# Inclusion of Candida auris as a Reportable Disease Condition under Title 17,1 effective September 2022

## Frequently Asked Questions (FAQ)

#### What is Candida auris?

- Candida auris (C. auris) is a drug-resistant yeast which can be resistant to all three available classes of antifungals. C. auris:
  - o can cause serious infections, including in blood, with mortality rates of up to 70%<sup>2</sup>;
  - o can persist in the healthcare environment for weeks, where it can easily spread through contact with contaminated surfaces or equipment, and person-to-person transmission; and
  - o is responsible for large outbreaks in California hospitals and skilled nursing facilities.<sup>3,4</sup>

# Who will report *C. auris*?

- Healthcare providers and laboratories should report *C. auris* cases. Laboratories must report via electronic laboratory reporting to the California Reportable Disease Information Exchange (CalREDIE).<sup>1</sup>
- Healthcare providers can use the *C. auris* case report form via CalREDIE to report additional facility and epidemiological information for a case.

#### What is reportable?

- Per the updated case definition, healthcare providers and laboratories should report the following results:
  - Detection of *C. auris* in a specimen using either culture or a validated culture-independent test (e.g., nucleic acid amplification test [NAAT])
- Do not report initial findings unless *C. auris* is identified in a specimen. For example, do <u>not</u> report a preliminary finding of "*Candida* species" prior to species identification; however, <u>do</u> report a preliminary finding of "*Candida auris*".

#### What are the specimen submission requirements?

- Laboratories must submit all *C. auris* isolates from sterile site specimens (e.g., blood) to a public health laboratory within 10 working days.
- Laboratories currently submitting isolates directly to the regional public health laboratory<sup>6</sup> in Washington state automatically fulfill this requirement, and do not need to submit additional isolates to a California local or state public health laboratory unless specifically requested to do so.
- If requested by public health, laboratories must attempt to obtain a fungal culture isolate from a specimen site (sterile or non-sterile) for submission as soon as available to the public laboratory for the local health jurisdiction where the patient resides.
- Laboratories can batch isolates for submission.
- Public health will conduct further testing on isolates submitted, including identification confirmation, antifungal susceptibility testing, and possibly whole genome sequencing.

# How does this new reporting requirement affect existing local health department *C. auris* reporting requirements?

• The updated Title 17 reporting requirements do not change more stringent local health department reporting requirements (e.g., some jurisdictions might require submission of all *C. auris* isolates). Per California state regulations, *C. auris* is a healthcare provider- and laboratory-reportable condition. For further clarification, contact the relevant local health department.

## When is it important to identify C. auris?

- Identify all *Candida* isolates from normally sterile sites to the species level; these isolates likely indicate invasive infection requiring treatment.
- Identify *Candida* isolates from non-sterile sites to the species level:
  - when clinically indicated for patient care;
  - o for additional case detection (prospective surveillance);
  - o for patients at high-risk for *C. auris* acquisition, such as those from long-term acute care hospitals, ventilator-equipped skilled nursing facilities, or known *C. auris* outbreak facilities, or who are close healthcare contacts of a *C. auris* case, colonized or infected with a carbapenemase-producing organism, or had an overnight healthcare exposure abroad in the past year.

#### 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.
- CDPH encourages all clinical laboratories to develop C. auris clinical and screening testing in-house, or access testing at a reference laboratory.<sup>8</sup>
- Free *C. auris* testing services at some public health laboratories are available to all California healthcare facilities.
  - Submit Candida isolates to your local public health laboratory to access local, state, and regional testing resources.<sup>9</sup>
  - Facilities can participate in the Targeted Surveillance Program by routinely submitting any nonalbicans Candida isolates to the regional public health laboratory for C. auris identification and antifungal susceptibility testing.<sup>10</sup>

#### Where can I find additional resources?

• See the <u>CDPH website on *C. auris* for Public Health and Healthcare Providers</u> (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx).

(www.cdph.ca.gov/Programs/CID/DCDC/Pages/MDLSubmissionInstructionsandForms.aspx). Some local public health laboratories also provide *C. auris* testing services; please contact your local health department.

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CDPH\_ARLN\_TargetedSurveillanceDescription\_052521.pdf)

<sup>&</sup>lt;sup>1</sup> <u>CDPH Reportable Diseases and Conditions</u> (www.cdph.ca.gov/Programs/CID/DCDC/Pages/Reportable-Disease-and-Conditions.aspx)

<sup>&</sup>lt;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>&</sup>lt;sup>3</sup> CDPH California Health Alert Network Antimicrobial Resistance-related Health Advisories

<sup>(</sup>www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CAHAN.aspx)

<sup>&</sup>lt;sup>4</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>&</sup>lt;sup>5</sup> <u>Council of State and Territorial Epidemiologists *C. auris* Position Statement</u> (PDF) (cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2022/22-ID-05\_C\_auris.pdf)

<sup>&</sup>lt;sup>6</sup> <u>CDC Antimicrobial Resistance Laboratory (AR Lab) Network</u> (www.cdc.gov/drugresistance/ar-lab-networks/domestic.html)

<sup>&</sup>lt;sup>7</sup> CDC Identification of *C. auris* (www.cdc.gov/fungal/candida-auris/recommendations.html#suspect)

<sup>&</sup>lt;sup>8</sup> List of Laboratories with *C. auris* Testing Capacity (PDF) (publichealth.lacounty.gov/acd/docs/List C.aurisLabs.pdf)

<sup>&</sup>lt;sup>9</sup> Please use CDPH Microbial Diseases Laboratory (MDL) form 'Fungus Culture for Identification-448' to submit *Candida* isolates for further testing. See the MDL website for the most updated submission form and instructions

<sup>&</sup>lt;sup>10</sup> AR Lab Network Targeted Surveillance Flyer (PDF)