

[Candida auris](#)

# *Candida auris*

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## Treatment and Management of *C. auris* Infections and Colonization

### Recommendations for treatment of *Candida auris* infections

Consultation with an infectious disease specialist is highly recommended when caring for patients with *C. auris* infection.

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.

### Adults and children $\geq$ 2 months of age

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

#### Dose information for Adults and Children $\geq$ 2 months of age

Echinocandin Drug	Adult dosing	Pediatric dosing
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 <sup>2</sup> /day IV, then 50mg/m <sup>2</sup> /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

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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](#).

## Neonates and infants <2 months of age

The initial treatment of choice for this age group is amphotericin B deoxycholate, 1 mg/kg daily. If unresponsive to amphotericin B deoxycholate, liposomal amphotericin B, 5mg/kg daily, could be considered. In exceptional circumstances, where central nervous system involvement has been definitively ruled out, may consider use of echinocandins with caution at the following doses:

Dose information for neonates and infants <2 months of age

Echinocandin Drug	Neonatal dosing
Caspofungin	25 mg/m <sup>2</sup> /day IV (based on body surface area)
Micafungin	10mg/kg/day IV

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

## Management of *C. auris* isolated from noninvasive, nonsterile body sites (e.g., urine, external ear, wounds, respiratory specimens, and skin colonization)

### Treatment

CDC does not recommend treatment of *C. auris* identified from noninvasive sites (such as respiratory tract, urine, and skin colonization) when there is no evidence of infection. Similar to recommendations for other *Candida* species, treatment is generally only indicated if clinical disease is present. However, [infection control measures](#) should be used for all patients with *C. auris*, regardless of source of specimen.

### Prevention of invasive infections

Patients who become colonized with *C. auris* are at risk of developing invasive infections from this organism. Invasive infections can develop at any point after patients become colonized. Additional measures listed below can help prevent invasive *C. auris*

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## Surgical procedures

Patients colonized with *C. auris* and undergoing surgical procedures may also be at increased risk for surgical site infections. Meticulous skin preparation in the operating room should be performed using an alcohol-based agent unless contraindicated. Further guidance on preventing surgical site infections is available in the [CDC Guideline for the Prevention of Surgical Site Infection](#) .

## Antibiotic stewardship

Many patients with *C. auris* infection or colonization have received broad-spectrum antibacterial and antifungal medications in the weeks before their first culture yielding *C. auris*. Assessing the appropriateness of antibiotics, especially antifungals, and discontinuing them when not needed may help prevent *C. auris* colonization and infection.

### Related Links

- [Infection Preventionists Fact Sheet](#)
- [Identification of \*C. auris\*](#)
- [Antifungal Susceptibility Testing and Interpretation](#)
- [Infection Prevention and Control for \*C. auris\*](#)

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