

# Rising Threat: *Candida auris* Infections Evoke Drugs, Prompting Treatment An Innovations

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## ABSTRACT

*Candida auris*, a fatal, drug-resistant fungus, is spreading throughout the world. Researchers find optimism in recent studies focusing on its biology but caution about the restricted treatments. This article aimed to get more information about *Candida auris*. To prevent this hazard, ongoing drug and disinfection procedure development, and creative testing solutions are essential.

**Keywords:** *Candida auris*, Hazard, Resistant, Antifungal agents, Spread

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### Introduction

A serious worldwide threat is *Candida auris* (*C. auris*) [1]. The fungal pathogen has become a significant health issue due to its capacity to induce invasive infections and develop resistance to multiple antifungal drugs, as seen in Fig. 1. Since its discovery in Japan in 2009, *C. auris* has gained attention as a potential cause of outbreaks and serious, occasionally deadly bloodstream infections in medical settings, such as hospitals and assisted living institutions [2, 3]. *C. auris* began to spread in the US in 2015, and the number of cases reported in 2018 was 318% greater than the average from 2015 to 2017 [1]. This has been noted by researchers, public health organizations, infection preventionists, and diagnostic providers [1,4].

### Clinical Significance

In certain hospitalized patients, *C. auris* colonizes their skin and noses without causing illness [5]. As *C. auris* is introduced to surfaces where it might linger for days or weeks, colonization can spread within healthcare facilities [3]. A patient's colonization can last for months or even forever, giving them plenty of time to spread. As a highly resilient fungus, *C. auris* is resistant to decolonization and disinfection treatments that work well against other species of *Candida* [3]. Outbreak management is particularly difficult as a result. Five to ten percent of colonized people have been reported to have serious invasive illnesses [6]. Between 30% and 72% of vulnerable hospital and nursing home patients die from these infections [3, 7].

### Emerging of *C. auris*

The considerable amount of resistance to antifungal agents exhibited by *C. auris* is one of its most alarming features. Certain antifungal medications have been shown to cause treatment failures, and pan-resistance to several drug classes has been noted [1,3].

The CDC stated in its 2019 Antimicrobial Resistance Threats Report that its fungal experts had never heard of a *Candida* infection that was resistant to all antifungal drugs, much less one that spreads quickly among patients [1]. The CDC raised the alert in the United States and identified *C. auris* to be one of five serious antimicrobial risks to society in response to the worldwide concern [1,7]. *Rezafungin*, which was approved by the US Food and Drug Administration in 2023, offers a potentially effective new treatment for *C. auris* infections.8 yet controlling this problem requires quick and precise fungal detection [1,7].

### Problems

Dr. Scott Roberts states that the fungus *C. auris* presents three issues: First, it may be resistant to several drugs; according to the literature on fungal illnesses, there are only three effective classes of drugs. Some strains can withstand all three. *C. auris* can spread from person to person, which is the second issue. The majority of fungal infections are found on surfaces, in

medical equipment that has not been well cleaned, or even on door handles. This one has been linked to breakouts in nursing homes and other settings where it clings to the surroundings and spreads somewhat quickly. The third issue is often neglected. Many labs are unable to detect it correctly. It's like the next generation of drug-resistant kids. Since its discovery, *C. auris*, sometimes referred to as a superbug, has been gradually spreading throughout the continent. According to new studies, it is resistant to treatment, can tolerate most disinfectants, and is likely much more common than previously believed [8].

### Diagnosis

Accurately detecting and identifying *C. auris* using phenotyping, mass spectrometry and molecular techniques like PCR and sequencing [9,10,11].

### Conclusion

Because *C. auris* can cause invasive infections, has a high fatality rate, and is resistant to antifungal medications, it poses a serious threat to global healthcare systems. To prevent this hazard, ongoing drug and disinfection procedure development, and creative testing solutions are essential.

### References

- [1] Centers for Disease Control and Prevention (CDC): Antibiotic resistance threats in the United States, 2019. Atlanta, Georgia: National Center for Emerging Zoonotic and Infectious Diseases (U.S.); 2019 Nov.
- [2] Satoh K, Makimura K, Hasumi Y, Nishiyama Y, Uchida K, Yamaguchi H. *Candida auris* sp. nov., a novel ascomycetous yeast isolated from the external ear canal of an inpatient in a Japanese hospital. *Micriobiol Immunol.* 2009 Jan;53(1):41–4.
- [3] Sikora A, Hashmi MF, Zahra F. *Candida auris*. StatPearls. Treasure Island (FL): StatPearls Publishing; 2024.
- [4] Abdulla B, Ismael SS, Qasim NA. Antimicrobial susceptibility of *Proteus mirabilis* isolated from urinary tract infections in Duhok City, Iraq, using VITEK2 system. *European Journal of Medical and Health Research.* 2024 Jul 1;2(4):75-9.
- [5] Centers for Disease Control and Prevention (CDC): *Candida auris* (*C. auris*). [cited 2024 Jun 2]. Available from: <https://www.cdc.gov/candida-auris/about/index.html>
- [6] Sansom SE, Gussin GM, Schoeny M, Singh RD, Adil H, Bell P, et al. Rapid Environmental Contamination with *Candida auris* and Multidrug-Resistant Bacterial Pathogens Near Colonized Patients. *Clin Infect Dis.* 2024 May 15;78(5):1276–84.
- [7] Cepheid a better way. *Candida auris:* Rising Threat and Future Implications. 2024. <https://www.cepheid.com/en-US/insights/insight-hub/tech-disease-trends/2024/09/candida-auris-rising-threat-and-future-implications.html>
- [8] MS. New 'super scary' fungus *Candida auris* already detected in Connecticut, experts warn. 2026. <https://www.msn.com/en-us/science/microbiology/new-super-scary-fungus-candida-auris-already-detected-in-connecticut-experts-warn/ar-AAITxOB?ocid=BingNewsSerp>
- [9] Identification of *C. auris* | *Candida auris* (*C. auris*) | CDC [Internet]. [cited 2024 Jun 2]. Available from: <https://www.cdc.gov/candida-auris/hcp/laboratories/identification-of-c-auris.html>
- [10] Rossana Rosa, Adriana Jimenez, David Andrews, Huy Dinh, Katuska Parra, Octavio Martinez, Lilian M Abbo, Impact of In-house *Candida auris* Polymerase Chain Reaction Screening on Admission on the Incidence Rates of Surveillance and Blood Cultures with *C. auris* and Associated Cost Savings, *Open Forum Infectious Diseases*, Volume 10, Issue 11, November 2023, ofad567, <https://doi.org/10.1093/ofid/ofad567>
- [11] Ismael SS. Rocky Mountain spotted fever. One Health Triad, Unique Scientific Publishers, Faisalabad, Pakistan. 2023; 3:53-9.