

## Appendix E – Notification of Ongoing Carbapenemase-Producing Organisms (CPO) or *Candida auris* (*C. auris*) Transmission

*Please complete this form for notification of ongoing CPO transmission/ *C. auris* case investigation in your facility or health authority and email to [picnet@phsa.ca](mailto:picnet@phsa.ca)*

### **A. Notification Information**

Health Authority: \_\_\_\_\_ Facility Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility type: ☐ Acute Care Hospital ☐ Long-term Care Facility ☐ Other \_\_\_\_\_

Is this report: ☐ Notification of CPO or *C. auris* transmission investigation (complete section B)  
☐ Notification of CPO or *C. auris* transmission investigation resolved (complete section C)

### **B. Investigation Notification**

Organism: ☐ CPO ☐ *C. auris*

Date of the source case\* identified (dd/mmm/yyyy): \_\_\_\_\_

Date investigation initiated (dd/mmm/yyyy): \_\_\_\_\_

If CPO, please specify:

Organism (Genus species): \_\_\_\_\_

CPO gene identified (e.g. NDM, KPC): \_\_\_\_\_

\* A case that makes health authority suspected of CPO transmission. It may be or may not be the first case in the transmission.

### **C. Transmission Investigation Resolved**

Date investigation closed (dd/mmm/yyyy): \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, please send to PICNet at [picnet@phsa.ca](mailto:picnet@phsa.ca)