

Candida auris (*Candidozyma auris*) Education and Training for Local Health Departments

Session 1: Background

Adrienne Sherman, MPH, CIC

Healthcare-Associated Infections and Antimicrobial Resistance Epidemiologist
Infection Control, Healthcare & Environmental Epidemiology Program
Communicable Disease Service | New Jersey Department of Health

September 17, 2026

Overview

Introduction to *Candida (Candidozyma) auris*

Modes of Transmission

Clinical Presentation

Incubation Period & Infectious Period

Risk Factors

Treatment

Current Case Burden in NJ

Candida auris (*C. auris*) Background

- Also known as *Candidozyma auris* (*C. auris*)
- Fungal (yeast) organism with inherent antimicrobial resistance
- Primarily healthcare-associated, affecting the most vulnerable patients
- Primarily colonizes the skin
 - Currently no effective decolonization methods known
 - Colonizes individuals indefinitely
- Infects the bloodstream, respiratory tract, urinary tract, wounds, tissues, and other clinical sites
 - High attributable mortality (40-60%)
- No known incubation period

C. auris Background (Continued)

- Environmentally hardy pathogen
 - Resistant to many common cleaning and disinfectant products
 - Survives on surfaces/items for weeks if not properly cleaned and disinfected with an EPA-registered **List P** product
 - Survives moist and dry conditions for long durations
 - Can form biofilms on the skin and in the environment
- Can cause large, silent outbreaks in healthcare facilities

Colonization vs. Infection

Colonization

- Organism found in and/or on the body, but **does not cause symptoms** or disease
- Colonized patients are still capable of spreading the microorganism to others and the environment
- People can remain colonized indefinitely
- No decolonization method has been demonstrated to be effective

Infection

- Organism lives in and/or on the body and **leads to symptoms or disease**
- Occurs either after colonization or from a new introduction
- Identified through a clinical specimen (e.g., blood, cerebrospinal fluid)
- Those with infection are also colonized, even after infection resolves

Transmission Modes

- Transmission of *C. auris* occurs **through direct and/or indirect contact** with:
 - Colonized or infected individuals
 - Contaminated environmental surfaces
 - Contaminated patient care equipment and devices
- Transmission opportunities still exist if a case patient is in a private room.
Consider:
 - Shared equipment, devices and items brought in and out of patient/resident rooms
 - Missed opportunities for hand hygiene
 - Cross-contamination of healthcare workers' scrubs if/when PPE is not utilized as appropriate

Clinical Presentation

- Screening cases – *C. auris* colonization
 - No symptoms of active illness or infection
- Clinical cases – *C. auris* infection
 - Nonspecific symptoms that range in severity (e.g., fever)
 - Symptoms and clinical presentation dependent on the site and type of infection
 - Bloodstream
 - Wound
 - Respiratory Tract
 - Urinary Tract

Incubation Period



Incubation period: time from exposure to onset of disease



The incubation period for *C. auris* is currently **unknown**

Infectious Period

- Infectious period: the specific time frame when a colonized or infected person can transmit the organism
- The infectious period for *C. auris* is **indefinite**
- *C. auris* colonization lasts for a very long time, with some individuals continuing to test positive years after their initial identification
- Positive individuals may alternate between positive and negative results following their identification
 - Negative results for an individual with a history of *C. auris* should **NOT** be used to discontinue transmission-based precautions in healthcare settings

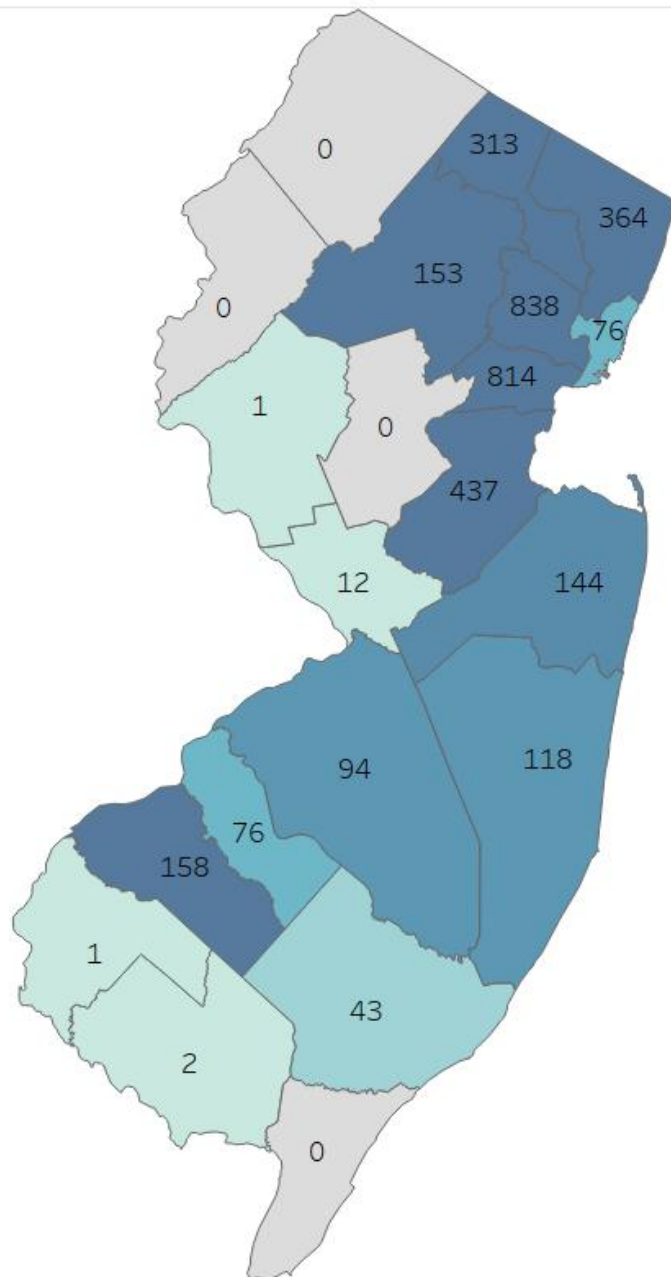
Common Risk Factors

- Invasive mechanical ventilation or tracheostomy
- Indwelling devices (e.g., central lines, peripheral lines, indwelling catheters, dialysis ports)
- Immunocompromising conditions or other serious health conditions
- Recent treatment using broad-spectrum antibiotics or antifungals
- Documented colonization or active infection with other MDRO(s)
- Prolonged admissions/residence at healthcare facilities
- Recent healthcare rendered in high-burden areas within and outside of the United States

***NOTE:** Presence of multiple risk factors increases an individual's risk for infection

Treatment

- Screening cases – *C. auris* colonization
 - No treatment indicated or recommended for colonization
 - Currently no known effective decolonization methods
- Clinical cases – *C. auris* infection
 - May require antifungal therapy if clinically indicated
 - Echinocandin antifungals are typically the first-line treatment for adults
 - Consultation with an infectious disease specialist is recommended



New Jersey's Current *C. auris* Case Counts Based on Facility of Identification (Updated 7/1/2026)

3,652 Total Cases

- Screening case count: 2,840
- Clinical case count: 812

Contact Us

Phone: (609) 826-5964

Email: DOH.CDS.HAIAR.EPI@doh.nj.gov

Websites:

- https://www.nj.gov/health/cd/topics/hai_ar.shtml
- <https://www.nj.gov/health/cd/topics/cauris.shtml>
- <https://www.nj.gov/health/cd/topics/ar.shtml>



THANK YOU



nj.gov/health