



Do Not Neglect Global Threatening Yeast: *Candida auris*

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Candida auris a deadly emerging yeast is alarming the health care settings to be alert due to its multidrug resistant nature. *C. auris* was first reported from the ear canal of a Japanese patient in 2009 [1], and in a decade it has been isolated from five different continents i.e., Asia, Africa, Europe, North America and South America. Emergence of genetically distinct clade in three different continents - Asia, South Africa and South America at the same time is unexplainable [2].

Unlike other *Candida* species, *C. auris* drives the attention due to challenges in identification with standard laboratory protocols, drug resistance to all major antifungals and colonization ability. Persistence in hospital environment, potential for transmission, invasive nature and outbreaks in intensive care units is something that is scaring about it. Target population include debilitated individuals in intensive care units, i.e., with weakened immune system, patients with tube-lines such as breathing tubes, feeding tubes and central venous catheters and in people who have long stay in hospitals [3,4].

Chowdhary, et al. was the first to report 12 cases of *C. auris* infection from Delhi hospitals in 2011 in India [4]. Threat in intensive care unit (ICU) is substantiated by the evidence of 5.3% (74/1400) of *C. auris* cases from ICU. The infections are significantly found to be higher in public sector hospitals compared to private sectors [5]. The excessive use of antifungal drugs could be one of the cause for the emergence of *C. auris*, but another perspective is Dr. Casadewall hypothesis, from Johns Hopkins School, USA that *C. auris* could be the first pathogenic fungus which has emerged from human-induced global warming. He states, the rise of *C. auris* would have been detected much earlier if there have been better surveillance system and documentation [6].

The effective way to prevent infection and control this nosocomial transmission is by practice of Centre for Disease Control and Prevention (CDC) recommendations. Hospital Infection Control Committee in healthcare setups should follow strict surveillance

for fungal infections without neglecting them as noncontagious. Stern vigilance in ICU, isolating infected patients, periodic monitoring, use of effective disinfectant, proper cleaning, notifying to other hospital if patient colonized/infected is transferred with *C. auris* can reduce the infection rate. Accurate diagnosis and adequate attention to underlying fungal infections can reduce drug resistance. As of bacterial infections, yeast infections can cause serious public health challenge if neglected.

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