



About *C. auris*

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KEY POINTS

- *Candida auris* (*C. auris*) is a type of yeast that can cause severe illness and spread easily among very sick patients in healthcare facilities.
- Symptoms depend on the site of infection (i.e., bloodstream, wound, ears).
- *C. auris* is often resistant to antifungal medications.
- Learn about risks, spread, and prevention.



Overview

Candida auris (*C. auris*) is a type of yeast that can cause severe illness and spread easily among very sick patients in healthcare facilities. *C. auris* can cause a range of infections from superficial (skin) infections to more severe, life-threatening infections, such as bloodstream infections.

C. auris is often resistant to antifungal medications, meaning the fungus develops the ability to defeat the drugs designed to kill it. That means the germs are not killed and continue to grow. Resistant infections can be difficult, and sometimes impossible, to treat.

C. auris animation



Symptoms

C. auris can cause infection in different parts of the body like the blood, wounds, and ears. Symptoms of a *C. auris* infection depend on the location and severity of infection. Symptoms may be similar to symptoms of infections caused by bacteria like fever or chills. There is not a common set of symptoms specific for *C. auris* infections.



Symptoms of *C. auris* depend on the infection site and can include symptoms like fever.

C. auris in or on the body without symptoms

Patients can have *C. auris* on their skin and other body sites without having symptoms. Healthcare providers refer to this as 'colonization.' People who are colonized can spread *C. auris* onto surfaces and objects around them and to other patients.

Colonization screening

Patients may not know if they are colonized with *C. auris*. Healthcare providers can screen patients for colonization by collecting and testing skin swabs. Patients who are colonized can spread *C. auris*. [Screening](#) is important to help prevent *C. auris* from spreading.

Risk factors

C. auris mostly affects patients with severe underlying medical conditions and those requiring complex medical care and invasive medical devices. Invasive medical devices are often necessary but create pathways for *C. auris* to get into the body. Examples include:

- Breathing tubes
- Feeding tubes
- Catheters in a vein
- Urinary catheters

Who is not at risk

People who do not have these risk factors generally do not carry *C. auris* or become sick from *C. auris*. This includes healthcare providers and visitors.

Most of the time, it is unnecessary to screen or test healthcare providers or family members.

How it spreads

Patients who are infected **and** patients who are colonized with *C. auris* often spread it onto surfaces and objects in healthcare settings like bedrails, doorknobs, and blood pressure cuffs. *C. auris* can survive on surfaces and objects for a long time and spread to other patients who can then become sick.

C. auris usually remains on a patient's skin or body sites for a long time, whether or not they ever have symptoms, and they continue to be capable of spreading *C. auris* during this entire time.

Prevention

Healthcare providers take special steps to prevent the spread of *C. auris* while infected or colonized patients are in healthcare facilities. Patients should inform healthcare providers about their previous infection or screening results before receiving healthcare after discharge.

Learn more about [prevention](#).

Treatment and recovery



Echinocandin antifungals is the preferred treatment for most *C. auris* infections.

Most strains (types) of *C. auris* are resistant to at least one type of antifungal medicine. Fortunately, most infections can be treated with a class of antifungal medications called echinocandins.

However, some *C. auris* strains are resistant to all three main classes of antifungal medicines, including echinocandins. There is limited data on treatment of these infections. Healthcare providers may combine multiple antifungal medicines or try a newer pre-approved antifungal to treat multidrug-resistant infections.

Outcomes

Most patients who become sick with *C. auris* were already very sick. When patients with *C. auris* die, it is hard to know how much *C. auris* contributed to their death compared to other pre-existing illnesses.

SOURCES

CONTENT SOURCE:

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)