

P2235 *Candida* bloodstream infections in Greece: a 9-year survey in a tertiary care academic hospital

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Background: Understanding local epidemiology of *Candida* bloodstream infections is important for identifying significant changes in epidemiology and guide empiric antifungal therapy. Because epidemiological data in Greece are scarce, a retrospective study of *Candida* bloodstream infections in a Greek tertiary care academic hospital was conducted.

Materials/methods: All microbiologically confirmed candidemia cases in patients hospitalized in "Attikon" University 750-bed hospital, Athens, Greece during 2009–2017 were analyzed. Patients' demographic data, incidence per unit, species distribution and *in vitro* susceptibility were recorded. Fungal isolates were identified to species level by Vitek[®] 2/Auxacolor and supplemental tests, whereas the *in vitro* susceptibility profile was determined using Sensititre YeastOne. Trends were evaluated by ANOVA followed by posttest for linear trend, while categorical variables and quantitative data were compared by chi-square test and Student's t-test, respectively.

Results: A total of 376 candidemic episodes/patients (5% with mixed infections), 65(17.3%) in ICUs, 114(30.3%) in surgery wards and 197(52.4%) in internal medicine wards, were recorded. The average (range) annual incidence of candidemia was 0.82(0.74-0.92)/1.000 admissions (11.76(2.54-54.67) in ICUs, 0.95(0.42-1.32) in surgery wards, 0.57(0.47-0.78) in internal medicine wards) with no significant changes over time ($p=0.97$). The median age of patients was 71y and 57% were males. *C. albicans* was isolated in 41% of cases and *C. non-albicans* in 59% [37% *C. parapsilosis* species complex (SC), 11% *C. glabrata*SC, 7% *C. tropicalis*, 1% *C. krusei* and 3% other]. The frequency of each species was stable over time except *C. parapsilosis*SC that increased significantly over time ($p<0.0001$). The distribution of *C. albicans* and non-*albicans* species did not differ according to the patient gender, age and unit. The majority (>91%) of clinical isolates was susceptible/wild type to the nine antifungals tested. No resistance was found against amphotericin B and flucytosine. Fluconazole resistance was detected in 21/91(23%) of *C. parapsilosis*SC isolates which however remained susceptible to the other azoles. Echinocandin resistance was found in 4/29(14%) of *C. glabrata*SC isolates (1 was pan-echinocandin and 1 was pan-azole resistant).

Conclusions: While overall incidence of candidemia remained stable over time, the increase of fluconazole resistant *C. parapsilosis*SC isolates over the last years is alarming.

