

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*

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 index 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): _____

* The first case in the transmission. This date is based on collection date.

C. Transmission Investigation Resolved

Date investigation closed (dd/mmm/yyyy): _____

Notes: _____

Reported by: _____ Date: _____

Once completed, please send to PICNet at picnet@phsa.ca