

**P2238 Epidemiology, risk factors and antifungal susceptibility of candidaemia at a tertiary care hospital in South Korea over 6 years**

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**Background:** Candidemia has become a major challenge that is associated with a high mortality and morbidity rates. This study aimed to describe the epidemiological, clinical, and microbiological characteristics of candidemia at a tertiary care hospital in Korea over 6 years.

**Materials/methods:** A retrospective study was conducted between November 1, 2012 and October 31, 2018 at Pusan national university hospital among all patients  $\geq 18$  years old with candidemia.

**Results:** A total of 324 episodes ( $n = 312$  patients) were reviewed. The majority of the candidemia episodes were occurred in the intensive care units (44.1%), followed by the internal medicine department (29.3%), the hemato-oncology ward (15.7%) and the surgical ward (10.8%). *Candida albicans* was the most common species (39.5%), followed by *C. tropicalis* (18.8%), *C. glabrata* (17.9%) and *C. parapsilosis* (16.9%). The overall thirty-days mortality was 44.3%. Diagnosis of candidemia in the ICU (OR, 2.06; 95% CI, 1.21-3.51;  $P = 0.008$ ), time to empirical antifungal agent  $\geq 3$  days later after candidemia onset (OR, 1.66; 95% CI, 1.03-2.69;  $P = 0.039$ ), chronic renal disease (OR, 2.46; 95% CI, 1.49-4.07;  $P < 0.001$ ), and chemotherapy within past 30 days (OR, 3.50; 95% CI, 1.90-6.45;  $P < 0.001$ ) were independent risk factors for 30 days mortality in multivariate analysis. Fluconazole (74.9%) and caspofungin (11.4%) were the main antifungals given as empirical therapy. Overall antifungal susceptibility rates were 98.4%, 96.1%, 98.4%, and 100% for amphotericin B, fluconazole, voriconazole, and caspofungin, Resistance to fluconazole was noted in 2.4% of *C. albicans*, 0% of *C. tropicalis*, 7.1% of *C. glabrata*, and 0% of *C. parapsilosis* isolates.

**Conclusions:** The results show that resistance to the azoles and echinocandins was generally uncommon among *Candida* blood stream isolates in Korea. Therefore, it is important to initiate empirical antifungal therapy earlier after candidemia onset, particularly in those with severe medical conditions.

