

# Candida auris Öyküsü



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**SBU, Gülhane Tıp Fakültesi**

**Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji AD**

# ID-IRI Sohbetleri, 2020



# Pilot bir alıřma...



ID-IRI



**Prof. Nirav Pandya**  
**Vadodara, Hindistan**

## Article

# International Multicentre Study of *Candida auris* Infections

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Yogesh Kumar Gupta <sup>9</sup>, Ilker Inanc Balkan <sup>10</sup>, Ejaz Ahmed Khan <sup>11</sup> and Hakan Erdem <sup>12,\*</sup>



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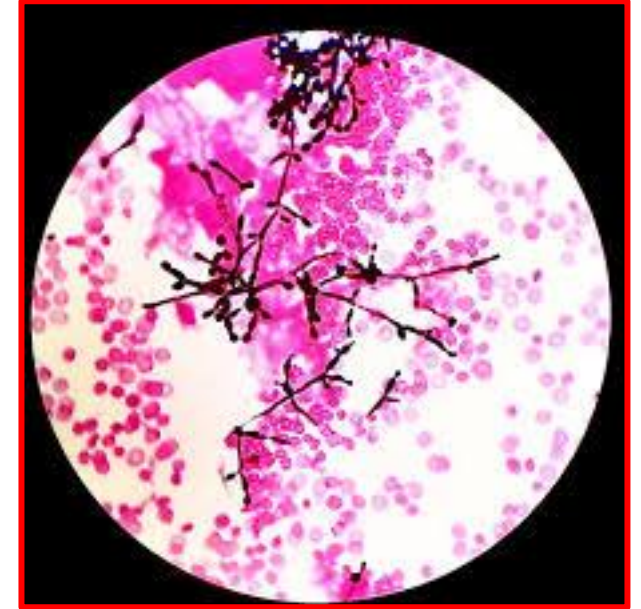
# Bahrain Oncology Centre

## İlk Karşılaşma

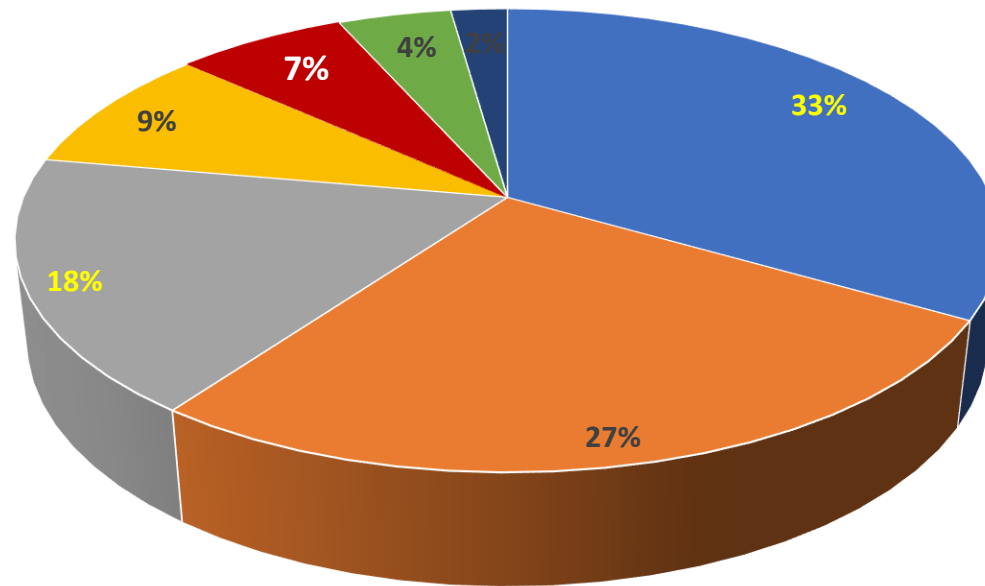
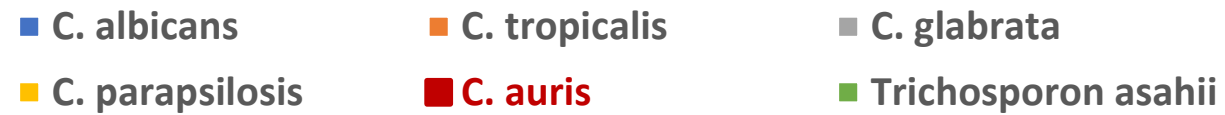


