Candida auris is an emerging multi-drug resistant yeast which is associated with invasive infections and high mortality. It can colonize skin and other body sites, can persist on surfaces for several weeks, and is resistant to certain common cleaning products used in healthcare environments. These features contribute to its ability to spread in healthcare settings.

Event Name:	CAURIS
Event Time Period:	Lifelong
CDC Event classification:	Same as CSTE classification

Candida auris

<table>
<tr><td>CSTE Description:
CSTE 2022 22-ID-05</td><td colspan="2"><u>Clinical Criteria:</u>
N/A

<u>Laboratory Criteria:</u>
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).
<u>Epidemiological Linkage Criteria:</u>
N/A</td></tr>
<tr><td rowspan="2">CSTE Event classification - Clinical:
CSTE 2022 22-ID-05</td><td colspan="2"><u>Clinical specimen description:</u> 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 C. auris case, screening).</td></tr>
<tr><td>Confirmed</td><td>Person with confirmatory laboratory evidence from a clinical specimen collected for the purpose of diagnosing or treating disease in the normal course of care.</td></tr>
<tr><td rowspan="2">CSTE Event classification – Colonization/Screening:
CSTE 2022 22-ID-05</td><td colspan="2"><u>Screening specimen description:</u> 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 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.</td></tr>
<tr><td>Confirmed</td><td>Person with confirmatory laboratory evidence from a swab collected for the purpose of screening for C. auris colonization regardless of site swabbed.</td></tr>
</table>

CSTE Criteria to distinguish a new case of this disease or condition from reports or notifications which should not be enumerated as a new case for surveillance: • 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).		
Massachusetts Event Classification (2023):	*Confirmed (clinical or screening)*	Follows CSTE event classification
	Contact	Events created for an individual who had a potential exposure to *C. auris* but does not meet the laboratory testing criteria for Confirmed.
	Revoked	• Events for out of state cases or out of country cases • Suspect events which later had testing performed to confirm the organism was not *Candida auris.*

CAURIS

Report Type	Test Type	Source	Result	New event or beyond report period?	Data Entry
Laboratory report	Microorganism identification by MALDI (includes VITEK MS and Bruker Biotyper)	Clinical specimen	*Candida auris* Only enter the following with a specimen submission form: Other Candida species *Rhodotorula glutinis*	Yes	New event SUSPECT
				No	Same event
Select:	Bacteria identified in Isolate by MS.MALDI-TOF				

Report Type	Test Type	Source	Result	New event or beyond report period?	Data Entry
Laboratory report	Culture and appropriate sensitivity testing	Clinical specimen	*Candida auris* Only enter the following with a specimen submission form: Other Candida species *Rhodotorula glutinis*	Yes	New event SUSPECT
				No	Same event
Select:	Microorganism identified : PrId : Pt : xxx : Nom : Culture				
Laboratory report	Candida culture	Clinical specimen	*Candida auris* Only enter the following with a specimen submission form: Other Candida species *Rhodotorula glutinis*	Yes	New event SUSPECT
				No	Same event
Select:	Candida: XXX: Cult				
Laboratory report	Aerobic culture and appropriate sensitivity testing	Clinical specimen	*Candida auris* Only enter the following with a specimen submission form: Other Candida species *Rhodotorula glutinis*	Yes	New event SUSPECT
				No	Same event
Select:	Microorganism identified: PrId : Pt : xxx : Nom : Aerobic culture				
Laboratory report	ITS Sequencing	Clinical specimen or Isolate	*Candida auris* Only enter the following with a specimen submission form: Other Candida species *Rhodotorula glutinis*	Yes	New event SUSPECT
				No	Same event
Select:	Fungal ITS region [Presence] in Specimen by NAA				
Laboratory report	Nucleic Acid and Probe Detection/PCR	Clinical specimen	Detected Intermediate Not Detected	Yes	New event SUSPECT
				No	Same event
Select:	*Candida auris*, Unspecified Specimen by PCR				