



Candida auris update

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Candida auris, the novel emerging pathogen causing invasive candidiasis and hospital outbreaks have reported since 2013 in European Union countries. This multiresistant yeast is highly resistant to fluconazole and reduced susceptibilities to other triazoles as voriconazole, itraconazole and isavuconazole. The minority of isolates have been demonstrated to be resistant to polyenes (amphotericin B) and echinocandins. There are no epidemiological cut-off values and antifungal clinical breakpoints established for *C. auris* yet.

In healthcare setting patients with *C. auris* infection should be handled like other multidrug resistant organisms, analogous to methicillin-resistant *Staphylococcus aureus* (MRSA) and carbapenem-resistant *Enterobacteriaceae* (CRE). *C. auris* can be transmitted between patients and requires implementation of specific infection control measures.

C. auris has been misidentified in microbiology laboratories using conventional biochemical identification methods. With phenotypical and biochemical methods the *C. auris* isolates have been misidentified as a wide range of different *Candida* species. The accurate identification of this emerging yeast will be yielded by MALDI TOF instrument or DNA sequencing of certain loci.

Public health authorities in Europe and US, namely Centers for Disease Control and Prevention (CDC), European Centre for Disease Prevention and Control (ECDC) and Public Health of England have published rapid risk assessment documents recently. National guidelines for laboratory diagnostics should be updated in current context. The practical steps guided by Estonian Society for Laboratory Medicine for helping microbiology laboratories in Estonia will be discussed.