

FAQ *Candida auris*

1. What is *Candida auris*?

Candida auris is a yeast fungus within the family (genus) *Candida*. It was first identified in Asia (2009) and is now increasingly recognized in healthcare settings across the world. It can cause serious illnesses, such as bloodstream infection, particularly in hospitalized patients. *Candida auris* is an organism of public health interest because it is often multidrug-resistant, with some strains (types) resistant to all three available classes of antifungals. In some regions outside South Africa, over 40% of isolates are resistant to two or more major classes of antifungals. *Candida auris* can also cause outbreaks in healthcare facilities. It is difficult to identify using standard laboratory test methods, occasionally resulting in inappropriate therapy.

2. How does *Candida auris* spread?

Candida auris has a unique ability to 'colonize' humans, meaning it can survive on the skin, mucosa, inside the human body (e.g. the gut, mouth, and vagina). Colonized people can spread the fungus to others, particularly if they do not wash their hands thoroughly. *Candida auris* outbreaks are extremely difficult to eradicate because it persists on hospital and nursing home surfaces, including hands of healthcare workers, bed rails and medical equipment. Furthermore, common healthcare disinfectants (e.g. alcohol/ chlorhexidine) are less effective at eliminating or preventing *Candida auris* colonization.

3. Who is at risk of candidaemia?

Risk factors for candidaemia due to *Candida auris* include:

- Prolonged hospital or intensive care unit (ICU) admissions
- Living in a nursing home
- Prolonged courses of antibiotics
- Immunocompromised (weakened immune systems) patients due to factors such as chemotherapy, transplant, or diabetes
- Internal devices such as central venous catheters, breathing tubes, feeding tubes, or bladder catheters

4. Can family members get sick?

Unless they have any of the risk factors above, healthy family members have a very low probability of getting a *Candida auris* infection. Family members caring for patients with the infection should thoroughly wash their hands before and after touching the infected patient. Testing close contacts of an infected patient is not routinely recommended.

5. What are the symptoms of candidaemia?

The symptoms of *Candida auris* infection are non-specific. The infection mainly occurs in patients who are already sick in hospital making it difficult to discern which symptoms are from *Candida auris*. It can cause a number of infections such as bloodstream infections and ear infections.

6. How is *Candida auris* infection diagnosed?

Similar to other *Candida* infections, *Candida auris* is diagnosed by sending a blood sample or other body fluids to the laboratories for identification. However, it can be difficult to identify using standard laboratory methods, leading to misidentification as closely related species such as *Candida haemulonii* or *Candida duobushaemulonii*. Therefore, specific laboratory tests are required to identify *Candida auris*.

7. How can it be treated?

Due to its high level of resistance to most antifungal medications, the most appropriate medication depends on the report from the laboratory. Most infections are treatable using a class of antifungal medications called echinocandins. Some *Candida auris* infections are resistant to all three main classes of antifungal medications, making them difficult to treat. In this case, multiple antifungal medications (combination antifungal therapy) at high doses are used to treat the infection.

8. How can it be prevented?

To reduce spread, healthcare personnel should follow infection prevention and control (IPC) precautions when caring for patients with *Candida auris*. These IPC measures include:

- Placing the patient in a separate/ single room.
- Advising healthcare personnel or other caregivers to wear gowns and gloves during patient care.
- Cleaning the room with high-strength cleaning products such as bleach.
- Advising family members and healthcare personnel to clean their hands thoroughly before, during and after visiting the patient.
- Advising the patient to regularly wash their hands – including before and after family visits
- Advising family members who care for patients with *Candida auris* to wear disposable gloves when providing certain types of care (e.g. when changing wound dressings or assisting bathing).

9. Where can I get more information?

Where possible, consult with healthcare professionals (e.g. infectious disease specialists or microbiologists) for specialized guidance and information tailored to your specific situation. Alternatively;

- For clinical or medical enquiries, call the National Institute for Communicable Diseases (NICD hotline for healthcare professionals only) 080 021 2552
- For laboratory-related enquiries, contact the Centre for Healthcare-Associated Infections, Antimicrobial Resistance and Mycoses (CHARM), NICD +27 11 386 6278
- For more information on *Candida* infections and management, visit the NICD website <https://www.nicd.ac.za/diseases-a-z-index/candida-auris/>