

**P2239 Neonatal candidaemia: risk factors, changing trends and antifungal susceptibility pattern in a tertiary health care hospital**Woo Kwang-Sook\*<sup>1</sup>, In-Hwa Jeong<sup>1</sup>, Gyu-Dae An<sup>1</sup>, Kyeong-Hee Kim<sup>1</sup><sup>1</sup> Laboratory Medicine, Dong-A University College of Medicine, Busan, Korea, Rep. of South

**Background:** Candidemia has become an increasingly important problem in infants hospitalized in the Neonatal Intensive Care Units (NICUs). The prevalence and clinical characteristics of neonatal candidemia are poorly understood. The aim of our study was to evaluate the epidemiological features of neonatal candidemia in a single tertiary hospital.

**Materials/methods:** A retrospective study was conducted between January 2010 and December 2017. The isolates were identified using the VITEK2 yeast identification system. Electronic databases were reviewed and data on *Candida* species were isolated from blood cultures and risk factors, and mortality were analyzed. Univariate and multivariate logistic regression analysis were performed to identify risk factors associated with neonatal candidemia.

**Results:** Among the 51 patients with confirmed candidemia during the 8-year period, 55% were males (n = 28 cases). The most frequently isolated species was *Candida albicans* (45.7%), followed by *C. parapsilosis* (38.4%), *C. tropicalis* (12.2%), and others (3.7%). Although *C. albicans* represented the most commonly isolated species, its percentage significantly changed over the years. Prolonged antibiotic therapy, total parenteral nutrition, central venous catheter, and endotracheal intubation were risk factors of candidemia development in infants. The overall mortality rate was 8.2%.

**Conclusions:** Early identification of risk factors associated with mortality and timely management is important to improve the outcome. Knowledge of the local epidemiological trends in *Candida* species isolated in blood cultures will facilitate therapeutic decision-making.

