



CANDIDA AURIS (*C. auris*)

Frequently Asked Questions

How long has *C. auris* been a public health problem?

C. auris was first described in Japan in 2009. The first patient with *C. auris* in the United States became ill in 2013 and the first patient identified in Illinois became ill in 2016. Although *C. auris* was just discovered recently, it has spread quickly and caused infections in 11 states (as of August 2018) and more than a dozen countries.

How is *C. auris* spread?

C. auris is spread in health care facilities through contact with contaminated surfaces or equipment, or from physical contact with a person who has *C. auris*. Good hand hygiene and cleaning in health care facilities is important because *C. auris* can live on surfaces for several weeks.

Who is most likely to get *C. auris* infection?

Most people who get *C. auris* infections are already sick from other medical conditions. Patients who have stayed in a health care facility, especially long term care facilities, have a central venous catheter or other lines or tubes entering their body, or have previously received antibiotics or antifungal medications appear to be at highest risk of infection.

What are the symptoms of infection?

Symptoms of *C. auris* infection depend on the part of the body that is infected. *C. auris* can cause many different types of infection, such as a bloodstream infection, wound infection, and ear infection. Some people may have *C. auris* on places such as their skin but do not have an infection; this is called colonization. However, being colonized may increase your risk of developing an infection.

What should I do if I think I may have a *C. auris* infection?

Healthy people usually don't get *C. auris* infections. A laboratory test is needed to determine whether a patient has a *C. auris* infection. You should seek medical care if you are concerned about a *C. auris* infection.

How are *C. auris* infections treated?

Most *C. auris* infections are treatable with a class of antifungal drugs called echinocandins. However, some *C. auris* infections have been resistant to all three main classes of antifungal medications, making them more difficult to treat. Treatment decisions should be made in consultation with a health care provider experienced in treating patients with fungal infections.

How can *C. auris* infections be prevented?

In order for *C. auris* infections to be prevented, transmission of the yeast among people and between people and environmental surfaces needs to be stopped. Health care facilities, health care professionals, patients, and friends and family members of patients can all take steps to stop transmission of *C. auris*. Click on these links for information from the CDC:

[Health Care Facilities](https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html) [<https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>]

[Health Care Professionals](https://www.cdc.gov/fungal/candida-auris/health-professionals.html) [<https://www.cdc.gov/fungal/candida-auris/health-professionals.html>]

[Patients, Friends, and Family Members](https://www.cdc.gov/fungal/candida-auris/patients-qa.html) [<https://www.cdc.gov/fungal/candida-auris/patients-qa.html>]

What should I do if I'm visiting a friend or loved one in a health care facility who has *C. auris*?

It is important to follow the facility's directions for visitors. Visitors should clean their hands with hand sanitizer or soap and water before and after touching the patient or medical devices. Ask and remind health care personnel to wash their hands.

What is IDPH doing to address *C. auris*?

IDPH, along with local health departments, aid health care facilities with *C. auris* case investigations, surveillance, and prevention efforts.