



MARCH 2026 HIPC NEWSLETTER

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Guideline Updates Quick Links

- <https://www.cdc.gov/candidiasis/prevention/index.html>
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- <https://www.cdc.gov/candidiasis/risk-factors/index.html>

CANDIDIASIS

INTRODUCTION

- Candidiasis is a fungal infection caused by an overgrowth of the yeast *Candida*.
- Invasive candidiasis can occur in hospitalized patients if *Candida* infects the bloodstream (candidemia), organs, or bones.



DEFINITION

Candidiasis is a fungal infection caused by *Candida*, a yeast. Everyone has *Candida* on their skin and in parts of their body (like the mouth, throat, gut, and vagina). *Candida* only causes symptoms and infections if it grows out of control.

Vaginal candidiasis (yeast infections) are one of the most common fungal infections. *Candida* can also overgrow in the mouth or throat (thrush) or in the esophagus (the tube leading from the throat into the gut).

Invasive candidiasis occurs among hospitalized patients when *Candida* infects the internal organs like the kidney or brain or the bloodstream (also called candidemia). The symptoms and severity of infection are very different compared to the more common candidiasis of the vagina, mouth, throat, and esophagus.



TYPES

Many types (species) of Candida live on the skin and in parts of the body and normally do not cause any health effects. The most common species that can overgrow and cause candidiasis are: Candida albicans, Candida glabrata, Candida parapsilosis, Candida tropicalis, and Candida krusei.

SYMPTOMS

Symptoms of candidiasis depend on the part of the body that is infected.

Some examples of types of infection and symptoms include:

- **Vaginal candidiasis (yeast infection)** - vaginal itching, soreness, and discharge.
- **Candidiasis in the mouth and throat (thrush)**- white patches, redness or soreness.
- **Candidiasis in the esophagus** - pain and difficulty swallowing.
- **Invasive candidiasis** - fever and chills are common.
 - o Symptoms depend on where the infection spreads such as organs or bloodstream (candidemia).
 - o People who get invasive candidiasis are already sick making it hard to determine symptoms.

RISK FACTORS

A weakened immune system and certain types of medications increases the risk of candidiasis.

Other risk factors can depend on the type of infection. For example, pregnancy and hormonal changes increase the risk of yeast infections. People with HIV/AIDS have a higher risk of getting esophageal candidiasis.

Invasive candidiasis occurs among sick and hospitalized patients and is not a risk for healthy people. Some medical interventions increase the risk for invasive candidiasis and candidemia, include having a central venous catheter, surgery, and chemotherapy.



DIAGNOSIS

- Vulvovaginal Candidiasis diagnosed by the culture and sensitivity testing of the vaginal discharge
- Candidiasis of the oesophagus is diagnosed by an endoscopy (a camera is extended down the throat to the digestive tract).
- Invasive candidiasis is diagnosed based upon the clinical suspicion, blood/ sterile body fluid culture, histopathological evidence and supportive fungal markers

PREVENTION

VAGINAL CANDIDIASIS (yeast infections)

Many women will get vaginal candidiasis at some point in their lives.

There are some ways to reduce the risk, such as:

- Wear cotton underwear.
- Wear breathable clothing (not too tight).
- Keep the area clean and dry.

CANDIDIASIS OF THE MOUTH OR THROAT (oral thrush)

Ways to help prevent candidiasis in the mouth and throat include:

- Maintain good oral health.
- Rinse your mouth or brush your teeth after using inhaled corticosteroids

INVASIVE CANDIDIASIS tends to occur among hospitalized patients.

Healthcare providers may prescribe antifungal medications to help protect some patients from developing invasive candidiasis (i.e. antifungal prophylaxis). This is often recommended for:

- Some organ transplant patients
- Certain patients in the intensive care unit (ICU)
- Patients who are on certain types of chemotherapy or have low white blood cell counts (neutropenia)
- Patients who have a stem cell or bone marrow transplant and have low white blood cell counts (neutropenia)
- Some doctors may also consider giving antifungal prophylaxis to very low birth weight infants (less than 2.2 pounds) in nurseries with high rates of invasive candidiasis.





Patients and families can take some steps to help prevent invasive candidiasis. Patients and families can:

- Talk to your healthcare provider if you are given a central venous catheter (central line) to learn how to keep it protected.
 - Tell your doctor if the skin around the catheter becomes red or painful.
- Wash hands frequently with soap and water or alcohol-based hand sanitizer.