# BOC, Sorun ile yüzleşmeye başladık...

- Persiste ediyor
- Hızla yayılıyor
- Tedavisi güç
- Mortalite yüksek
- EKK prosedürleri belirsiz
- Rehberler çok yetersiz, CDC, PHE



# BOC, Sorunun boyutu...

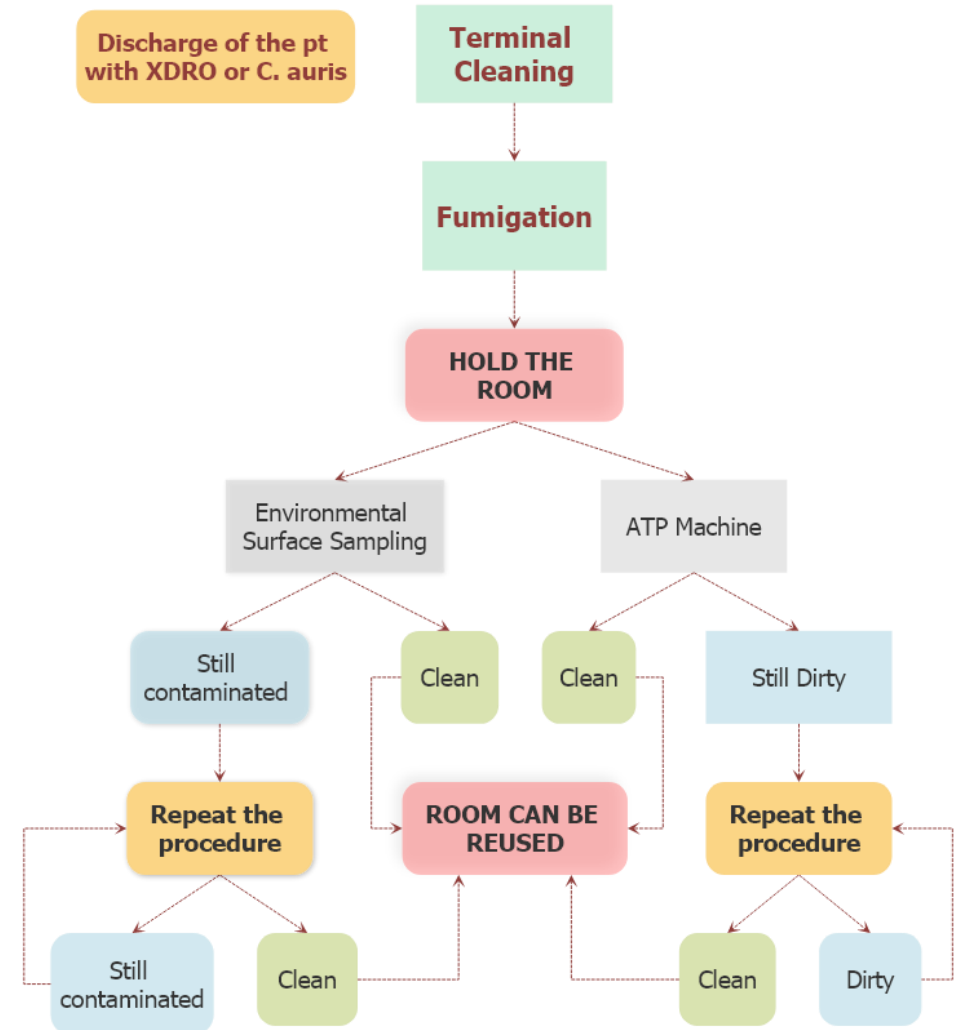
