



Communicable Disease Case Reporting and Investigation Protocol *CANDIDA AURIS*

I. IDENTIFICATION AND DEFINITION OF CASES

- A. **Clinical Description:** *Candida auris* is an emerging public health threat that can cause infections of the bloodstream, abdomen, wounds, urinary tract, and other body sites. In addition, *C. auris* can colonize areas of the body, such as skin, without causing clinical illness. Colonization poses a risk both for invasive infection and transmission. Patients at greatest risk of acquiring this primarily healthcare-associated infection (HAI) include those with extensive exposure to ventilator units, central venous catheter use, recent broad-spectrum antibiotic or antifungal use, or health care exposure in [countries with *C. auris* transmission](#). *Candida auris* is inherently very resistant to antifungals, so treatment is difficult and often unsuccessful, leading to high morbidity and mortality.

Clinical presentation is non-specific and may include signs and symptoms of invasive or non-invasive disease such as:

- Sepsis
- Wound infection
- Otitis
- Intra-abdominal abscess
- Peritonitis
- Pneumonia
- Urinary tract infections (UTI)

B. Laboratory Criteria:

- **Confirmatory laboratory evidence:**
 - Culture and identification of *Candida auris* in a specimen collected from any body site
- **OR**
- Demonstration of *C. auris*-specific nucleic acid or protein in a specimen collected from any body site using a validated assay (e.g., PCR)
- **Presumptive laboratory evidence:**
 - Culture and identification of *Candida haemulonii* in a specimen collected from any body site using a yeast identification method that is not able to detect *C. auris* (see [CSTE position statement 18-ID-05, Appendix 1](#))
- **AND**
- Isolate or specimen is not available for further testing **OR** isolate or specimen has not yet undergone further testing
- **Specimen descriptions:**
 - A **clinical specimen** is collected for the purpose of diagnosing disease in the normal course of care. It may be collected from any body site.
 - A **colonization or screening specimen** is a swab collected from an individual without clinically compatible illness for the purpose of screening for *C. auris*, regardless of site swabbed. Typical screening specimen sites are skin (e.g., axilla, groin), nares, rectum, or other external body sites.

C. Epidemiologic Linkage:

Any of the following situations may establish an epidemiologic linkage:

- Person resided within the same household with another person with confirmatory or presumptive laboratory evidence of *C. auris* infection or colonization.

- Person received care within the same health care facility as another person with confirmatory or presumptive laboratory evidence of *C. auris* infection or colonization.*
- Person received care in a health care facility that commonly shares patients with another facility that had a patient with confirmatory or presumptive laboratory evidence of *C. auris* infection or colonization.*
- Person had an overnight stay in a health care facility in the previous one year in a [foreign country with documented *C. auris* transmission](#).

*Note: The person with confirmatory or presumptive laboratory evidence of *C. auris* and potentially exposed individuals do not need to be present in a health care facility for any overlapping time period. Any case occurring in a facility with a confirmed or probable case identified in the prior 12 months would be considered epi-linked.

D. Wisconsin Surveillance Case Definition:

- ***Candida auris*, clinical:**
 - **Confirmed:** An individual with clinical illness and a clinical specimen with confirmatory laboratory evidence of *C. auris*.
 - **Probable:** An individual with clinical illness whose clinical specimen meets presumptive laboratory evidence and has an epidemiologic linkage.
 - **Suspected:** An individual with clinical illness whose clinical specimen meets presumptive laboratory evidence, but has no epidemiologic linkage.
- ***Candida auris*, colonized:**
 - **Confirmed:** An individual whose colonization or screening specimen meets confirmatory laboratory evidence.
 - **Probable:** An individual whose colonization or screening specimen meets presumptive laboratory evidence.
- **Criteria to distinguish a new case:**
 - A person meeting clinical case criteria is counted once and should **not** be counted as a colonization or screening case if colonization is detected after clinical illness.
 - A person meeting colonization or screening case criteria who later develops illness and meets clinical case criteria should be counted in both categories (separate Wisconsin Electronic Disease Surveillance System [WEDSS] disease incidents).

II. REPORTING

- Wisconsin Disease Surveillance Category II – Methods for Reporting:** This disease shall be reported to the patient’s local health officer or to the local health officer’s designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § [DHS 145.04\(3\)\(b\)](#). Report electronically through WEDSS or mail or fax a completed Acute and Communicable Disease Case Report ([F-44151](#)) to the address on the form.
- Responsibility for Reporting:** According to Wis. Admin. Code § [DHS 145.04\(1\)](#), persons licensed under Wis. Stat. ch. [441](#) or [448](#), laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in [Appendix A](#).
- Clinical Criteria for Reporting:** Clinically compatible illness with laboratory evidence to support diagnosis of *C. auris* infection.
- Laboratory Criteria for Reporting:** Laboratory evidence of organism by culture or non-culture-based methods. All positive results shall be reported and all positive isolates forwarded to the Wisconsin State Laboratory of Hygiene (WSLH).

III. CASE INVESTIGATION

- Responsibility for case investigation:** It is the responsibility of the local or tribal health department to investigate or arrange for investigation of probable or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or

communicable disease report forms, as necessary and appropriate. The Wisconsin Healthcare-Associated Infections (HAI) Prevention Program within the Division of Public Health is available to assist or lead these investigations and support local and tribal health departments and facilities through not only the case identification, but ongoing response.

B. Required Documentation:

1. Complete the WEDSS disease incident investigation report, including appropriate disease-specific tabs.

C. Additional Investigation Responsibilities:

The Wisconsin Healthcare-Associated Infections (HAI) Prevention Program will determine whether a facility that reports *Candida auris* is eligible for fee-exempt colonization screening.

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

- A. In accordance with Wis. Admin. Code § [DHS 145.05](#), local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics' *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.
- B. Follow up with the infection preventionist at any health care facility the patient is currently, will, or has spent time in during the past 12 months to ensure that:
 - Patient is placed in contact precautions.
 - *C. auris* case status (clinical or colonized) is included in the medical record and communicated to receiving health care providers no later than at the time of discharge or transfer.
 - Facility uses appropriate environmental cleaning protocols.
Surfaces should be cleaned with an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *Candida auris* (List P: www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris).
- C. Provide the patient with appropriate health education and offer fact sheet: www.dhs.wisconsin.gov/publications/p02443.pdf.

V. CONTACTS FOR CONSULTATION

- A. Local health departments and tribal health agencies: www.dhs.wisconsin.gov/lh-depts/index.htm
- B. DHS HAI Program: dhswhaipreventionprogram@wi.gov, 608-267-7711
- C. Bureau of Communicable Diseases, Communicable Diseases Epidemiology Section: 608-267-9003
- D. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

VI. RELATED REFERENCES

- A. Centers for Disease Control and Prevention website: www.cdc.gov/fungal/candida-auris/index.html.
- B. Wisconsin Department of Health Services, Division of Public Health. Multidrug-Resistant Organism (MDRO) Reportables: www.dhs.wisconsin.gov/hai/reportable-mdro.htm