Drug-resistant fungus *Candidozyma auris* is spreading in European hospitals

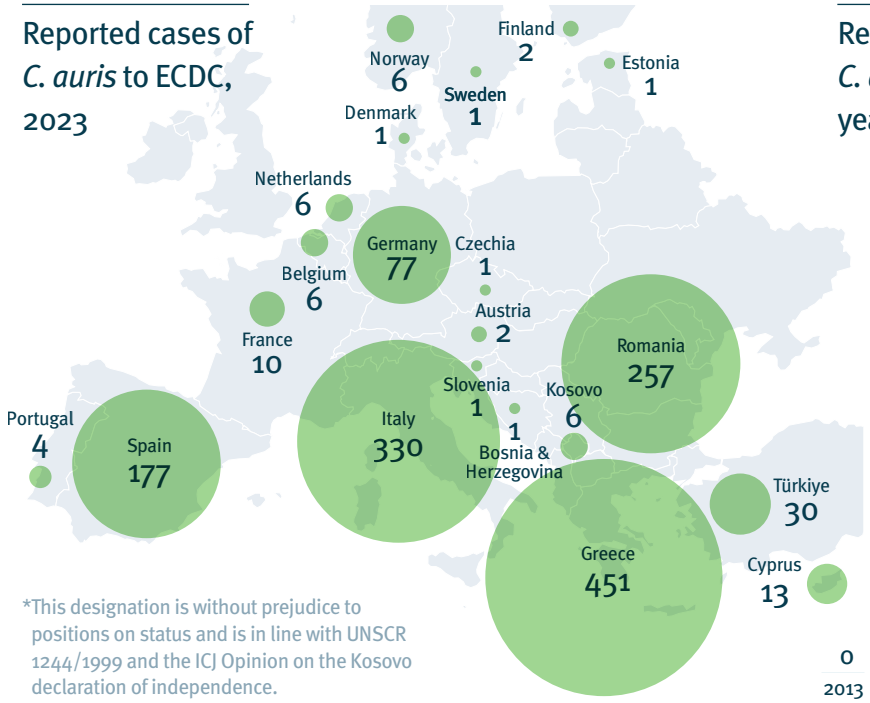
A new ECDC survey shows that *Candidozyma auris* (formerly *Candida auris*), a drug-resistant fungus, is spreading quickly across European hospitals, and is a serious threat to both patients and the continent's healthcare systems.

The survey covered European Union, European Economic Area countries and Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, Serbia and Türkiye.

The threat of *C. auris* is growing

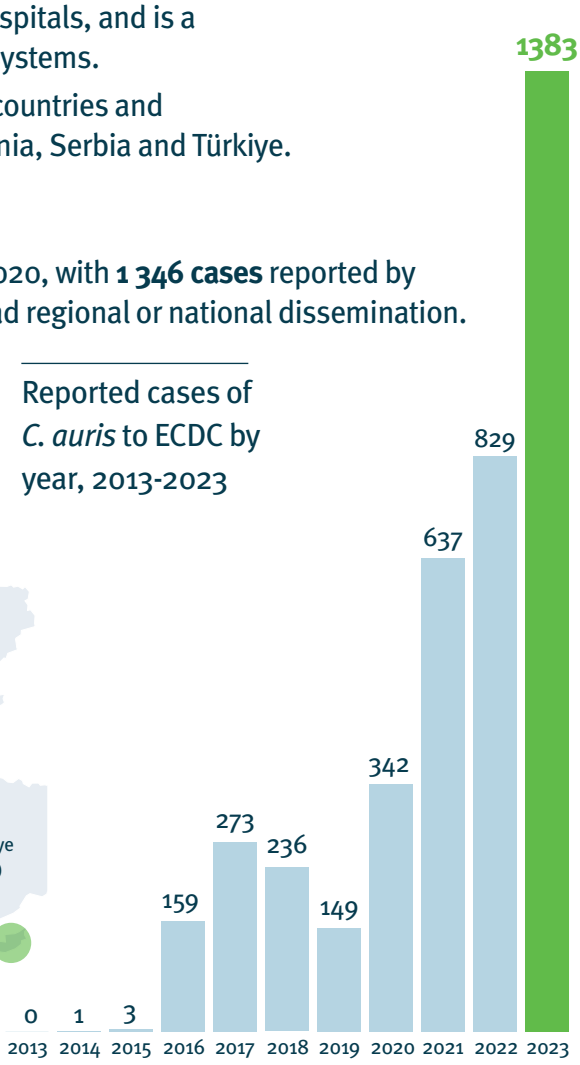
Reported cases of *C. auris* infection have grown rapidly since 2020, with **1 346 cases** reported by **18 countries** in 2023 alone. Three countries reported widespread regional or national dissemination.