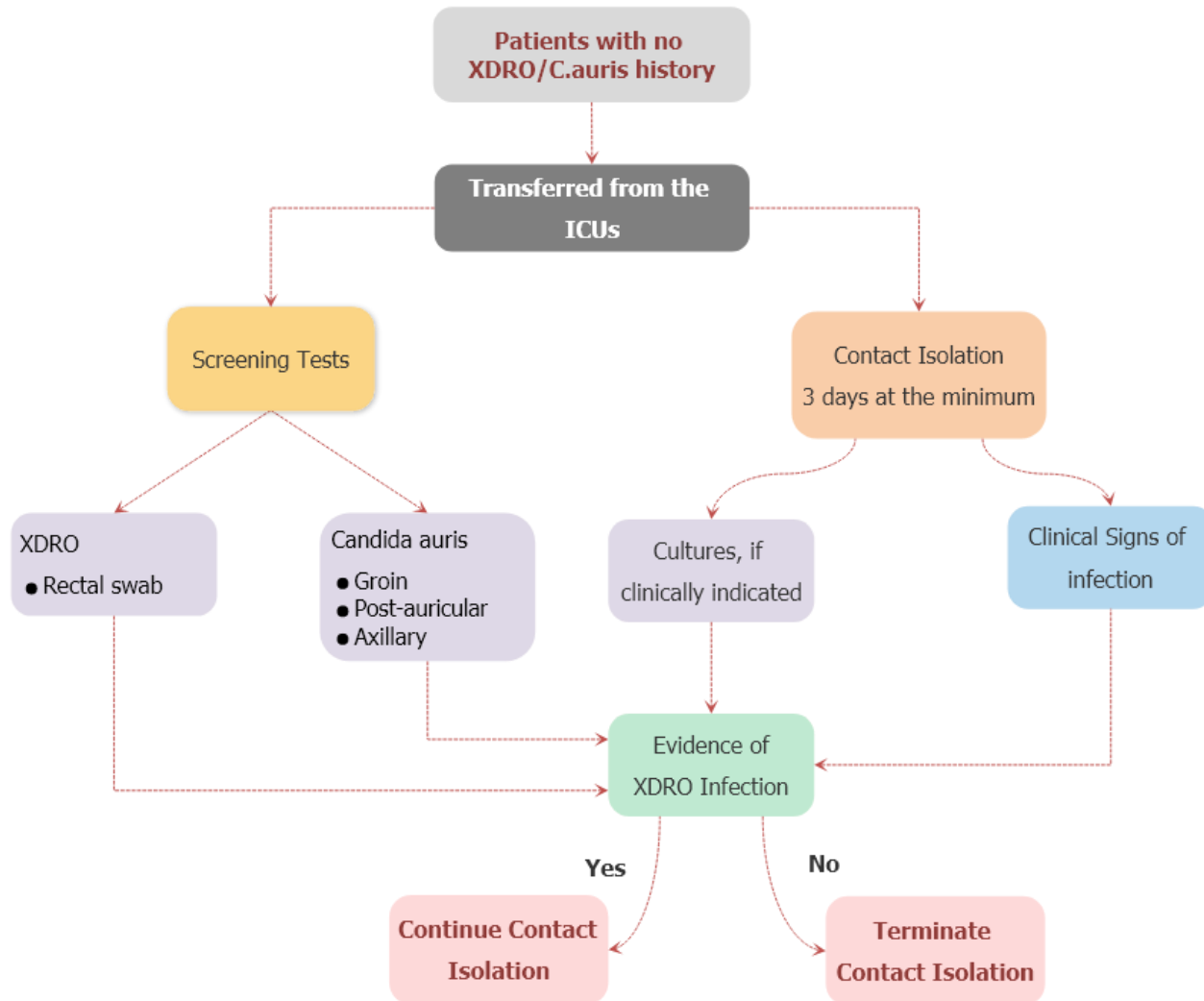


# BOC, Nasıl dekolonize edelim?

- Hastalar
- Ortam



# 2021, BOC





# Can daily bathing with 4% chlorhexidine + daily chlorhexidine wipe for 1 week be effective in decolonizing *Candida auris* colonization?

