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TECHNICAL BULLETIN

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TOPIC *Candida auris* regulation changes

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TO State-licensed health care facilities and local health authorities

BACKGROUND

Candida auris (*C. auris*) is a newly emerging biological fungal agent that can cause severe illnesses. It is known to be resistant to most antifungal treatments and can spread easily among patients in health care facilities. It is important to quickly identify *C. auris* in a hospitalized patient so that health care facilities can take appropriate precautions to prevent the spread to other vulnerable patients.¹

The Office of State Epidemiology's (OSE) Healthcare-Associated Infection (HAI) Program received the first report of a *C. auris* case in Nevada in August 2021. The HAI Program works closely with health care facilities to early identify patients with *C. auris* and help implement infection prevention and control (IPC) measures. As of Jan. 22, 2024, 1,021 clinical cases* of *C. auris* have been reported in Nevada. In accordance with Centers for Disease Control and Prevention (CDC) recommendations, the Nevada HAI Program has collaborated with health care facilities to encourage screening of patients who are considered to be at risk for *C. auris*. These efforts have identified an additional 1,683 colonized/screening cases* of *C. auris* among patients who did not have symptoms but still pose a risk for transmitting the infection. Identification of these colonized cases allowed health care facilities to implement enhanced IPC measures to prevent further transmission.

Reporting requirements

As part of the public health response to prevent further transmission of *C. auris* and to align with the CDC's nationally notifiable conditions, Nevada Administrative Code (NAC) 441A has been amended to include mandatory reporting of *C. auris* cases. NAC 441A provides specific directives for state and local health authorities and for medical facilities when cases of *C. auris* are identified based on guidance from CDC^{2,3} and the Council of State and Territorial Epidemiologists (CSTE) case definition⁴. The [Nevada Legislative Commission](#) approved the amendments to NAC 441A on Dec. 10, 2023. Official codification of NAC 441A is pending, however [the drafted approved amendments can be found here](#).

¹ [About Candida auris \(C. auris\) - CDC](#)

² [Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms \(MDROs\): Updated December 2022 \(cdc.gov\)](#)

³ [Infection Prevention and Control for Candida auris - CDC](#)

⁴ [Candida auris 2023 Case Definition - CDC](#)

State and local health authorities

When a case of *C. auris* is identified in a jurisdiction, the health authority shall within the limits of available resources:

- Investigate the case;
- Confirm diagnosis;
- Determine the extent of any outbreak;
- Identify and evaluate contacts; and
- Ensure effective infection prevention practices are in place within the medical facility.

Medical facilities

When a case of *C. auris* is identified within a medical facility, the medical facility shall:

- Take measures to contain the infection;
- Upon transfer of a case that has *C. auris*, alert the admitting facility prior to discharge and provide instruction on risk, prevention and control of *C. auris*;
- Ensure facility staff are educated on the risk, transmission, prevention and control of *C. auris*; and
- Ensure the patient is educated on the risk, transmission, prevention and control of *C. auris*.

Candida auris case report form

Reporting requirements include fully completing the *C. auris* case report form and attaching the patient's face sheet, *C. auris* laboratory results and antifungal medication list. These documents can be sent through secure email to outbreak@health.nv.gov or faxed to (702) 486-0490. [The updated version of this form replaces previous versions and can be found here.](#)

Questions

For updated guidance, review the [Division of Public and Behavioral Health Technical Bulletin](#) web page regularly. Email outbreak@health.nv.gov for other questions regarding the updated *C. auris* regulations and reporting.



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Footnote

* *C. auris* case classification¹:

- Clinical cases of *C. auris* are classified according to the [surveillance case definition](#) established by the Council of State and Territorial Epidemiologists. Clinical cases are based on cultures or culture-independent diagnostic testing from specimens collected during clinical care for the purpose of diagnosing or treating disease.
- Colonized/screening cases of *C. auris* are classified according to the [surveillance case definition](#) established by the Council of State and Territorial Epidemiologists. Screening is when swabs are collected from patients to determine whether they may be carrying the organism somewhere on their bodies without signs of active infection. Colonization means that these patients are found to be carrying *C. auris* on their bodies, even though they are not sick with the infection. [Screening](#) patients for *C. auris* colonization may be recommended when transmission or colonization of *C. auris* is suspected, to control the spread.