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I am a board certified medical microbiologist. This is nothing more than fearmongering and lying. Key point here, we only see this infection in patients who are immuno-suppressed. Usually seriously ill elderly or patients with very poor immune response. It is spread through contact, so put your masks away Karens.

What, I wonder, happened in the last couple years to suddenly increase the number of people with immune system damage? Yep, these types of infections are what I would expect to see from the vaxed, along with cancers and autoimmune diseases. (the myocarditis in the vaxed is an autoimmune cause)

C. aureus is not hard to identify using standard microbiology laboratory methods. I could routinely ID this bug in the 1980's in 24-48 hours. Like ALL fungi it is multi-drug resistant. There are drugs to treat this infection with if the provider pays attention to treatment.

So here we have a known bug causing expected problems and the CDC acts like it is a new threat to humanity. Have you seen this movie before?

CDC Warns of Dangerous Fungal Infection Spreading Through US at 'Alarming Rate'



This undated photo made available by the Centers for Disease Control and Prevention shows a strain of *Candida auris* cultured in a petri dish at a CDC laboratory. (The Canadian Press/Shawn Lockhart-CDC via AP)



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March 21, 2023 Updated: March 21, 2023

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The Centers for Disease Control and Prevention (CDC) is warning of an increasingly drug-resistant emerging fungus that the health agency says presents a “serious global health threat.”

Candida auris is a rare fungal disease that is easily spread through contact with contaminated surfaces or from person-to-person and can cause severe illness in hospitalized patients and those with weakened immune systems, according to health officials.

In some rare cases, the yeast can enter the bloodstream of patients and spread throughout the body, causing serious invasive candidiasis infections, which can affect the blood, heart, brain, eyes, bones, and other parts of the body and can prove fatal.

Data from a limited number of patents shows that 30 to 60 percent of people diagnosed with the fungal disease have died. However, healthy people typically do not get sick from the fungal disease.

The CDC said it is concerned about *Candida auris* for three main reasons: it is often multidrug-resistant, it is hard to identify using standard laboratory methods, and it has rapidly caused outbreaks in health care settings.

Additionally, individuals who have been hospitalized in health care facilities for long periods of time—especially those who have breathing tubes, feeding tubes, and central venous catheters going into their bodies—appear to be at the highest risk of contracting *Candida auris*.

Other risk factors are generally similar to risk factors for other types of *Candida* infections and include recent surgery, diabetes, and recent use of antibiotics or antifungal medications, initial data shows.

CDC Data Shows Rise in Cases

Infections of *Candida auris*, also referred to as *C. auris*, have been found in patients of all ages, from preterm infants to the elderly, health officials say.

According to CDC data, the drug-resistant fungus, which was first detected in the United States in 2016, has been spreading “at an alarming rate” among hospitalized patients in recent years, with clinical cases of the fungus nearly doubling in 2021 and continuing to rise in 2022.

There were at least 2,377 confirmed clinical cases of *Candida auris* in the United States in 2022, according to CDC statistics, up from 1,474 cases in 2021 and 757 cases in 2020.

Data shows the fungal disease is now present in more than half of U.S. states.

Separate [data](#) from the CDC published in the *Annals of Internal Medicine* on March 20 also found that screening cases—in which the fungus is detected but is not causing infection—tripled from 2020 to 2021, from 1,310 to 4,041 cases.

The CDC has said it is concerned with the tripling in 2021 of the number of cases that were resistant to echinocandins, antifungal drugs that are typically the first line of treatment for *Candida auris*.

CDC officials said in a press release that the number of *Candida auris* cases may have risen for multiple reasons, including poor general infection prevention and control practices in health care facilities, although enhanced efforts to detect cases may have also contributed to the rise.

“The timing of this increase and findings from public health investigations suggest *C. auris* spread may have worsened due to strain on healthcare and public health systems during the COVID-19 pandemic,” CDC officials added.

Risk to General Population Remains Low

“The rapid rise and geographic spread of cases is concerning and emphasizes the need for continued surveillance, expanded lab capacity, quicker diagnostic tests, and adherence to proven infection prevention and control,” said CDC epidemiologist Dr. Meghan Lyman, lead author of the paper.

Candida auris was first identified in 2009 in Japan, although retrospective reviews found that the earliest strain of the disease appeared in 1996 in South Korea.

According to the World Health Organization (WHO), which has included *Candida auris* on its “fungal priority pathogens list” of life-threatening fungi, individuals most at risk of serious invasive candidiasis infections include those with cancer, HIV/AIDS, organ transplants, chronic respiratory disease, and post-primary tuberculosis infection.

“Emerging evidence indicates that the incidence and geographic range of fungal diseases are both expanding worldwide due to global warming and the increase of international travel and trade,” the WHO said in an October press release.

The CDC says screening for *Candida auris* can help protect people at increased risk of serious infection.

Despite concerns from the CDC and WHO over the rise in cases and resistance to echinocandins, Dr. Ashley Lipps, an infectious diseases physician at the Ohio State University Wexner Medical Center told [Healthline](#) that the majority of cases are still treatable with the antifungal medications.

“If someone has an infection with *C. auris*, the fungus will need to be sent to the lab for susceptibility testing to determine which antifungal medication will work best to treat it,” Lipps said. “The risk to the general population remains very low.”