



Facts about *Candida auris* in children

Date updated: May 8, 2023

Is *Candida auris* a new, emerging fungus?

While not a new pathogen, this yeast is increasingly causing severe illness in adult hospitalized patients. It can be broadly resistant to anti-fungal treatment and difficult to treat. However, most strains can still be treated with echinocandins and amphotericin.

The CDC considers *C. auris* an urgent threat for three main reasons.

- Potential for multi-drug resistance.
- Complexity of identifying *C. auris* through standard laboratory methods.
- Potential to cause outbreaks in healthcare settings

Healthcare organizations need to take special precautions to diagnose, treat, and limit the spread of *C. auris*.

How is *C. auris* transmitted?

Both infected and colonized patients can transmit *C. auris* to others, particularly through contact with contaminated surfaces or equipment. *C. auris* can live on surfaces for several weeks.

Does *C. auris* affect children?

While pediatric cases are uncommon in the US, recently a cluster of pediatric patients was identified in two healthcare facilities in Nevada. The facilities have separate pediatric units but share procedural areas with adult patients. At this time, no direct transmission link has been identified. These cases highlight that *C. auris* can potentially be spread from adult to pediatric patients. *C. auris* is particularly problematic in vulnerable pediatric patients including premature neonates, children in critical care units, and those with underlying immunodeficiencies. To date, the CDC has only identified a very small number of pediatric *C. auris* cases in the US.

How do you prevent *C. auris*?

As with other highly resistant organisms, identifying patients who have *C. auris* and providing care with contact precautions can help prevent transmission.

Risk factors associated with *C. auris* infection and colonization include: patients hospitalized internationally and residents of long-term care facilities. Children who receive care at hospitals with adult patients may also be at risk.

Practicing good hand hygiene, contact precautions and routine, thorough cleaning of equipment and facility common places are important. When possible, having dedicated equipment in isolation rooms can help with the burden of cleaning items when taking them in and out of isolation rooms. For colonized or infected patients, the patient should be placed in contact precautions, personnel should utilize appropriate PPE such as gowns and gloves, and healthcare professionals should minimize the use of invasive devices such as central lines, urinary catheters, and ventilators. Hand hygiene remains critically important.

Who and how do you test?

C. auris can be misidentified as other types of yeasts unless specialized laboratory methods are used. Correctly identifying *C. auris* is critical for starting measures to stop its spread and prevent outbreaks. The most reliable way to identify *C. auris* is matrix-assisted laser desorption/ionization time-of-flight mass spectrometry (MALDI-TOF MS). Healthcare facilities should ensure their laboratories are able to accurately identify *C. auris*, and laboratories should contact the CDC at candidaauris@cdc.gov immediately if you suspect a patient with *C. auris* for guidance. [Identification of Candida auris](#) | [Candida auris](#) | [Fungal Diseases](#) | [CDC](#)

Additional Clinical Resources

- [Candida auris](#) | Washington State Department of Health
- [Get the Facts About Candida Auris \(ny.gov\)](#)

Resources for parents and families

- [Candida auris: A Drug-resistant Germ That Spreads in Healthcare Facilities](#) | [Candida auris](#) | [Fungal Diseases](#) | [CDC](#)
- <https://www.cdc.gov/fungal/candida-auris/patients-qa.html>