Case Patient Investigation Checklist Tool for a Single Case of *Candida (Candidozyma) auris (C. auris)*

Case Patient Investigation Component	Completion Status	Collected Information and/or Notes
1. Search the patient information within CDRSS to check for any prior *C. auris* case record(s) associated with the person. Enter the case into CDRSS if the case has not yet been created.	☐ Pending ☐ Completed	CDRSS Case ID: _____ CDRSS Person ID: _____ Prior CDRSS *C. auris* Case ID(s): _____
2. Review specimen source information to determine and assign case subtype in CDRSS. a. Enter the positive specimen source(s)/body site(s) in the Test Result Data text field.	☐ Pending ☐ Completed	Specimen source: _____ Case subtype: ☐ Screening case ☐ Clinical case
3. Confirm that the case meets confirmatory laboratory criteria. a. Review any prior positive laboratory results for the patient and determine if a new case needs to be created. b. If the patient was previously identified as a screening case and is now newly identified as a clinical case, move the new positive lab result into a new case record and categorize the case as “clinical”.	☐ Pending ☐ Completed	Confirmatory laboratory criteria met: ☐ Yes ☐ No Any prior positive laboratory results? ☐ Yes ☐ No New case needs to be created in CDRSS? ☐ Yes ☐ No ☐ Unknown
4. Determine the case status and update within CDRSS.	☐ Pending ☐ Completed	☐ Confirmed ☐ Not a Case
5. Review the Laboratory and Diagnostic Test Information and Medical Facility and Provider Information sections of CDRSS to determine where the positive specimen was collected; contact the ordering facility or testing laboratory to confirm.	☐ Pending ☐ Completed	Facility of Specimen Collection: _____ _____ Facility Address: _____ _____
6. Contact the identifying facility to determine the case patient’s current location and identify all healthcare facilities where the case patient received care in the 30 days prior to positive specimen collection. More than one healthcare facility associated with the case patient may need to be contacted in order to identify all healthcare facilities where the patient received care in the 30 days prior to positive specimen collection. a. **If the identifying healthcare facility is out of your jurisdiction**, let the facility know	☐ Pending ☐ Completed ☐ N/A ☐ Pending ☐ Completed	Current Location of Case Patient: _____ _____ Other Involved Facilities: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

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that someone from their local health department will be contacting them to collect additional information on the case patient and provide infection prevention and control recommendations. b. **If the patient is no longer at the identifying facility**, identify any healthcare facilities where the patient was subsequently transferred. c. **If the patient was admitted from or discharged to an out-of-state facility**, contact NJDOH at DOH.CDS.HAIAR.EPI@doh.nj.gov to provide case patient and out-of-state facility information. d. **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 facility in NJ in the 30 days prior to first positive specimen collection or subsequently received healthcare at a facility in NJ.	☐ N/A ☐ Pending ☐ Completed ☐ N/A ☐ Pending ☐ Completed ☐ N/A ☐ Pending ☐ Completed	_____ _____
7. Collect the remaining required data elements and enter the information into the appropriate sections within CDRSS. a. Refer to the CDRSS Data Field Completion Guide for *C. auris* for detailed instructions on data entry and completion of the required fields.	☐ Pending ☐ Completed	Has the patient died? ☐ Yes ☐ No ☐ Unknown Date of death: _____ Has the patient been seen at any outpatient healthcare facilities in the 30 days prior to positive specimen collection? ☐ Yes ☐ No ☐ Unknown Other Involved Facilities and Visit Dates: _____ _____ _____ _____ _____ _____ _____

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8. Add or update investigation addresses associated with the case patient within CDRSS. a. Include the names and addresses of all healthcare facilities where the case patient received care in the 30 days prior to positive specimen collection. b. Include the names and addresses of healthcare facilities where the case patient received care between the date of positive specimen collection and date of positive result receipt/notification (i.e., between positive specimen collection and implementation of appropriate Transmission-Based Precautions). This includes the identifying healthcare facility and any healthcare facilities where a patient was transferred before positive results were received.	☐ Pending ☐ Completed	Healthcare Facility #1: _____ _____ Address: _____ _____ Healthcare Facility #2: _____ _____ Address: _____ _____ Healthcare Facility #3: _____ _____ Address: _____ _____ Healthcare Facility #4: _____ _____ Address: _____ _____ Healthcare Facility #5: _____ _____ Address: _____ _____
9. Notify the local health departments with jurisdiction over each healthcare facility where the case patient received care in the 30 days prior to positive specimen collection and each healthcare facility where the case patient received care between positive specimen collection and receipt/notification of positive results. a. Provide each impacted LHD with the CDRSS case ID and the name(s) of the healthcare facilities in their jurisdictions that require follow up.	☐ Pending ☐ Completed	Healthcare Facility #1: _____ _____ Corresponding LHD: _____ _____ Healthcare Facility #2: _____ _____ Corresponding LHD: _____ _____ Healthcare Facility #3: _____ _____ Corresponding LHD: _____ _____ Healthcare Facility #4: _____ _____ Corresponding LHD: _____ _____ Healthcare Facility #5: _____ _____ Corresponding LHD: _____ _____

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10. Request that any positive clinical isolates are submitted by the testing laboratory, when indicated. a. Navigate to the Laboratory and Diagnostic Test Information section in CDRSS and determine if the same clinical source is documented to have previously undergone testing conducted by "NEW YORK STATE LAB – WADSWORTH, NY". b. If there is no record of that same clinical site/source being tested at "NEW YORK STATE LAB – WADSWORTH, NY", instruct the testing laboratory to submit the clinical isolate for further testing.	☐ Pending ☐ Completed	Is submission of a clinical isolate corresponding to this patient indicated? ☐ Yes ☐ No ☐ Unknown
11. Keep the *C. auris* case report status as "LHD OPEN" within CDRSS until the case investigation has been completed, all required data elements have been entered into the CDRSS case record, and all healthcare facility exposure investigations associated with the case have been completed. a. Change the case report status to "LHD CLOSED" when the Facility Exposure Investigation Status and Updates section indicates all required information has been received and all facility exposure investigations associated with the case have been completed.	☐ Pending ☐ Completed	