

## **Additional file 2**

### **Candida auris specific IPC activities**

#### **Information pamphlet for healthcare workers**

##### Isolation

- Single-patient room or in rooms with other patients with *C. auris*.

##### Duration of Infection control precautions

- CDC currently recommends continuing Contact Precautions until the patient is discharged from hospital.

##### Environmental disinfection

- 1 in 10 dilution sodium hypochlorite solution / wipes
- In every shift-3 times daily
- When possible after discharge /transfer-terminal cleaning of the room with fogging.

##### Decolonisation

- Adult to be wiped with 2% Chlorhexidine
- Pediatric patients to be wiped with Octenidin.
- At least change linen once daily unless soiled.
- Must be disinfected separately.

## **Treatment**

### Adults and children > 2 months of age

<b>Echinocandin Drug</b>	<b>Adult dosing</b>	<b>Pediatric dosing</b>
Micafungin	100 mg IV daily	2mg/kg/day IV with option to increase to 4mg/kg/day IV in children 40 kg
Anidulafungin	loading dose 200 mg IV, then 100 mg IV daily	not approved for use in children
Caspofungin	loading dose 70 mg IV, then 50 mg IV daily	loading dose 70mg/m <sup>2</sup> /day IV, then 50mg/m <sup>2</sup> /day IV (based on body surface area)

Switching to a liposomal amphotericin B (5 mg/kg daily) could be considered if the patient is clinically unresponsive to echinocandin treatment or has persistent fungemia for >5 days.

### Neonates and infants <2 months of age

<b>Echinocandin Drug</b>	<b>Neonatal dosing</b>
Caspofungin	25 mg/m <sup>2</sup> /day IV (based on body surface area)
Micafungin	10mg/kg/day IV