

### **What is *Candida auris*? Is it a new type of infection?**

*Candida auris* is a type of *Candida* yeast. *Candida* yeasts normally live on the skin and mucous membranes but can cause yeast infections. *C. auris* was first identified in 2009 in Japan. *C. auris* is considered an emerging pathogen because an increasing numbers of infections have been identified in multiple countries since it was first recognized.

### **What are the symptoms if someone acquires it?**

Most people that acquire *C. auris* have no symptoms, as it can live on their skin and mucous membranes without causing infection. To date, *C. auris* has caused infections of the blood, wounds, and ears. Symptoms vary depending on the area of the body that is infected.

### **What is the treatment?**

If *C. auris* infections do occur, most are treatable with a class of antifungal drugs called echinocandins. However, some *C. auris* infections have become resistant to these medications, making them more difficult to treat. In this situation, treatment decisions should be made in consultation with an infectious disease specialist.

### **What happens if it's not treated?**

Untreated invasive infections with any *Candida* species can be fatal. We don't know if patients with invasive *C. auris* infection are more likely to die than patients with other invasive *Candida* infections.

### **Who is most at risk of acquiring this?**

The risk factors for *C. auris* infections are likely similar to risk factors for other types of *Candida* infections. These risk factors include recent surgery, diabetes, broad-spectrum antibiotic and antifungal use, and central venous catheter use. Infections have been found in patients of all ages, from preterm infants to the elderly. Further study is needed to learn more about risk factors for *C. auris* infection.

### **What are the hospitals/health authorities doing about it?**

At this time we are asking hospitals and health authorities to be on the alert for this emerging pathogen. This is to ensure that if a case is identified, the patient gets the proper testing and treatment, and is cared for in a manner that minimizes the risk of spread to others. Any suspect isolates from patient specimens should be sent to the BCCDC Public Health Laboratory for confirmation.

### **Have there been any cases in Canada?**

There has been no reported case of *C. auris* infection in Canada to date. Cases have been reported in Japan, South Korea, India, South Africa, Kuwait, Pakistan, Colombia, Venezuela, and the United Kingdom. Because identification of *C. auris* requires specialized laboratory methods, infections may have occurred in Canada but have not been identified or reported.