TREATMENT

- Candidiasis is treated with antifungal medication.
- Antifungal medications come in different forms: creams, oral gels, pills, or intravenous (IV).
- The type of antifungal, dose, and length of treatment depend on the type and severity of infection and the patient's overall health.
- Take antifungal medications as instructed for as long as directed.

Vaginal candidiasis (Yeast infections)

Treatment is usually an antifungal cream applied inside the vagina or oral fluconazole.

- Other medicines applied inside the vagina, such as boric acid, nystatin, or flucytosine.

Candidiasis of the mouth and throat (Thrush)

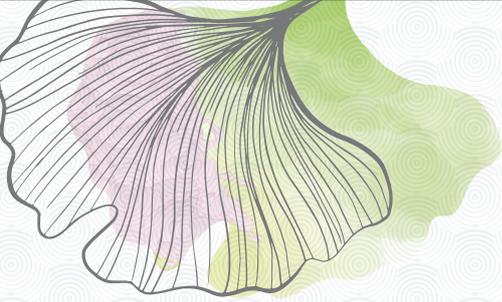
Mild to moderate infections:

Treatment for most infections include an antifungal oral gel applied inside the mouth for 7-14 days. Types of antifungals used include clotrimazole, miconazole, or nystatin.

Severe infections:

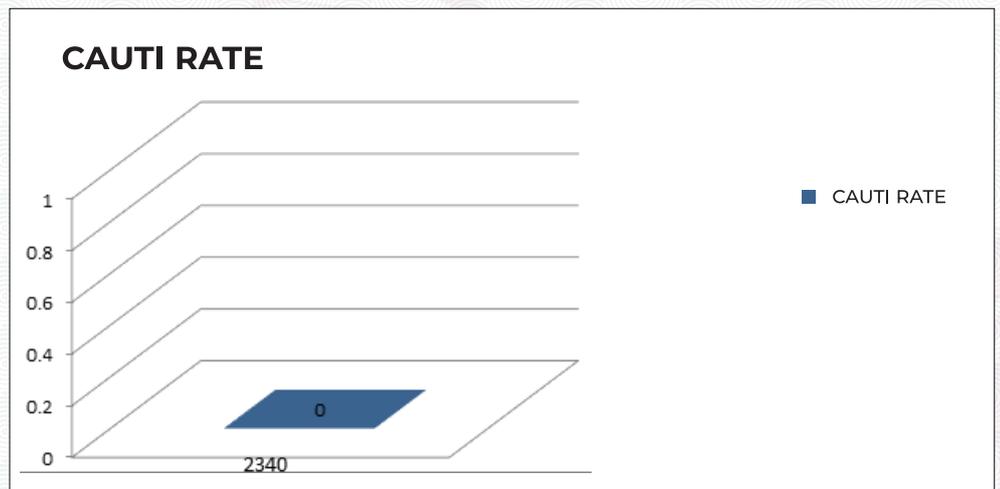
Antifungal medication in pill form or through an IV. The most common type of antifungal used is fluconazole.



