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

Session 4: Deep Dive into Case Patient Investigations

Adrienne Sherman, MPH, CIC
Healthcare-Associated Infections and Antimicrobial Resistance Epidemiologist
Infection Control, Healthcare & Environmental Epidemiology Program
Communicable Disease Service | New Jersey Department of Health

October 29, 2026

NJHealth
New Jersey Department of Health

Overview

- Case Patient Investigation Concept Check
- Part 1 of Case Patient Investigations
- Part 2 of Case Patient Investigations
- Part 3 of Case Patient Investigations
- Part 4 of Case Patient Investigations
- *C. auris* Case Patient Investigation Data

NJHealth New Jersey Department of Health

Candida auris (*C. auris*) Case Investigation Pop Quiz

- Who is responsible for initially contacting the healthcare facility where a *C. auris* case is identified?

  The LHD with jurisdiction over the case patient's primary address

- Who is responsible for conducting traceback to identify all the healthcare facilities where a *C. auris* case patient received care in the 30 days prior to positive specimen collection?

  The LHD with jurisdiction over the case patient's primary address

- If a case patient screened negative for *C. auris* upon admission to Hospital A but had a positive specimen collected on day 90 of their admission to Hospital A, what should the traceback period be for investigation?

  90 days

NJHealth New Jersey Department of Health

C. auris Case Investigation Process – Part 1

1) Search/review patient information in CDRSS (person record level)	
Check for prior *C. auris* case records	Enter case if not already in CDRSS

NJHealth New Jersey Department of Health

C. auris Case Investigation Process – Part 1

1) Search/review patient information in CDRSS (person record level)	
Check for prior *C. auris* case records	Enter case if not already in CDRSS

2) Determine positive specimen source to classify case subtype	
Review lab test data to determine specimen source	Assign case subtype

NJHealth New Jersey Department of Health

C. auris Case Investigation Process – Part 1

1) Search/review patient information in CDRSS (person record level)	
Check for prior *C. auris* case records	Enter case if not already in CDRSS

2) Determine positive specimen source to classify case subtype	
Review lab test data to determine specimen source	Assign case subtype

3) Ensure confirmatory laboratory criteria is met	
Review current and prior lab results	Move lab result to other case record if needed

NJHealth New Jersey Department of Health

Case Status Determination

Case status is determined by the established *C. auris* case definition

- **Possible**: not applicable, do not use
- **Probable**: not applicable, do not use
- **Confirmed**: use if/when a case meets the confirmatory laboratory criteria
- **Not a Case**: use if/when a case does not meet the confirmatory laboratory criteria
- **Out of State**: use only for a case that had their first positive specimen collected outside of New Jersey
  - **Do NOT select for out-of-state residents that had their first positive specimen collected in New Jersey**

NJHealth New Jersey Department of Health

C. auris Case Investigation Process – Part 2

4) Determine and assign case status in CDRSS

Determine & assign correct case status in CDRSS

C. auris Case Investigation Process – Part 2

4) Determine and assign case status in CDRSS

Determine & assign correct case status in CDRSS

5) Determine where the positive specimen was collected

Review Lab and Diagnostic Test Info in CDRSS	Contact ordering facility or testing lab to confirm facility of specimen collection

NJHealth New Jersey Department of Health

C. auris Case Investigation Process – Part 2

4) Determine and assign case status in CDRSS

Determine & assign correct case status in CDRSS

5) Determine where the positive specimen was collected

Review Lab and Diagnostic Test Info in CDRSS	Contact ordering facility or testing lab to confirm facility of specimen collection

6) Contact the Infection Preventionist (IP) at the identifying facility*

Determine the case patient's current location	Identify other healthcare facilities where the case patient received care

*More than one healthcare facility likely needs to be contacted to identify all healthcare facilities the case patient visited during the traceback period

NJHealth New Jersey Department of Health

Special Considerations

- **If the identifying healthcare facility is out of your jurisdiction**, communicate that someone from the facility's jurisdiction will collect additional information and provide infection prevention and control recommendations

- **If the patient is no longer at the identifying facility**, identify any healthcare facilities where the patient was subsequently transferred.

- **If the patient was admitted from or discharged to an out-of-state facility**, immediately contact NJDOH (DOH.CDS.HAIAR.EPI@doh.nj.gov)

- **If the patient is a resident of NJ but was identified to have *C. auris* at an out-of-state facility**, no further investigation is needed unless the patient-received healthcare at a NJ facility 30 days prior to positive specimen collection, or anytime after specimen collection.

