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Candida auris  
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Candida auris  
2023 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
CSTE Position Statement(s)  
22-ID-05  
Subtype(s)  
Candida auris  
, clinical  
Candida auris  
, screening  
Background  
Candida auris  
(  
C. auris  
)  
is an emerging multidrug-resistant yeast that can colonize the skin and cause invasive infections. It can spread readily between patients in healthcare facilities, causing numerous outbreaks that have been difficult to control. Containment of  
C. auris  
spread largely depends on timely detection and implementation of appropriate infection prevention and control measures (1).  
Laboratory Criteria  
Confirmatory laboratory evidence:  
Detection of  
C.  
auris  
in a specimen from a swab obtained for the purpose of colonization screening using either culture or validated culture-independent test (e.g., nucleic acid amplification test [NAAT]),  
OR  
Detection of  
C.  
auris  
in a clinical specimen obtained during the normal course of care for diagnostic or treatment purposes using either culture or a validated culture-independent test (e.g., NAAT)  
Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.  
Criteria to Distinguish a New Case from an Existing Case  
A patient who is colonized or infected with  
C. auris  
is considered colonized indefinitely. The following provides guidance for health departments to distinguish a new case for patients who test positive for  
C. auris  
in either a screening swab (i.e., screening case) or in a clinical specimen (i.e., clinical case).  
For screening cases, count patient only once as a screening case; do not count if patient has been previously identified as a clinical or screening case. A person with a screening case can be later categorized as a clinical case (e.g., patient with positive screening swab who later develops bloodstream infection would be counted in both categories).  
For clinical cases, count patient only once as a clinical case, even if the patient has already been counted separately as a screening case. A person with a clinical case should not be counted as a screening case thereafter because all clinical cases are considered to also be colonized with  
C.  
auris  
(e.g., patient with clinical  
C. auris  
specimen who later has positive screening swab is not counted as a screening case).  
Subtype(s) Case Definition  
Expand All  
Candida auris  
, clinical  
Case Classification  
Confirmed  
Person with confirmatory laboratory evidence from a clinical specimen collected for the purpose of diagnosing or treating disease in the normal course of care.\*  
\*This includes specimens from sites reflecting invasive infection (e.g., blood, cerebrospinal fluid) and specimens from non-invasive sites such as wounds, urine, and the respiratory tract, where presence of  
C. auris  
may simply represent colonization and not true infection. This does not include swabs collected for screening purposes (see  
Candida auris  
, screening).  
Candida auris  
, screening  
Case Classification  
Confirmed  
Person with confirmatory laboratory evidence from a swab collected for the purpose of screening for  
C. auris  
colonization regardless of site swabbed.\*\*  
\*\*Typical screening specimen sites are skin (e.g., axilla, groin), nares, rectum, or other external body sites. Swabs collected from wound or draining ear as part of clinical care are considered clinical specimens.  
‡  
‡Because it can be difficult to differentiate screening specimens from clinical specimens based on microbiology records, any swabs except wound swabs or draining ear swabs can be assumed to be for screening unless specifically noted otherwise. Laboratories do not need to change their practice; public health wants to identify all  
C. auris  
whether from screening or clinical specimens.  
References  
Caceres DH, Forsberg K, Welsh RM, et al.  
Candida auris  
: A Review of Recommendations for Detection and Control in Healthcare Settings. J Fungi (Basel). 2019;5(4):111. Published 2019 Nov 28. doi:10.3390/jof5040111  
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NNDSS receives and shares case data from state, local, and territorial health departments to help public health monitor, control, and prevent serious diseases.  
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