



[Home](#) / [Newsroom](#) / [Fact sheets](#) / [Detail](#) / [Candidiasis \(yeast infection\)](#)

Candidiasis (yeast infection)

9 April 2025



Key facts

- Candidiasis is a common fungal infection mostly caused by yeasts of the *Candida* species.
- Candidiasis can affect various parts of the body, including the mouth (oral candidiasis or thrush), vagina (vaginal candidiasis), oesophagus, skin and bloodstream (invasive candidiasis).
- Vulvovaginal candidiasis (VVC), or vaginal yeast infection, affects millions of women worldwide.
- Oral candidiasis is more common in babies, people with weakened immune systems, individuals using steroid inhalers, denture wearers, people who inject drugs and those with conditions like uncontrolled diabetes.
- Candidiasis can be treated with antifungal medications. Treatment can be more complex when infections are caused by drug-resistant species.
- *Candida auris* is a fungal species that can be multi-drug resistant, cause invasive disease and lead to hospital outbreaks.

Overview

Candidiasis, also known as a yeast infection, is a fungal infection primarily caused by *Candida* yeasts. Many of these yeasts are normally present in the human body as part of the natural microbiome, or in the surrounding environment, often without causing any problems. However, when conditions allow, such as a weakened immune system or changes in the body's natural environment (e.g., due to hormonal changes, antibiotic use or other reasons), *Candida* can overgrow and cause an infection. Candidiasis can affect various parts of the body, leading to a range of symptoms.

Common types of candidiasis include vulvovaginal candidiasis (vaginal yeast infection), which affects the vagina; oral candidiasis (thrush), which affects the mouth and throat; and invasive candidiasis, which is a serious systemic infection that can affect any organ in the body. Invasive candidiasis is a significant concern in critically ill and immunocompromised patients.

While generally [treatable](#) with antifungal medications, some types can be hard to treat. For example, *Candida auris* is a multi-drug-resistant fungal species that has been responsible for outbreaks in hospitals and long-term care facilities. Prevention and proper management are crucial to reduce the risk and spread of these infections.

Vaginal yeast infections (vulvovaginal candidiasis)

Vulvovaginal candidiasis (VVC), commonly known as a vaginal yeast infection, is an infection of the vagina and vulva caused by an overgrowth of *Candida* yeast.

Causes

Several factors can contribute to the overgrowth of Candida in the vagina. Changes in the vagina's normal acidity, natural microbiome or hormonal balance can create an environment that encourages yeast overgrowth. Antibiotics can kill healthy bacteria in the vagina, which help maintain balance and keep yeast in check. Fluctuations in hormone levels, such as those during pregnancy, the menstrual cycle or the use of birth control pills, can increase the risk of yeast infections. Uncontrolled diabetes, leading to persistently high blood sugar levels, can also promote yeast growth. Additionally, a weakened immune system due to conditions or medications can make one more susceptible to yeast infections.

Symptoms

The symptoms of a vaginal yeast infection can be uncomfortable. Intense itching in the vagina and around the vulva is a common complaint. Redness and soreness of the vulva might also be experienced, accompanied by a thick, white, curd-like vaginal discharge. Painful urination and discomfort or pain during sexual intercourse can also occur. Yeast infections primarily affect the vagina and vulva and are not a typical cause of urinary tract infections.

Treatment

[Treatment](#) for vaginal yeast infections typically involves antifungal medications. Topical treatments, such as creams, ointments or suppositories containing antifungal medications like clotrimazole, are commonly used. Prescription oral antifungal drugs, such as fluconazole, are also available. However, resistance to some antifungal medications is spreading and treatment does not always work.

Home remedies should be used with caution and discussed with a health-care provider before use.

Prevention

While not officially classified as a sexually transmitted infection, sexual activity can contribute to the development of VVC. Treating male partners is generally not recommended unless they exhibit symptoms themselves.

Oral Thrush

Oral thrush is a candidiasis that occurs in the mouth and throat.

Causes

Several factors can lead to the development of oral thrush. People with compromised or immature immune systems, such as infants, older people and individuals living with HIV, are more prone to oral thrush. Antibiotics can disrupt the normal balance of microorganisms in the mouth, allowing Candida to overgrow. Steroid inhalers for asthma can also increase the risk of oral thrush. Additionally, ill-fitting dentures or poor oral hygiene can create an environment conducive to yeast overgrowth.

Symptoms

Oral thrush is characterized by creamy, white lesions on the tongue, inner cheeks and gums, or hard white plaques that cannot be scraped off. Individuals may experience pain or soreness in the mouth, making it difficult to eat or swallow. Cracking and redness at the corners of the mouth, red, shiny patches on the palate or tongue, as well as altered or lost sense of taste, can also occur.