NJHealth New Jersey Department of Health

C. auris Case Investigation Process – Part 3

7) Collect and enter required data elements in CDRSS

Obtain required information and enter data into CDRSS

NJHealth New Jersey Department of Health

C. auris Case Investigation Process – Part 3

7) Collect and enter required data elements in CDRSS

Obtain required information and enter data into CDRSS

8) Add/Update investigation addresses associated with the case

Ensure all healthcare facilities associated with the case patient are added as investigation addresses in CDRSS

NJHealth New Jersey Department of Health

C. auris Case Investigation Process – Part 3

7) Collect and enter required data elements in CDRSS

Obtain required information and enter data into CDRSS

8) Add/Update investigation addresses associated with the case

Ensure all healthcare facilities associated with the case patient are added as investigation addresses in CDRSS

9) Notify other LHDs with jurisdiction over each impacted healthcare facility

Email/call each LHD; provide the CDRSS case ID and names of the healthcare facilities that need exposure investigations

NJHealth New Jersey Department of Health

C. auris Case Investigation Process – Part 4

10) Determine if a clinical isolate needs to be submitted to Wadsworth by the testing lab & request isolate submission if indicated

Request submission of clinical isolates that haven't already been tested at Wadsworth Center

NJHealth New Jersey Department of Health

C. auris Case Investigation Process – Part 4

10) Determine if a clinical isolate needs to be submitted to Wadsworth by the testing lab & request isolate submission if indicated

Request submission of clinical isolates that haven't already been tested at Wadsworth Center

11) Update the case report status when appropriate

Keep as "LHD OPEN" until the Facility Exposure Investigation Status and Updates section indicates all exposure investigations have been completed

NJHealth New Jersey Department of Health

C. auris Case Patient Investigation Data

- **Disease Information**
  - Disease Subgroup
  - Case Status
  - Date Reported to State or Local Health Department
  - Report Status
- **Patient Personal Information**
  - First Name
  - Last Name
  - Sex
  - Birth Date
  - Race
  - Ethnicity

NJHealth New Jersey Department of Health

C. auris Case Patient Investigation Data (Continued)

- **Addresses**
  - Primary Address
  - Investigation Addresses
- **Clinical Status**
  - Patient Died?
  - Date of Death (if applicable)
- **Medical Facility and Provider Information**
  - Medical Facility Names
- **Laboratory and Diagnostic Test Information**
  - Date Specimen Collected
  - Specimen
  - Tissue Description
  - Lab Name
  - Ordering Facility
  - Test Result
  - Test Result Data – enter positive specimen source/site here

NJHealth New Jersey Department of Health

DSQ Fields for LHDs Leading Case Patient Investigations to Complete

- Name of reporting facility
- Location type of the reporting facility
- Name of facility where identifying specimen was collected (if different from reporting facility)
- Location type where the specimen was collected (if different from reporting facility)
- Indicate the reason for specimen collection
  - Answer choices: Clinical Workup, Point Prevalence Screening, Admission Screening, Colonization Screening Due to Known Exposure, Other

NJHealth New Jersey Department of Health

ADDITIONAL REQUIREMENTS: CANDIDA AURIS	
NJDOH ASSIGNED CANDIDA AURIS CASE ID (FOR NJDOH USE ONLY)	
NAME OF REPORTING FACILITY	**Cooper University Hospital**
SELECT THE LOCATION TYPE OF THE REPORTING FACILITY	**Acute Care Hospital**
NAME OF FACILITY WHERE IDENTIFYING SPECIMEN WAS COLLECTED (IF DIFFERENT FROM REPORTING FACILITY)	**N/A**
SELECT THE LOCATION TYPE WHERE THE SPECIMEN WAS COLLECTED (IF DIFFERENT FROM REPORTING FACILITY)	**Not Applicable**
INDICATE THE REASON FOR SPECIMEN COLLECTION	**Point Prevalence Screening (PPS)**
WAS THE PATIENT PREVIOUSLY IDENTIFIED AS A COLONIZATION/SCREENING CASE FOR THIS ORGANISM?	**No**
WAS THE PATIENT PREVIOUSLY IDENTIFIED AS A CLINICAL CASE FOR THIS ORGANISM?	**No**
WHEN DID THIS PATIENT PRESENT TO THE IDENTIFYING/REPORTING HEALTHCARE FACILITY?	**03/15/2022**
WHAT SETTING OR LOCATION TYPE DID THE PATIENT PRESENT FROM?	**Skilled Nursing Facility (Non-Vent)**
SPECIFY THE NAME AND LOCATION OF THE FACILITY WHERE THE PATIENT PRESENTED FROM	**Abigail House, Camden**
IS THE PATIENT STILL CURRENTLY ADMITTED TO THIS FACILITY?	**No**
DATE OF DISCHARGE OR EXPIRATION	**03/30/2022**
DISCHARGE DISPOSITION	**Discharge to another facility**
WHAT SETTING OR LOCATION TYPE WAS THE PATIENT DISCHARGED TO?	**Long-Term Acute Care**
PLEASE SPECIFY THE NAME AND LOCATION OF THE FACILITY THE PATIENT WAS DISCHARGED TO	**Select Specialty Hospital Willingboro**

NJHealth New Jersey Department of Health

DSQ Fields for LHDs Leading Case Patient Investigations to Complete (Continued)

- Was this patient admitted to another inpatient healthcare facility in the 30 days prior to positive specimen collection? (question repeats up to 3 times)
  - What is the name of the inpatient healthcare facility where the patient was admitted prior to the identifying healthcare facility?

