



Clinical Treatment of *C. auris* infections

APRIL 24, 2024

KEY POINTS

- Echinocandins are the initial recommended treatment for adults and children over 2 months.
- Amphotericin B deoxycholate at 1 mg/kg daily is the initial recommended treatment for infants under 2 months.
- Reports of echinocandin-resistant and pan-resistant cases are increasing.
- Investigational drugs may be considered for echinocandin-resistant and pan-resistant infections.
- Only treat clinical infections. Do not treat patients without signs or symptoms of infection, regardless of screening test results.



Practice recommendations

- Consider consulting with an infectious disease specialist.
- Consider patient characteristics for antifungal selection and dosing.
- Carefully monitor patient response to treatment and adjust as needed..

All cases should be reported to state or local health departments.

Additional considerations, dosing details, and alternative treatments are explained below.

Treatment only recommended for clinical infection



CDC does **not** recommend treatment for *C. auris* for any patient without signs or symptoms of infection.

This includes both patients with *C. auris* colonization and patients with *C. auris* detected in noninvasive sites (i.e., respiratory tract or urine).

Adults and children over 2 months

Based on the limited data available to date, an echinocandin drug at the dose listed below is recommended initial therapy for treatment of *C. auris* infections.



Follow the recommended dosing for initial treatment of *C. auris*.

Echinocandin Drug	Adult dosing	Pediatric dosing \geq 2 months of age
Anidulafungin	loading dose 200 mg IV, then 100 mg IV daily	not approved for use in children
Caspofungin	loading dose 70 mg IV, then 50 mg IV daily	loading dose 70mg/m ² /day IV, then 50mg/m ² /day IV (based on body surface area)
Micafungin	100 mg IV daily	2mg/kg/day IV with option to increase to 4mg/kg/day IV in children at least 40 kg

Neonates and infants younger than 2 months of age

The initial treatment recommendation is:

- Amphotericin B deoxycholate, 1 mg/kg daily
 - if unresponsive, consider liposomal amphotericin B, 5mg/kg daily.

In exceptional circumstances, where central nervous system involvement has been definitively ruled out, use of echinocandins may be considered with caution at the following doses:

- Caspofungin - 25 mg/m²/day IV (based on body surface area)
- Micafungin- 10mg/kg/day IV

Long-term infection control



Even after treatment for invasive infections, patients generally remain colonized with *C. auris* for long periods, and perhaps indefinitely. Therefore, all [recommended infection control measures](#) should be followed during and after treatment for *C. auris* infection.

Antimicrobial resistance and treatment considerations

While most strains of *C. auris* found in the United States are susceptible to echinocandins, reports of echinocandin-resistant and pan-resistant cases are increasing. Patients on antifungal treatment should be carefully monitored and susceptibility testing is recommended.

Treatment considerations for echinocandin-resistant and pan-resistant infections are based on limited evidence.

Echinocandin resistance

Consider treatment with liposomal amphotericin B (5 mg/kg daily) when:

- Susceptibility testing indicates echinocandin resistance
- Patients treated with echinocandins do not improve after 5 days.

Pan-resistance

Some strains are resistant to all three major classes of antifungals. Laboratory studies have found that combination antifungal treatment may be effective for pan-resistant infections but this was not evaluated in clinical settings.

Investigational drugs may be considered for patients with pan-resistant isolates.

Contact these companies to learn more about accessing the drugs through their expanded access programs:

Fosmanogepix: fosmanogepixEAP@WEPClinical.com

Ibrexafungerp: expandedaccess@scynexis.com

Resources

All other considerations for management of *C. auris* infections are similar to the management of invasive infections with other *Candida* species. Details are available in the [2016 IDSA Clinical Practice Guideline for the Management of Candidiasis](#).

SOURCES

CONTENT SOURCE:

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)