Umran Elbahr<sup>1</sup> · Amira Khairy<sup>2</sup> · Farouq Dayyab<sup>3</sup> · Clark Steven Delos Reyes<sup>1</sup> · Jennie Pastrana<sup>1</sup> · Chithra Vineeth<sup>1</sup> · Suha Hejres<sup>4</sup> · Shruti Prem Sudha<sup>5</sup> · Ozge Keskin<sup>6</sup> · Shiv Singh Rana<sup>7</sup> · Elias Fadel<sup>6</sup> · Hakan Erdem<sup>3,8</sup> · Oguz Resat Sipahi<sup>1,9</sup>

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## Abstract

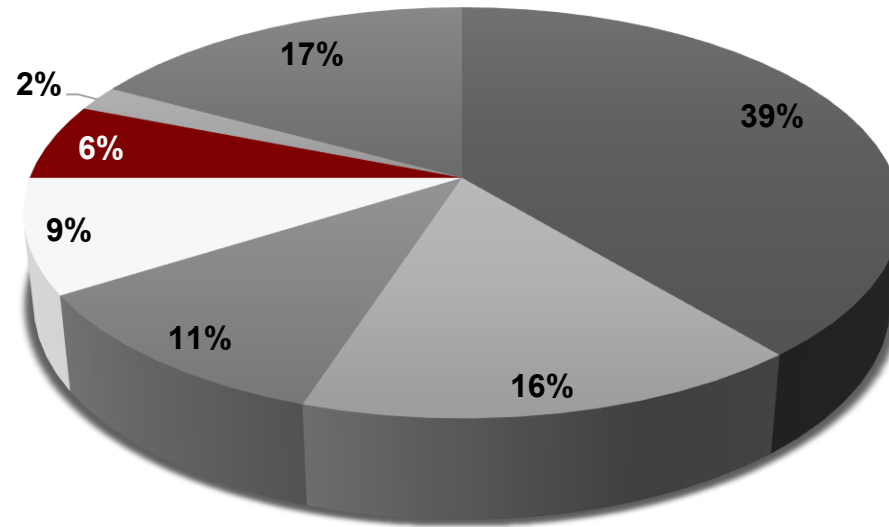
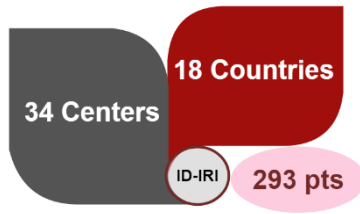
**Background** Herein, it is aimed to present the decolonizing rates of *Candida auris* colonized cases after daily bathing with 4% chlorhexidine plus daily cleaning with 4% chlorhexidine wipe for 1 week (will be mentioned as DCHX).

**Methods** The study period was from October, 2021, to November, 2022. Inclusion criteria were (i) age > 18, (ii) receiving DCHX, (iii) proven *C. auris* carrier on auricular, or axillar or inguinal swab surveillance cultures up to 5-day period before DCHX. Cases with three consecutive negative surveillance cultures 3 days apart were considered to be decolonized.