Reported cases of *C. auris* to ECDC, 2023



*This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

Reported cases of *C. auris* to ECDC by year, 2013-2023



C. auris spreads quickly

C. auris is classified as a fungal pathogen of critical priority by the World Health Organization.

This is because of the threat its specific characteristics pose to hospitals and healthcare systems:

Highly transmissible

C. auris thrives on skin and can survive on equipment and surfaces for weeks

Hard to control

Often resistant to antifungal drugs

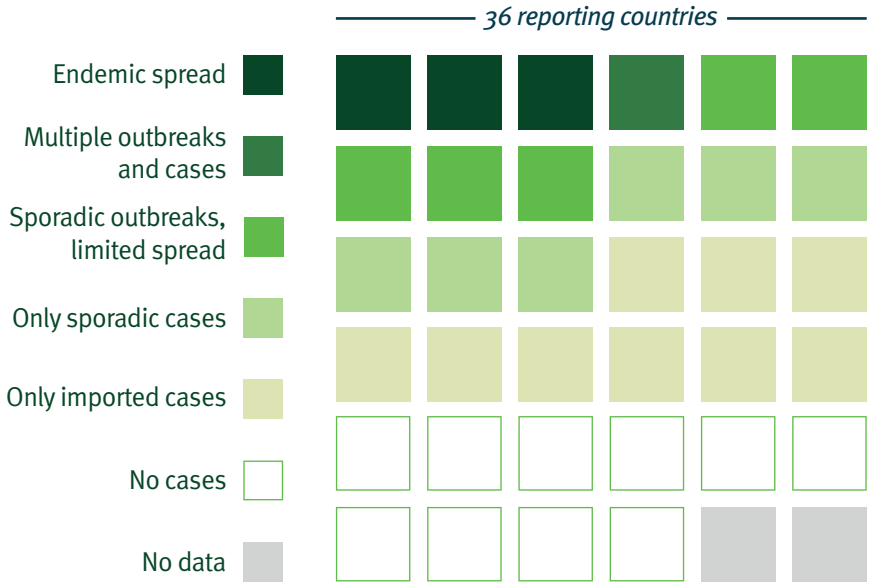
Causes severe infections

These infections are particularly dangerous for severely sick patients

We need to act quickly

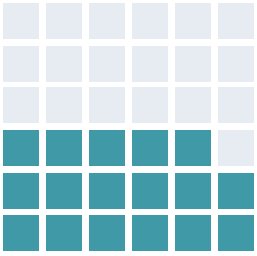
In the survey, three countries have reported that *C. auris* is endemic in at least one region. In all three countries it only took a few years between the first reported case and *C. auris* being widespread throughout their hospital networks.

However, there are examples of countries where the transmission was controlled and further spread prevented.

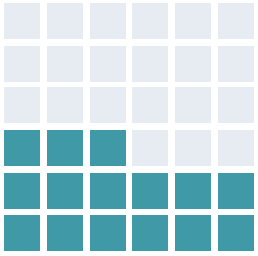


We need to understand the scale of the problem

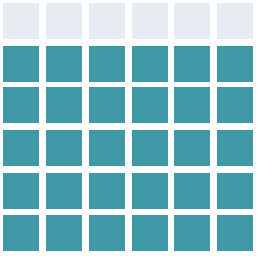
The true scale of *C. auris* infections across Europe might well be underestimated, because we lack systematic surveillance.



Only **17 countries** have national surveillance for *C. auris*



Only **15 countries** have specific infection prevention and control (IPC) guidance for *C. auris*



6 countries do not have mycology reference laboratories

These gaps in national preparedness need to be closed. It is only through surveillance, early detection, and infection prevention and control that we will be able to contain *C. auris* and mitigate impact on hospital patients all over Europe.

Detection

Mycology reference laboratories to make sure detection is reliable

Surveillance

National surveillance programmes are needed to gather data

IPC

IPC measures need to be rapid to contain or delay spread

For more information, visit *https://bit.ly/46uR1iK*