a prevention PPS identifies new *C. auris* cases, further response-based screening may be necessary

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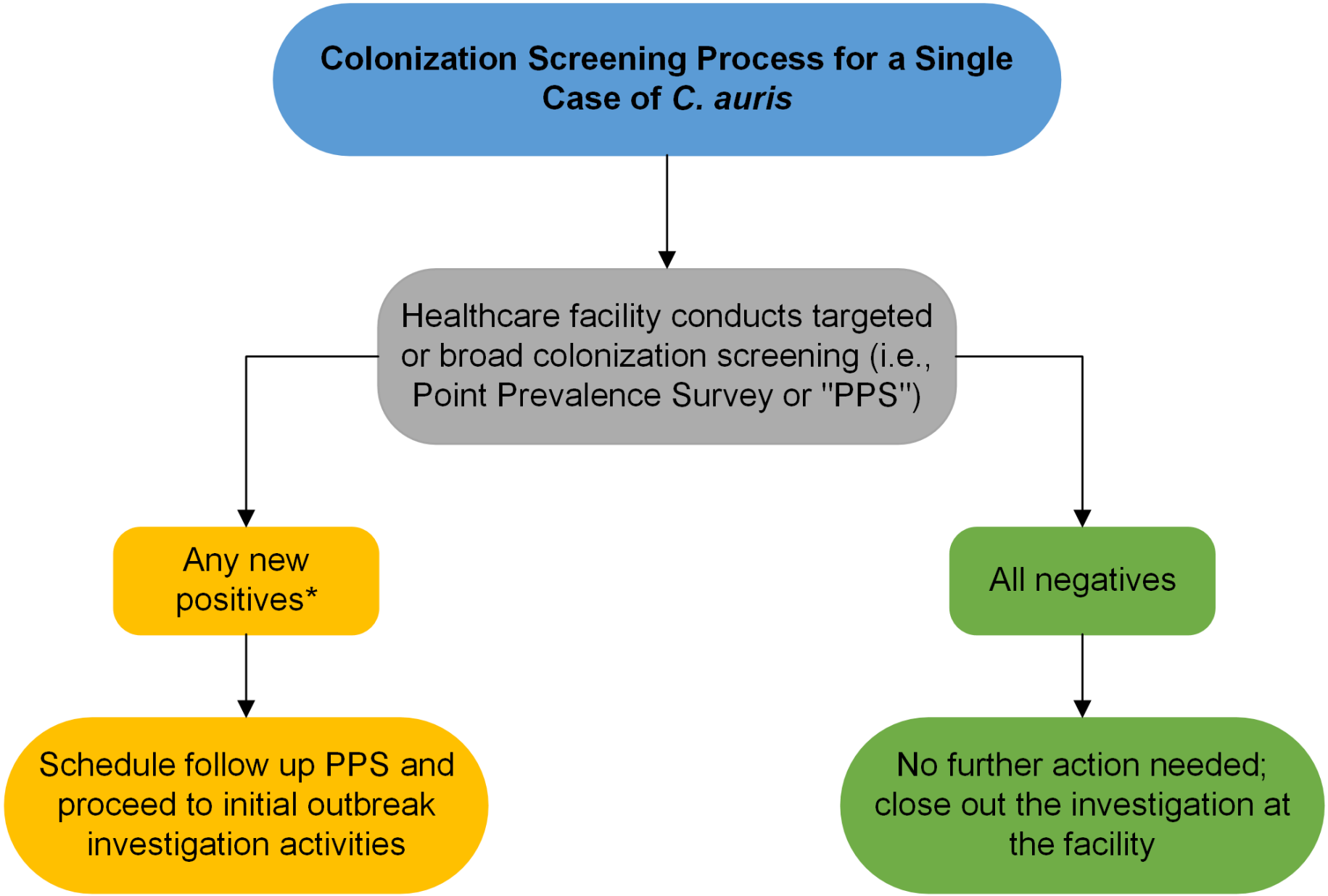


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Response-Based Point Prevalence Surveys

- PPSs conducted in response to identification of:
  - 1. Newly identified *C. auris* case, **or**
  - 2. Potential exposures to a known case that could result in transmission
    - E.g., *C. auris* case is transferred to a new facility without communication of their *C. auris* status and the case patient is not placed on appropriate transmission-based precautions
- Testing most often conducted at Wadsworth Center – the northeast regional ARLN lab
  - Requires coordination with and approval from NJDOH's HAI/AR Unit
- May be conducted by a facility's clinical laboratory
  - Facility must provide documentation of all screened patients/residents and copies of results

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Serial Point Prevalence Surveys

- Repeated PPSs conducted at a shorter recurring frequency (e.g., every 2-4 weeks) to assess ongoing transmission of *C. auris*
- Used to measure changes in pathogen transmission over time
- Ideally includes repeatedly testing prior negative patients/residents as well as new admissions
- Key component of outbreak containment and response
  - Used to assess whether control measures and interventions slow or prevent transmission over time

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Coordination of Point Prevalence Surveys

- NJDOH will coordinate the screening with the screening facility and the local health department (LHD) with jurisdiction over the screening facility
- LHD responsibilities:
  - Obtain bed counts and unit floor plans and share with NJDOH
  - Provide colonization screening instructions and education to the facility
  - Schedule and confirm specimen collection dates with the facility based on potential testing dates provided by NJDOH
  - Ensure the facility correctly collects, labels and packages screening specimens for shipment
  - Obtain from the facility the digital line list including all screened patients/residents

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Coordination of Point Prevalence Surveys (Continued)

- NJDOH responsibilities:
  - With regional public health lab, determine potential dates for testing
  - Determine scope of screening based on case information and floor plans
  - Generate FedEx shipping label and specimen manifest for the facility to print and include with specimens
  - Document patients/residents screened, required demographics and corresponding test results in state-wide PPS tracker
  - Provide copies of screening results for specimens tested at the regional lab
  - Determining cadence of serial PPSs and discontinuing PPSs when indicated

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Post-PPS Process & Procedures

- Positive PPSs specimen results from public health labs will create new cases in CDRSS via ELR
  - **Exceptions:** out-of-state residents will need to have cases manually created
- Positive test results corresponding to PPS specimens tested at a facility's lab may require manual entry of cases into CDRSS if the testing lab is not submitting positive results via ELR

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Post-PPS Process & Procedures (Continued)

- PPS identifies new positive → facility digitally completes *C. auris* epidemiologic assessment
  - **Important:** review epidemiologic information for new cases to assess likelihood of *C. auris* acquisition at other healthcare facilities
- Each case newly identified during a PPS will be investigated by the LHD with jurisdiction over the case patient's primary address
  - Same protocol used for a single case investigation
- LHDs with jurisdiction over impacted healthcare facilities will conduct healthcare facility exposure investigation(s)

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Websites:

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