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ΠΑΝΕΠΙΣΤΗΜΙΟ ΚΡΗΤΗΣ
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Introduction

- C. auris* is an emerging, multi-drug-resistant pathogen, implicated in hospital outbreaks.
- Colonization screening** is a key strategy for transmission and outbreak prevention in healthcare facilities.



Materials & Methods

- 110 nasal plus composite bilateral axilla and groin swabs
- 85 ICU patients between July and October 2025
- Standard-of-care protocol (SOC)= enrichment culture, ID of suspicious colonies via MALDI-TOF MS (VITEK-MS)
 - ✓ Reference method
- Rapid diagnostic testing= **Vivalytic *C.auris* assay**
 - ✓ point-of-care, qualitative real-time PCR
 - ✓ *C.auris* ITS2 gene



Results

In total,

- 14 positive and
- 96 negative swabs

Vivalytic Sensitivity

- **92.86%**
- 66.13%-99.82%
 - (95% CI)

Vivalytic Specificity

- **95.51%**
- 88.89%-98.76%
 - (95% CI)

31 ICU patients subjected to serial swabbing due to long hospitalization

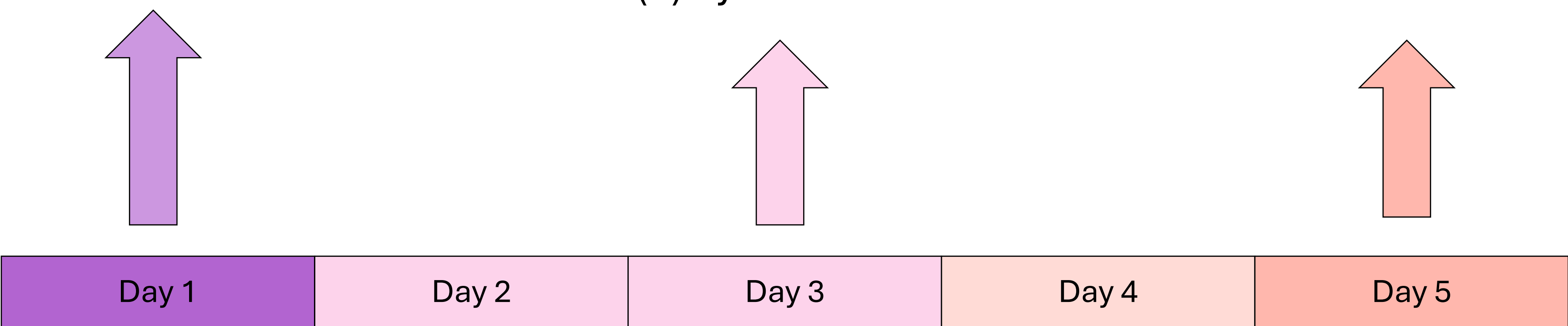
5 patients colonized over time

2 patients: a change in colonization status was detected by the Vivalytic system one week earlier than by SOC.

13 (+) by Vivalytic on day of screening

7 (+) by SOC at 72 hours

7 (+) by SOC at 120 hours



Conclusions

- Vivalytic *C.auris* demonstrated high concordance and improved time-to-result when compared to SOC processing.
- Its ease-of-use concept serves to enhance screening efficiency.
- Its rapid turnaround time potentially improves infection control practices by enabling timelier patient isolation.



Comparable results to standard practice



Superior time-to-result



On time IC measures