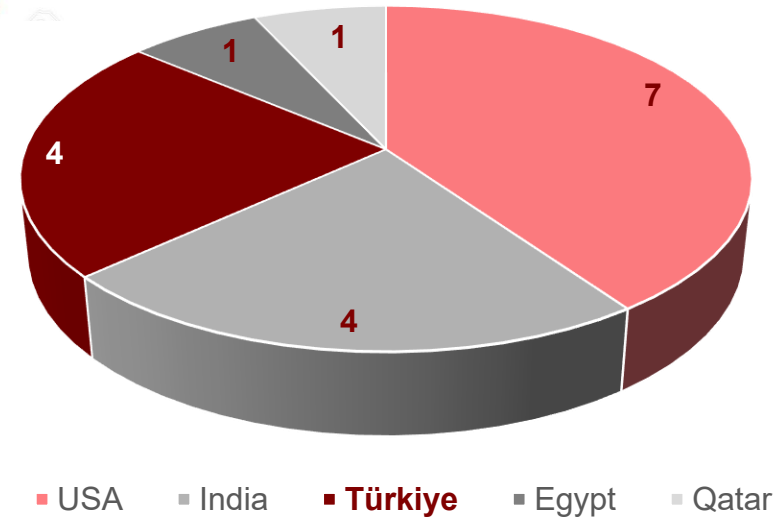
**Results** A total of 38 cases [14 female, aged  $61.8 \pm 15.5$  years] fulfilled the inclusion criteria. Six (15.8%), 23 (60.1%), and 22 cases (57.8%) were postauricular, inguinal, and axillary culture positive, respectively. Only three cases (7.9%) were triple culture positive. Nine cases (23.7%) had three consequent negative surveillance cultures after DCHX and were considered to be decolonized. There was no significant difference in decolonization rates of concomitant only antibiotic receiving cohort vs. concomitant antifungal + antibiotic receiving cohort (5/16 vs. 2/8,  $p = 1$ ) were decolonized similarly. Of the nine *C. auris* decolonized cases, two developed *C. auris* infection in 30 days follow-up after decolonization. However, 10 (34.5%) of 29 non-decolonized cases developed *C. auris* infection ( $p: 0.450$ ) within 30 days after surveillance culture positivity. Over all cohorts, day 30 mortality was 23.7% (9/38).

**Conclusion** In conclusion, based on our observational and relatively small uncontrolled series, it appears that DCHX is not very effective in decolonizing *C. auris* carriers (especially in cases who are *C. auris* colonized in > 1 areas), although it is not completely ineffective.

**Keywords** *Candida auris* · Colonization · Decolonization · Chlorhexidine



***C. auris* Distribution**



- *C. albicans*
- *C. parapsilosis*
- *C. glabrata*
- *C. tropicalis*
- ***C. auris***
- *C. krusei*
- Tiplendirilmeyen

Aydın S, et al. Understanding clinical outcomes and factors influencing mortality in ICU patients with COVID-19 associated candidemia. *Mycoses*. 2024; 67(1): e13687

# Tedavi seeneklerimiz neler?



# Antifungal susceptibility pattern of *Candida auris* strains: Analysis of clinical strains in a tertiary-care educational university hospital

Amira Khairy<sup>1</sup>, Suha Hejres<sup>1</sup>, Umran Elbahr<sup>2\*</sup>, Farouq Dayyab<sup>3</sup>, Clark Steven Delos Reyes<sup>4</sup>, Jennie Ann Pastrana<sup>4</sup>, Chithra Vineeth<sup>4</sup>, Shruti Prem Sudha<sup>5</sup>, Ozge Keskin<sup>6</sup>, Shiv Singh Rana<sup>7</sup>, Elias Fadel<sup>5</sup>, Hakan Erdem<sup>3,8</sup>, Oguz Resat Sipahi<sup>2,9</sup>

