

P2221 Seven years of candidaemia (2011-2017) in a Madrid tertiary hospital

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Background: Candidemia is a factor of negative prediction in hospitalized patients, with mortality over 30%. We analyzed epidemiological data of all candidemia episodes occurred in our institution during a 7-year period (2011-2017), including the prevalence of the different *Candida* species, their origin and their susceptibility to different antifungal agents.

Materials/methods: A retrospective chart review of all patients with positive blood cultures (BC) for *Candida* spp. during the study period was performed. Identification of *Candida* isolates was performed by MALDI-TOF (Bruker). Susceptibility testing to anidulafungin, micafungin, caspofungin, 5-fluorocytosine, posaconazole, voriconazole, itraconazole, fluconazole and amphotericin B was performed by using the SensititreYeastOne microdilution system (Trek Diagnostic Systems), being susceptibility categories defined using CLSI-2017 criteria.

Results: There were 232 patients with 330 positive BC for *Candida* species during the study period. Mean (SD) age of patients was 65 (18) years, being 139 (60%) males. Prevalence of candidemia was higher in medical (63%, 146/234) than in surgery wards (37%, 86/232). Globally, *C. albicans* was the most frequently isolated species (107/232, 46%), followed by *C. parapsilosis* (63/232, 27%) and *C. glabrata* (47/232, 20%). Nevertheless, non-*albicans* species prevalence varied across the different years. In 2011, 2014 and 2015 a marked increment of *C. parapsilosis* fungemia was observed, whereas *C. glabrata* cases raised in 2016 and 2017. Resistance to fluconazole was observed in 24 out of 240 isolates (10%), being the majority of them *C. glabrata* (n=9) and *C. krusei* (n=5), but 7 isolates (3%) of fluconazole-resistant *C. albicans* were found (7/107, 7%). All isolates were susceptible to echinocandins and amphotericin B, with the exception of 2 echinocandin-intermediate *C. parapsilosis* and 1 amphotericin B-resistant *C. krusei*.

Conclusions: *C. albicans* was the most prevalent species found in candidemia in our hospital. The prevalence of non-*albicans* species was variable with epidemic waves observed for *C. parapsilosis* and *C. glabrata*. Echinocandins should be recommended in our institution for the empiric treatment of candidemia, due to the increased prevalence of *C. glabrata* and frequent finding of azole-resistant *C. albicans*.