- Did this patient receive care at any outpatient healthcare facilities in the 30 days prior to positive specimen collection?
  - Specify the name(s) and location(s) of the outpatient healthcare facilities

NJHealth New Jersey Department of Health

WAS THE PATIENT ON ANY TRANSMISSION-BASED PRECAUTIONS DURING THEIR ADMISSION?	**Yes**
WHAT TYPE OF TRANSMISSION-BASED PRECAUTIONS WAS THE PATIENT PLACED ON DURING THEIR ADMISSION?	**Droplet Precautions**
DURING THE PATIENT'S ADMISSION, WHEN DID TRANSMISSION-BASED PRECAUTIONS BEGIN?	**03/15/2022**
DURING THE PATIENT'S ADMISSION, WHEN DID TRANSMISSION-BASED PRECAUTIONS END?	**03/20/2022**
DO YOU WANT TO ADD ANOTHER DATE RANGE?	**Yes**
WHAT TYPE OF TRANSMISSION-BASED PRECAUTIONS WAS THE PATIENT PLACED ON DURING THEIR ADMISSION?	**Contact Precautions**
DURING THE PATIENT'S ADMISSION, WHEN DID TRANSMISSION-BASED PRECAUTIONS BEGIN?	**03/18/2022**
DURING THE PATIENT'S ADMISSION, WHEN DID TRANSMISSION-BASED PRECAUTIONS END?	**03/30/2022**
DO YOU WANT TO ADD ANOTHER DATE RANGE?	**No**

NJHealth New Jersey Department of Health

WERE THERE ANY OTHER KNOWN C. AURIS CASE PATIENTS ADMITTED DURING THE SAME TIME AS THE NEW C. AURIS CASE PATIENT?	**Yes**
ARE ANY OF THE FOLLOWING EPIDEMIOLOGIC LINKS PRESENT FOR ANY KNOWN C. AURIS CASE PATIENT(S) AND THE NEW C. AURIS CASE PATIENT?	**Admission to a common unit**
IF "OTHER" EPIDEMIOLOGIC LINK PRESENT, PLEASE SPECIFY OTHER EPIDEMIOLOGIC LINK(S)	**N/A**
IF "ADMISSION TO A COMMON UNIT" EPIDEMIOLOGIC LINK PRESENT, PLEASE SPECIFY THE UNIT(S) OF COMMON ADMISSION	**Neuro ICU**
AT THE TIME OF SPECIMEN COLLECTION AND/OR IN THE 30 DAYS PRIOR, WAS THE PATIENT RECEIVING ANY OF THE FOLLOWING HEALTHCARE SERVICES AT THE IDENTIFYING FACILITY?	**Imaging,Wound Care,Other**
IF "OTHER" HEALTHCARE SERVICES, PLEASE SPECIFY THE OTHER HEALTHCARE SERVICES THE PATIENT RECEIVED AT THE TIME OF SPECIMEN COLLECTION AND/OR IN THE 30 DAYS PRIOR	**Interventional Radiology**
WAS THIS PATIENT ADMITTED TO ANOTHER INPATIENT HEALTHCARE FACILITY IN THE 30 DAYS PRIOR TO POSITIVE SPECIMEN COLLECTION?	**Yes**
WHAT IS THE NAME OF THE INPATIENT HEALTHCARE FACILITY WHERE THE PATIENT WAS ADMITTED IMMEDIATELY PRIOR TO THE IDENTIFYING HEALTHCARE FACILITY (I.E., "PRIOR FACILITY #1")?	**Abigail House**
DID THIS PATIENT RECEIVE CARE AT ANY OUTPATIENT HEALTHCARE FACILITIES IN THE 30 DAYS PRIOR TO POSITIVE SPECIMEN COLLECTION?	**Yes**
SPECIFY THE NAME(S) AND LOCATION(S) OF THE OUTPATIENT FACILITY/FACILITIES WHERE THE PATIENT RECEIVED CARE IN THE 30 DAYS PRIOR TO POSITIVE SPECIMEN COLLECTION	**Summit Health Urology Voorhees**

NJHealth New Jersey Department of Health

Contact Us

Phone: (609) 826-5964

Email: DOH.CDS.HAIAR.EPI@doh.nj.gov

Websites:

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



NJHealth New Jersey Department of Health

THANK YOU

NJHealth
New Jersey Department of Health

nj.gov/health