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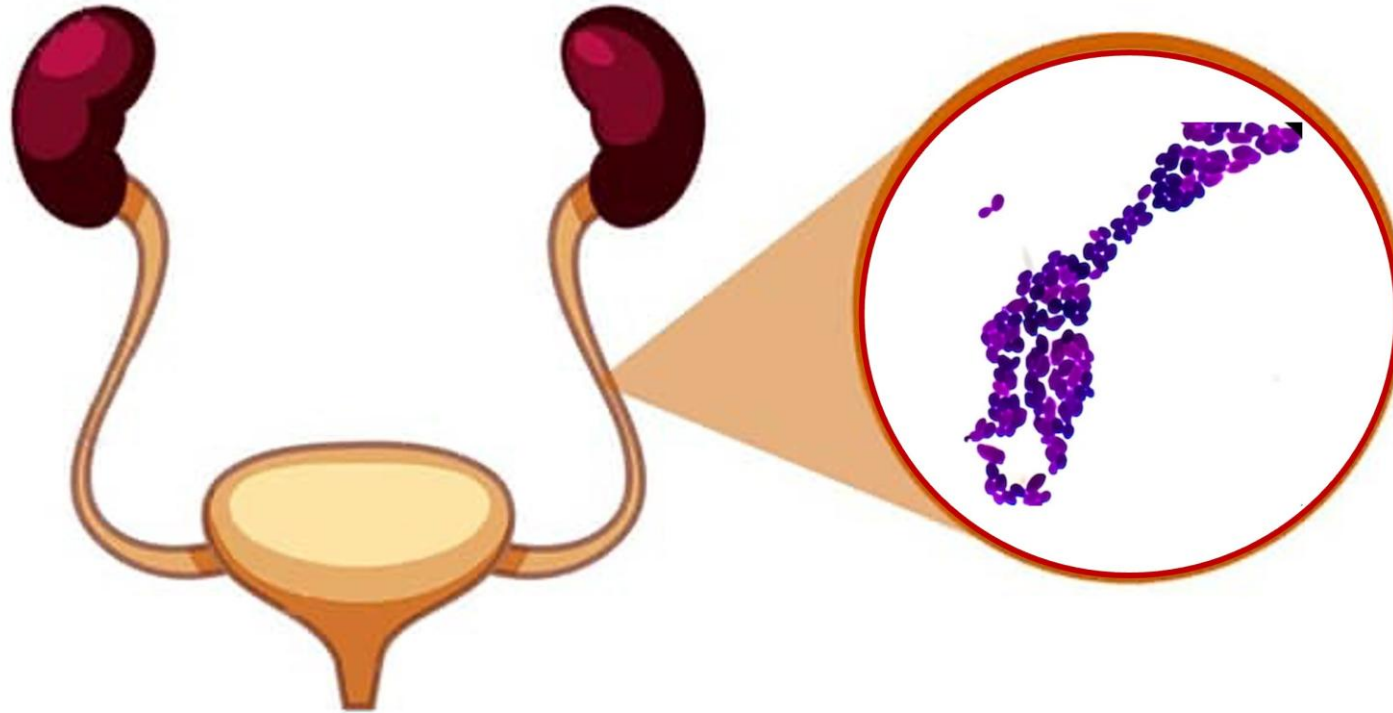
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# Kandidüriler ?



# Caspofungin in the treatment of *Candida auris* candiduria in Hemato-oncological Patients: An observational retrospective cohort study

Umran Elbahr<sup>1\*</sup>, Amira Khairy<sup>2</sup>, Farouq Dayyab<sup>3</sup>, Clark Steven Delos Reyes<sup>1</sup>, Jennie Pastrana<sup>1</sup>, Chithra Vineeth<sup>1</sup>, Ahmed Qaedi<sup>4</sup>, Suha Hejres<sup>5</sup>, Shruti Prem Sudha<sup>6</sup>, Ozge Keskin<sup>7</sup>, Shiv Pratap Singh Rana<sup>8</sup>, Elias Fadel<sup>7</sup>, Hakan Erdem<sup>3,9</sup>, Oguz Resat Sipahi<sup>1,10</sup>

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# Klinikte karřımıza ıkan sorular...

