

CANDIDA AURIS SCREENING

Ampath is offering screening for colonisation with *Candida auris*. There are two modalities available: culture-based screening and PCR. Table 1 summarises the test characteristics of each of these screening modalities. The screening criteria for *C. auris* colonisation needs to be determined internally by each hospital or infection prevention and control practitioner. However, screening for *C. auris* colonisation is recommended for individuals that meet the following criteria:

1. Close healthcare contacts of a newly-identified case of *C. auris* colonisation or infection such as:
 - a. Roommates or neighbouring patients of an index case in shared rooms or wards.
 - b. All patients in a high-risk open unit such as ICU, especially if there is ongoing transmission of *C. auris* documented in the unit through either contact screening or clinical cultures.
2. Patients with a positive carbapenemase-producing Enterobacterales (CPE) screen, as *C. auris* co-colonisation is frequently documented in these patients.
3. Previous admission to a long-term care facility or a hospital known to harbour *C. auris*.
4. All patients upon admission to high-risk units such as oncology and ICU, particularly if they are to undergo invasive procedures and/or mechanical ventilation.

WHICH SPECIMENS SHOULD BE SUBMITTED FOR SCREENING?

The axilla and groin is the most frequently and consistently colonised with *C. auris* and should always be swabbed for both culture- and PCR-based screening. For culture-based screening, a urine specimen must be submitted, if possible. In cases where urine is difficult to obtain or where PCR-based screening is performed, additional sites to swab for PCR testing include the anterior nares, wounds, external ear canal, catheter exit sites and rectum. In order to obtain sufficient material, swab each site up and down at least five times. A maximum of three specimens can be submitted for testing:

- **Specimen 1 (swab):** Used to swab both the left and right axilla.
- **Specimen 2 (swab):** Used to swab both the left and right groin.
- **Specimen 3:** Urine is preferred for culture. An alternative site can be swabbed for PCR-based screening if unable to obtain urine for a culture-based screen.

TABLE 1: TEST CHARACTERISTICS

	<i>C. auris</i> screening culture	<i>C. auris</i> screening PCR
Specimen type	Gel swabs and urine <ul style="list-style-type: none"> • Bilateral axilla • Bilateral groin • Urine is preferred (or alternative third-site swab as specified) 	Dry swabs <ul style="list-style-type: none"> • Bilateral axilla • Bilateral groin • Alternative third site as specified
Turnaround time	48 hours (from being received in the laboratory)	24 hours (from being received in the laboratory)
Mnemonic	CAURSC	CAURISPCR