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WORRISOME TRENDS IN INCIDENCE AND MORTALITY OF CANDIDEMIA IN INTENSIVE CARE UNITS (PARIS AREA, 2002-2010)

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Objectives: candidemia represents up to 10% of nosocomial bloodstream infections. We wondered whether recent diagnostic and therapeutic improvements impacted the incidence and associated death of candidemia.

Methods: based on an active hospital-based surveillance program (24 centers, Paris area), we analyzed candidemia due to common species (2507 incident episodes involving 2771 isolates) and determined the trends in the incidence of candidemia and overall death (2002-2010).

Results: major risk factors, age and sex ratio did not change over time. An increasing incidence of candidemia in the overall population and in ICU was found (respectively p=0·01 and p=0·0001), related to *Candida albicans* and *Candida glabrata*, while other species remained stable. The odds of being infected with a given species in comparison with that of being infected with *C. albicans* was influenced by underlying risk factors and pre-exposure to both fluconazole and caspofungin. Echinocandins first line therapy increased over time in ICU (4·6% to 48·5%) and hematological wards (10·0% to 48·1%, p<0·0001). The overall (< day 30) and early (< day 8) death rates increased over time in ICU (from 41·5% to 56·9% (p=0.001) and 28·7% to 38·8% (p= 0·0292), respectively) but remained unchanged in onco-hematology patients.

Conclusion: the better awareness of clinicians, the availability of new antifungals, the publication of numerous guidelines did not prevent an increase of *C. albicans* and *C. glabrata* candidemia and death in ICU patients.