

What makes *C. auris* particularly nasty is that it spreads easily in hospital settings. Currently, there are cases in Washington, D.C and Texas affecting patients in long-term care. These are likely nosocomial infections, and that is why we (as clinical staff in hospital settings) should be paying attention. Somehow our understanding and awareness of biosafety is faltering.

After a recent death at Mount Sinai, NY, the fungus was still found in the patient's room. Where?

- The walls
- Bed
- Doors
- Curtains
- Phones
- Sink
- Whiteboard
- Pumps
- Poles
- Mattress
- Bed rails
- Cannister holes
- Window shades, and
- Ceiling



*C. auris* is so tenacious because it is impervious to major antifungal medications, making it a new example of one of the world's most intractable health threats: the rise of drug-resistant infections.

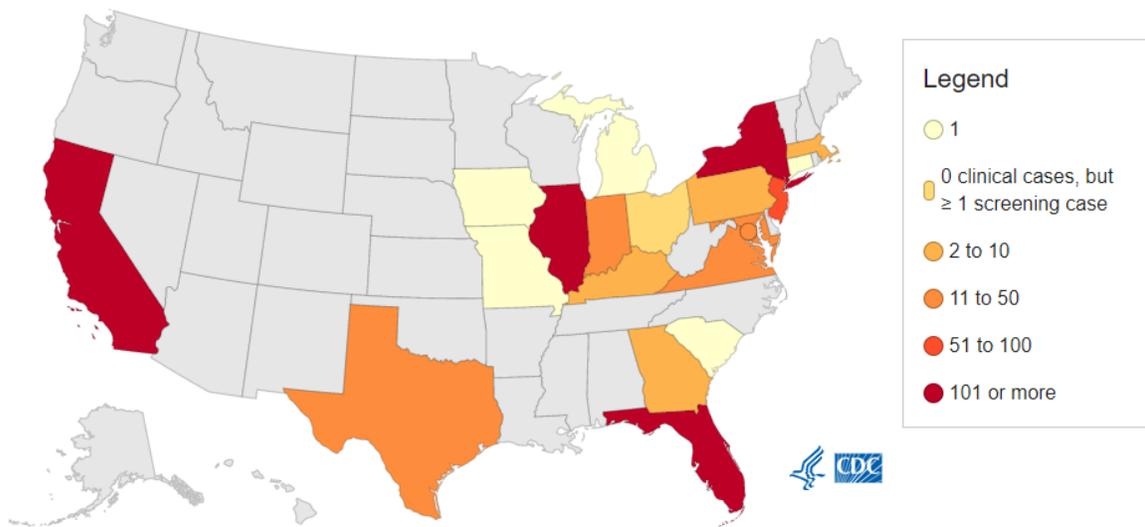
*Candida* yeasts are generally present in healthy humans, frequently part of the human body's normal oral and intestinal flora, and particularly on the skin; however, their growth is normally limited by the human immune system and by competition of other microorganisms. Pan-resistant *C. auris* is a canary in the coal mine for emerging resistance. Biosafety may be our best tool to battle this serious and emerging threat, if we can't treat with drugs.

Contact precautions, hand hygiene, and environmental cleaning and disinfection are essential to preventing the spread of *C. auris*. These are the things we preach in biosafety and in good laboratory technique on the bench.

Have a great week and be safe,

Bryan

Reported clinical cases of *Candida auris*, June 1, 2020-May 31, 2021



{Coming to a facility near you. Ready?}

