

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

Session 1 Part 2: Case Definitions and Reporting

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Overview

Confirmatory Laboratory Criteria

Case Reporting

Case Definitions & Subtypes

Multiple Case Reporting

Case Designations for Surveillance

What is Reportable?

Confirmatory Laboratory Criteria:

- Detection of *C. auris* from a specimen using a validated culture-independent test (e.g., nucleic acid amplification test, PCR or other molecular testing method), **OR**
- Detection of *C. auris* using culture-based testing

A positive detection by either molecular methods OR culture-based methods is considered a true, final positive result

Who is Required to Report Cases of *Candida auris* (*C. auris*) and When?

- **Healthcare providers** and **administrators** are required to report *C. auris* cases within one business day of identification
- **Laboratories** are also required to report positive *C. auris* laboratory results within one business day of identification via CDRSS electronic laboratory reporting (ELR)

C. auris Case Reporting by Jurisdiction of Residence

- Cases identified **among NJ residents** are reported to the local health department where the patient resides
- Cases identified **among individuals with unknown state of residence** are reported to the local health department with jurisdiction over the identifying healthcare facility
- Cases identified **among out-of-state residents** are reported to NJDOH

Case Definitions & Subtypes

Screening (Colonization)

- A person with confirmatory laboratory evidence from a specimen (e.g., swab) **collected for the purpose of screening for *C. auris* colonization**
- Typical screening specimen sites:
 - Nares/Axilla/Groin swab
 - Nares swab
 - Axilla/Groin swab
 - Other skin swabs

Clinical (Infection)

- A person with confirmatory laboratory evidence from a clinical specimen **collected for the purpose of diagnosing or treating disease in the normal course of care**
- Typical clinical specimen sites:
 - Blood
 - Wound
 - Urine
 - Respiratory tract

Multiple Case Reporting

- An individual may be counted as two separate cases if:
 - Their first positive specimen represents a screening case, AND
 - They later have a positive clinical specimen that represents a clinical case
- Situations where an individual is NOT counted as separate cases:
 - A screening case patient later has another positive screening specimen
 - A clinical case patient later has another positive clinical specimen
 - A clinical case patient later has a positive screening specimen

Multiple Case Reporting (Continued)

Initial Positive Specimen	Additional Positive Specimen	Number of Distinct Cases and Type(s)
Screening swab (colonization)	Clinical specimen (infection)	Two: 1 screening case and 1 clinical case
Clinical specimen (infection)	Screening swab (colonization)	Once: 1 clinical case
Screening swab (colonization)	Screening swab (colonization)	Once: 1 screening case
Clinical specimen (infection)	Clinical specimen (infection)	Once: 1 clinical case

Multiple Case Reporting: Example 1

- Candace Aura has a nares swab collected upon admission to the hospital from a nursing home on January 1, 2026 that is positive for *C. auris* by PCR
- On April 5, 2026, Candace is readmitted to the hospital with a fever. On April 8th, she has a blood specimen collected that identified *C. auris* by culture
- How many *C. auris* cases should be reported and documented for this patient?

TWO: one screening case and one clinical case

Multiple Case Reporting: Example 2

- Mary Jane resides in a long-term care facility and is admitted to the hospital.
- Upon admission to the hospital on March 30, 2026, Mary Jane has a nares swab, an axilla swab and a groin swab collected. All three swabs are positive for *C. auris* by PCR.
- How many *C. auris* cases should be reported and documented for this patient?

ONE: one screening case

Multiple Case Reporting: Example 3

- Ronnie Weasle presents to the hospital with altered mental status and purulent wound drainage on February 6th, 2026. On February 7th, he has a wound drainage swab collected that identified *C. auris* by culture.
- Ronnie Weasle is transferred to a ventilator-capable skilled nursing facility (vSNF) on March 1, 2026. Upon admission to the vSNF, he has a nares/axilla/groin swab collected for *C. auris* colonization screening, which comes back positive.
- How many *C. auris* cases should be reported and documented for this patient?

ONE: one clinical case

Multiple Case Reporting: Example 4

- Suzie Queue is admitted to a long-term acute care hospital on May 4th, 2026. She is screened for *C. auris* colonization upon admission and tests negative. During the normal course of care, she has a sputum specimen collected on May 20th that identified *C. auris* by culture.
- Suzie Queue's status declines and she is transferred to the intensive care unit of a nearby hospital on May 30th. Upon admission to the ICU, a blood specimen is collected and tested using molecular methods, which identifies *C. auris*.
- How many *C. auris* cases should be reported and documented for this patient?

ONE: one clinical case

Case Designations for Surveillance

- **Present on Admission/Arrival (POA):**
 - Positive specimen is collected within 24 hours of admission or presentation to the identifying healthcare facility
 - May also be considered healthcare-associated if the patient is transferred to the identifying facility directly from another healthcare facility
- **Presumptive Healthcare-Associated:**
 - Positive specimen is collected >24 hours from admission or presentation to the identifying facility

Case Designations: Example 1

- Candace Aura has a nares swab collected upon admission to the hospital from a nursing home on January 1, 2026 that is positive for *C. auris* by PCR
- Is this case present on admission, presumptive healthcare-associated, or both?

BOTH: present on admission to the hospital and presumptive healthcare-associated with the nursing home

Case Designations: Example 2

- Suzie Queue is admitted to a long-term acute care hospital on May 4th, 2026. She is screened for *C. auris* colonization upon admission and tests negative. During the normal course of care, she has a sputum specimen collected on May 20th that identified *C. auris* by culture.
- Is this case present on admission, presumptive healthcare-associated, or both?

Presumptive healthcare-associated

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Websites:

- https://www.nj.gov/health/cd/topics/hai_ar.shtml
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