

## *Candida (Candidozyma) auris* Reporting Frequently Asked Questions (FAQs)

### What is *Candida (Candidozyma) auris*?

- *Candida (Candidozyma) auris* (*C. auris*) is a fungal pathogen that has natural drug resistance and can be resistant to all three available classes of antifungals. *C. auris*:
  - can colonize medically vulnerable individuals without causing signs or symptoms of illness;
  - can cause serious, hard-to-treat infections, with mortality rates of up to 70%<sup>2</sup>;
  - can persist in the healthcare environment for weeks, where it can easily spread through direct and indirect contact with patients infected or colonized with *C. auris* or contaminated environmental surfaces and equipment; and
  - can cause large outbreaks in healthcare facilities.<sup>3</sup>

### Who will report *C. auris*?

- Healthcare professionals must report *C. auris* screening (i.e., colonization) cases and clinical cases within one business day of identification.
  - Healthcare professionals should report cases through the Communicable Disease Reporting and Surveillance System (CDRSS) and can use the *C. auris* epidemiologic assessment form<sup>4</sup> to report additional facility and epidemiological information for a case.
- Laboratories must report *C. auris* screening and clinical cases within one business day of identification via the CDRSS<sup>1</sup> Electronic Laboratory Reporting System.

### What is reportable?

- Per the updated case definition,<sup>5</sup> healthcare providers and laboratories shall report the following results:
  - Detection of *C. auris* (no other *Candida* species) in a specimen using either culture or a validated culture-independent test (e.g., nucleic acid amplification test [NAAT])
- Positive results corresponding to an out-of-state resident that had a positive specimen collected in New Jersey shall be reported to NJDOH.

### What are the isolate submission requirements?

- Laboratories must submit clinical *C. auris* isolates from sterile site specimens (e.g., blood) and other non-sterile sites (e.g., urine, sputum) to one of the following public health laboratories within 3 business days:
  - the Northeast Regional Antimicrobial Resistance Laboratory<sup>6</sup> at Wadsworth Center in New York (preferred), or
  - New Jersey Public Health and Environmental Laboratory (NJPHLE)
- Positive skin swabs collected for the purposes of colonization screening should NOT be submitted to a public health lab.
- Submitting laboratories should establish processes to identify duplicate isolates collected from the same patient and source within 12 months to prevent submission of duplicate isolates.
  - To help prevent submission of duplicate isolates, labs may contact NJDOH at [DOH.CDS.HAIAR.EPI@doh.nj.gov](mailto:DOH.CDS.HAIAR.EPI@doh.nj.gov) to confirm if an isolate should be submitted.
- Laboratories can batch isolate submissions as long as specimens are submitted within 3 business days of identification.

## Inclusion of *Candida auris* as a Reportable Disease Condition under 8:57,<sup>1</sup> effective January 2026

### What test methods are best for identifying *C. auris*?

- *C. auris* can be misidentified by some yeast identification methods. The Centers for Disease Control and Prevention (CDC) provide guidance for when to suspect *C. auris*.<sup>7</sup>
- For surveillance (screening) purposes, NAAT methods such as polymerase chain reaction (PCR) produce more timely and actionable results than culture-based test methods.
- NJDOH encourages all clinical laboratories to develop *C. auris* clinical and screening testing in-house, or access testing at a reference laboratory.

### Where can I find additional resources?

- See the [NJDOH website on \*C. auris\* for Public Health and Healthcare Professionals](https://www.nj.gov/health/cd/topics/cauris.shtml) (<https://www.nj.gov/health/cd/topics/cauris.shtml>).

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<sup>1</sup>[NJDOH Communicable Disease Reporting Requirements](https://www.nj.gov/health/cd/reporting/) (<https://www.nj.gov/health/cd/reporting/>)

<sup>2</sup> Cortegiani A, Misseri G, Fasciana T, Giammanco A, Giarratano A, Chowdhary A. Epidemiology, clinical characteristics, resistance, and treatment of infections by *Candida auris*. *J Intensive Care*. 2018;6:69. doi:10.1186/s40560-018-0342-4

<sup>3</sup> Karmarkar EN, O'Donnell K, Prestel C, et al. Rapid assessment and containment of *Candida auris* transmission in postacute care settings—Orange County, California, 2019. *Ann Intern Med*. 2021;174(11):1554-1562. doi:10.7326/M21-2013

<sup>4</sup> [NJDOH \*Candida auris\* Epidemiological Assessment](#)

([https://www.nj.gov/health/cd/documents/topics/hai/Cauris\\_epidemiological\\_assessment\\_March2025.pdf](https://www.nj.gov/health/cd/documents/topics/hai/Cauris_epidemiological_assessment_March2025.pdf))

<sup>5</sup> [Council of State and Territorial Epidemiologists \*C. auris\* Position Statement](#) (PDF)

([cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2022/22-ID-05\\_C\\_auris.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2022/22-ID-05_C_auris.pdf))

<sup>6</sup> [CDC Antimicrobial Resistance Laboratory \(AR Lab\) Network](#) ([www.cdc.gov/drugresistance/ar-lab-networks/domestic.html](https://www.cdc.gov/drugresistance/ar-lab-networks/domestic.html))

<sup>7</sup> [CDC Identification of \*C. auris\*](#) ([www.cdc.gov/fungal/candida-auris/recommendations.html#suspect](https://www.cdc.gov/fungal/candida-auris/recommendations.html#suspect))