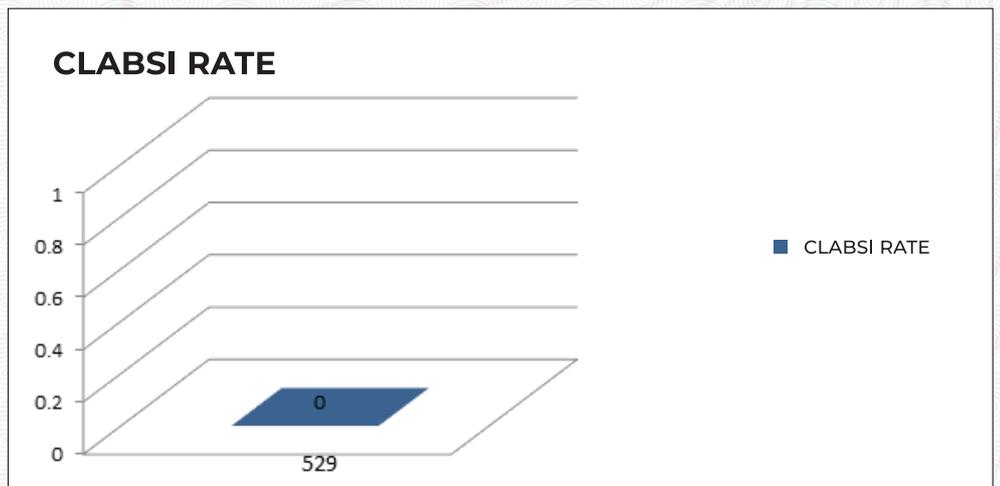


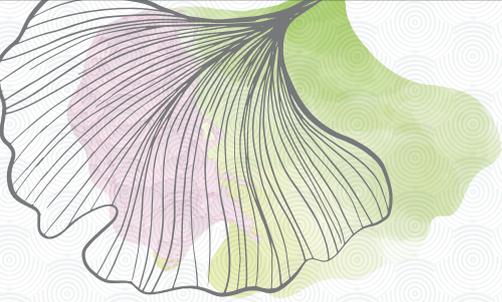
HAI DATA - FEBRUARY 2026

CAUTI RATE - FEBRUARY 2026

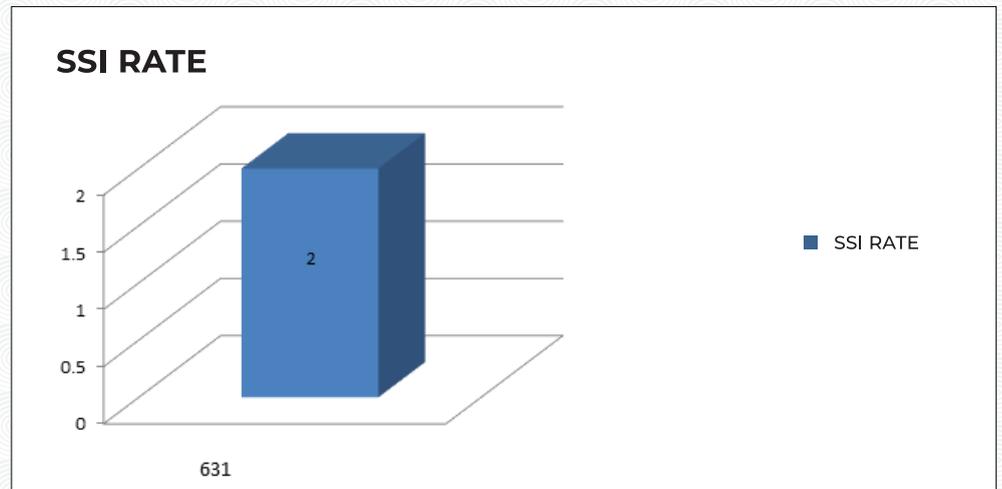


CLABSI RATE - FEBRUARY 2026

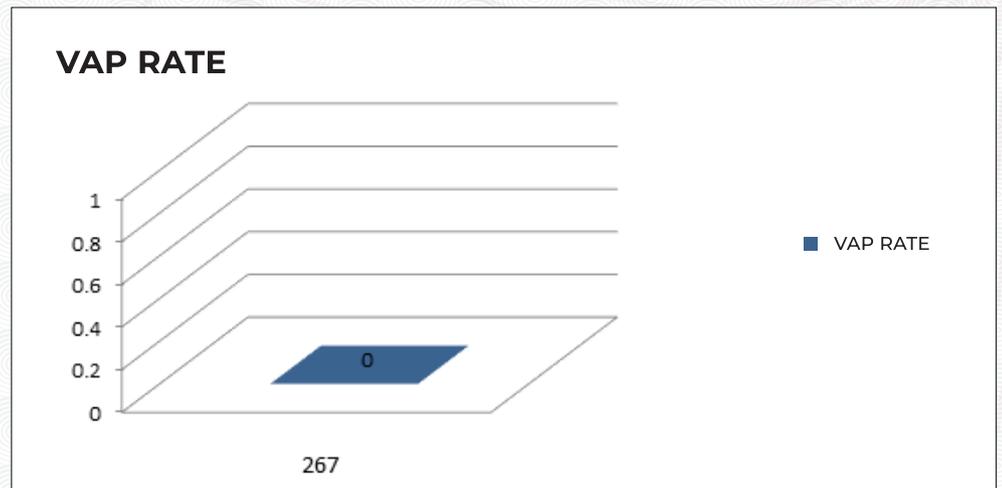




SSI RATE - FEBRUARY 2026



VAP RATE - FEBRUARY 2026



PERCENTAGE OF COMPLIANCE TO HAND HYGIENE- FEBRUARY 2026