Treatment

Treatment for oral thrush typically involves antifungal medications. Topical treatments, such as antifungal mouthwashes or lozenges, are commonly used. Oral antifungal drugs may also be prescribed. Maintaining good oral hygiene through regular brushing and flossing can help prevent yeast overgrowth.

Thrush in babies

Thrush is a common condition in babies, especially newborns, often appearing as white patches on the tongue or inner cheeks. While generally not harmful, it can cause discomfort during feeding. Treatment typically involves a liquid antifungal medication prescribed by a doctor.

Invasive candidiasis

Hospitalized patients with cancer or who have received antibiotics, had invasive procedures such as intravenous catheters (drips) or had surgery can get invasive *Candida* infections, such as through the bloodstream.

Some *Candida* species, including *Candida auris*, are developing resistance to antifungal drugs, making them difficult to eradicate from hospital surfaces and equipment. These infections are serious and require urgent intravenous antifungal therapy.

Tests and treatments also need to improve and be more widely available, especially in low- and middle-income countries.

Candida and diet

There is extensive discussion about the connection between diet and candidiasis, including whether high sugar intake can cause yeast infections. Some individuals follow strict diets to limit yeast overgrowth, but scientific evidence supporting their effectiveness is limited. Consult a health-care professional or registered dietitian before making significant dietary changes.

Prevention

Maintaining good hygiene, especially in moist areas, is important in preventing candidiasis on the skin. Good oral hygiene, cleaning dentures properly, controlling diabetes, avoiding smoking and using steroid inhalers properly can help prevent oral candidiasis.

Using antibiotics only when prescribed and necessary can help prevent disruptions in the body's natural microbiome. Managing underlying conditions such as diabetes can reduce the risk of candidiasis. For those with weakened immune systems, regular medical check-ups and prophylactic antifungal medications may be necessary to prevent invasive candidiasis.

For vulvovaginal candidiasis, wearing cotton underwear and loose clothing, avoiding synthetic fabrics, changing out of sweaty gym wear and swimsuits quickly, and not douching can all help to prevent yeast infections. Avoiding scented or harsh personal care products can also help prevent irritation and reduce the risk of yeast infections.

Athletes and individuals who engage in intense physical activity, as well as children, should be mindful of their hygiene. In environments where physical contact is frequent (e.g. gyms and sports facilities), it is important to clean and dry equipment and clothing regularly.

WHO response

WHO recognizes the increasing global public health concern posed by fungal infections and is committed to addressing this threat through various initiatives.

In 2022, WHO published the first-ever [fungal priority pathogens list](#) (FPPL) to guide research, development and public health action.

In 2024, WHO published [Recommendations for the treatment of *Trichomonas vaginalis*, *Mycoplasma genitalium*, *Candida albicans*, bacterial vaginosis, and human papillomavirus \(anogenital warts\)](#).

In 2025, WHO published its first-ever [reports on fungal tests and treatments](#).

By prioritizing fungal pathogens and promoting evidence-based strategies, WHO aims to strengthen the global response to fungal infections and antifungal resistance, ultimately improving public health outcomes.

Related

[WHO's work on sexual and reproductive health and rights](#)

[WHO fungal priority pathogens list to guide research, development and public health action](#)

[Guidelines for the management of symptomatic sexually transmitted infections](#)

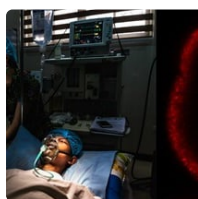
[Global research agenda for antimicrobial resistance in human health](#)

News



WHO issues its first-ever reports on tests and treatments for fungal infections

[1 April 2025](#)



WHO releases first-ever list of health-threatening fungi

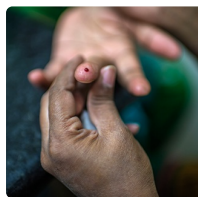
[25 October 2022](#)

Fact sheets



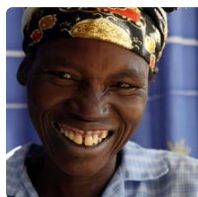
Bacterial vaginosis

[21 November 2024](#)



Diabetes

[14 November 2024](#)



HIV and AIDS

[15 July 2025](#)



Oral health

[17 March 2025](#)



Polycystic ovary syndrome
[7 February 2025](#)



Sexually transmitted infections (STIs)
[29 May 2025](#)

Regions	
Policies	
About us	
Contact us	

[Newsletters](#)

[Report misconduct](#)