- Klinik seyir
- Hasta ynetimi
- Maskeli sorunlar
- Antifungal diren
- Antifungal tedavi optimizasyonu





Antimicrobial Agents  
and Chemotherapy



8 | Antimicrobial Chemotherapy | Full-Length Text

# Managing *Candida auris* fungemias: the results of a prospective and international study

Hakan Erdem,<sup>1</sup> Sena Şakir-Yildirim,<sup>1</sup> Handan Ankarali,<sup>2</sup> Ayse Batirel,<sup>3</sup> Gulnur Kul,<sup>4</sup> Gonca Fidan,<sup>1</sup> Amani El-Kholy,<sup>5</sup> Abdullah Umut Pekok,<sup>6</sup> Omnia Mohamed Elnabawy Ahmed Taher,<sup>7</sup> Fatma Bozkurt,<sup>8</sup> Yasemin Cag,<sup>9</sup> Hande Berk-Cam,<sup>10</sup> Hulya Caskurlu,<sup>9</sup> Esmâ Eryilmaz-Eren,<sup>11</sup> Lutfiye Nilsun Altunal,<sup>12</sup> Maha Ali Gad,<sup>5</sup> Gulay Okay,<sup>13</sup> Fatma Amer,<sup>14</sup> Ahmet Dogan,<sup>15</sup> Mehmet Emirhan Isik,<sup>16</sup> Buket Erturk Sengel,<sup>17</sup> Fahad Almajid,<sup>18</sup> Kumar Angamuthu,<sup>19</sup> Jehan ElKholy,<sup>20</sup> Abu Hena Mostafa Kamal,<sup>21</sup> Nilgun Karabicak,<sup>22</sup> Nefise Oztoprak-Cuvalci,<sup>23</sup> Souha Kanj,<sup>24</sup> Pinar Yuruk-Atasoy,<sup>25</sup> Berfin Cirkin-Doruk,<sup>26</sup> Nagwa Mostafa El-Sayed,<sup>27</sup> Nirav Pandya,<sup>28</sup> Bilal Ahmad Rahimi,<sup>29</sup> Elif Tukenmez-Tigen,<sup>17</sup> Mustafa Uguz,<sup>26</sup> Seniha Senbayrak,<sup>30</sup> Canan Ağalar,<sup>31</sup> Meliha Cagla-Sonmezer,<sup>32</sup> Yeliz Cicek,<sup>33</sup> Umran Elbahr,<sup>34</sup> Ilknur Erdem,<sup>35</sup> Tuba Kuruoğlu,<sup>36</sup> Sibel Kuyugoz-Gulbudak,<sup>26</sup> Aruna Poojary,<sup>37</sup> Ertugrul Yazıcı,<sup>1</sup> Tugrul

**Rehber makaleler yetersiz...**





Prof. Dr. Canan Ağalar



Prof. Dr. Hakan Erdem



Prof. Dr. Yasemin Çağ

# Katılımcılar

- Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Uzmanlık Derneđi (EKMUD)
- Enfeksiyon Hastalıkları – Uluslararası Araştırma Girişimi (ID-IRI)
- Türk Anesteziyoloji ve Reanimasyon Derneđi (TARD)
- Türk Yođun Bakım Derneđi (TYBD)
- Klinik Mikrobiyoloji Uzmanları Derneđi (KLİMUD)
- Türk Mikrobiyoloji Cemiyeti (TMC)
- T.C.S.B, Türkiye Halk Sağlığı Kurumu



## **Consensus paper on *Candida auris* by Türkiye EKMUD, ID-IRI, THSK of Ministry of Health of the Republic of Türkiye, KLIMUD, TMC, TARD, and TYBD**

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Burcu DALYAN CİLO<sup>7</sup> , Nurettin ERBEN<sup>8</sup> , Esmâ ERYILMAZ EREN<sup>9</sup> , Gülşen İSKENDER<sup>10</sup> , Ayşe KALKANCI<sup>11</sup> ,  
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Seniha ŞENBAYRAK<sup>17</sup> , Recep TEKİN<sup>18</sup> , Ayşegül ULU KILIÇ<sup>19</sup> , Tuğhan UTKU<sup>20</sup> ,  
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# Teşekkürler...



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