Candida auris is an emerging fungus that presents a serious global health threat. In the United States, most cases of C. auris infection result from local spread within healthcare facilities in the same city or state. This report is to show the number of cases, both clinical and colonized, in Virginia since November 2018 when C. auris became reportable.

**Candida auris Case Definitions**

The data was collected from the Virginia Electronic Disease Surveillance System (VEDSS) as well as from internal HAI/AR case counts that have been reported to the CDC.

For an individual to be considered a case they had to meet the case definition established by the Council of State and Territorial Epidemiologists (CSTE).

Clinical and colonized/screening cases were distinguished by the following criteria set forth by the CSTE:

- Clinical cases are based on cultures or culture-independent diagnostic testing from specimens collected during the course of clinical care for the purpose of diagnosing or treating disease.
- Screening is when swabs are collected from patients to determine whether or not 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.

**Virginia Candida auris Case Count**

Clinical Case Count (as of October 1, 2022): 53

Colonized/Screening Case Count (as of October 1, 2022): 87

Figure 1.
Candida auris Case Count by Virginia Region

Figure 2 depicts the number of cases in the five regions of Virginia: North, Northwest, Central, South, and Southwest. The cases were assigned to the regions based on where the specimen was collected.

Figure 2.

Resource

- CDC Candida auris website