01674

Stephen Hawser₁, Ian Morrissey¹, Nimmi Kothari¹, Mahmoud Ghannoum^{2,3} ¹IHMA Europe, Monthey (Valais), Switzerland; ²Center for Medical Mycology, University Hospitals Cleveland Medical Center and Case Western Reserve University, Cleveland, OH, USA, ³NTS Ventures, Cleveland OH, USA

Analysis of Resistance In Antifungals (ARIA) - Surveillance of Candida spp. **Isolates collected from Europe in 2019**



Contact: Stephen Hawser, PhD shawser@ihma.com IHMA Europe, www.ihma.com

Poster Presentation at ECCMID, 2022, Lisbon, Portugal

Analysis of Resistance In Antifungals (ARIA) - Surveillance of Candida spp. Isolates collected from Europe in 2019

01674

¹IHMA Europe, Monthey (Valais), Switzerland; ²Center for Medical Mycology, University Hospitals Cleveland Medical Center and Case Western Reserve University, Cleveland, OH, USA, ³NTS Ventures, Cleveland OH, USA

European country.

Introduction

ARIA is an new annual global surveillance initiative collecting yeast and fungal isolates from hospitals worldwide designed to determine resistance to antifungal agents and trends over time. The data presented here are specifically for Candida spp. collected from Europe in 2019.

Methods & Materials

Isolates (n=252) were collected from hospitals located in Europe, shipped to the IHMA Switzerland central laboratory, and re-identified by MALDI-TOF or molecular methods. The country of origin and number of each species collected is shown in Table 1

MIC determinations were performed at a central laboratory following the Clinical and Laboratory Standards Institute (CLSI) broth microdilution method [1] using amphotericin B (AMB), anidulafungin (AFG), caspofungin (CFG), fluconazole isavuconazole (IVC), micafungin (MFG), (FLC), posaconazole (PSC) and voriconazole (VRC).

Percentage susceptibility (%S) or wild-type (%WT) were calculated according to CLSI breakpoints [2] or epidemiological cut-off values (ECVs) [3],

Table 1. Breakdown of Candida spp. collected by country

Species	ALL	Czech Republic	Germany	Italy	Turkey
C. glabrata	68	17	19	19	13
C. albicans	54	14	11	14	15
C. parapsilosis	45	2	1	21	21
C. tropicalis	38	8	3	19	8
C. krusei	21	3	8	2	8
C. lusitaniae	9	2		1	6
C. guilliermondii	8		1	7	
C. kefyr	7		4		3
C. dubliniensis	2		1		1
Grand Total	252	46	48	83	75

Table 2. Summary MIC and susceptibility data for all countries combined.

		AFG	AMB	CFG	FLC	ISA	
C. albicans	MIC ₅₀	0.03	0.5	0.03	0.25	0.008	
(54)	MIC ₉₀	0.12	1	0.12	1	0.03	
(34)	%S (WT)	98.1	(100.0)	100.0	96.3	-	
C. alabrata	MIC ₅₀	0.25	0.5	0.12	4	0.03	
C. glabrata	MIC ₉₀	0.5	1	0.25	32	0.25	
(68)	%S (WT)	42.6	(100.0)	89.7	-	-	
C quilliormondii	MIC ₅₀	1	0.25	0.5	4	0.25	0.008 0.03 - 0.03 0.25 - 0.25 - 0.25 0.25 0.25 0.25 - 0.25 0.25 - 0.25 0.25 - - 0.03 - - - - - - - - - - - - -
C. guilliermondii	MIC ₉₀	-	-	-	-	-	
(8)	%S (WT)	87.5	(100.0)	100	(87.5)	-	
C. kefyr	MIC ₅₀	0.25	0.5	≤0.06	0.5	≤0.008	
•	MIC ₉₀	-	-	-	-	-	
(7)	%S (WT)	(100.0)	(100.0)	-	(100.0)	-	
C. krusei	MIC ₅₀	0.12	1	0.25	16	0.25	
	MIC ₉₀	0.25	1	0.5	32	0.25	
(21)	%S (WT)	100.0	(100.0)	81.0	-	-	
C. lusitaniae	MIC ₅₀	0.5	0.25	0.25	≤0.25	≤0.008	
	MIC ₉₀	-	-	-	-	-	
(9)	%S (WT)	(100.0)	(100.0)	(100.0)	(100.0)	-	
C. parapsilosis	MIC ₅₀	2	0.5	0.5	0.5	0.008	
	MIC ₉₀	2	1	0.5	16	0.06	
(45)	%S (WT)	91.1	(100.0)	100.0	66.7	-	
C tropicalis	MIC ₅₀	0.03	1	0.06	1	0.03	
C. tropicalis	MIC ₉₀	0.06	1	0.12	2	0.12	
(38)	%S (WT)	100.0	(100.0)	100.0	92.1	-	

 MIC_{50}/MIC_{90} = concentration required to inhibit 50%/90% of population Grey shading = <90% S or WT

Table 3. Breakdown of Candida spp. by resistance.

Spacias	Sum of NWT & RES					
Species —	0	1	2			
C. glabrata	49	14	5			
C. albicans	37	16	1			
C. parapsilosis	34	10				
C. tropicalis	16	20	1			
C. krusei	20	1				
C. lusitaniae	8	1				
C. guilliermondii	7	1				
C. kefyr	7					
C. dubliniensis	1	1				
Grand Total	179	64	7			
NIMT non-wild-type: RES	rocieta	ont				

NW I, non-wild-type; RES, resistant

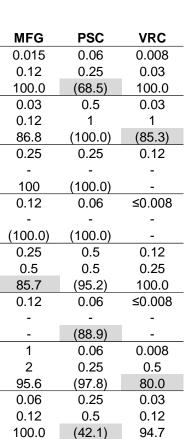
Conclusions

- Most Candida spp. were highly susceptible to the antifungal agents tested, but some non-susceptibility was apparent especially in Italy.
- These data are important to help clinicians make informed choices for antifungal agent therapy.
- filamentous fungi) by geography and over time.

Stephen Hawser¹, Ian Morrissey¹, Nimmi Kothari¹, Mahmoud Ghannoum^{2,3}

Results

Figure 1. Antifungal % susceptibility of C. albicans by



- TOTAL

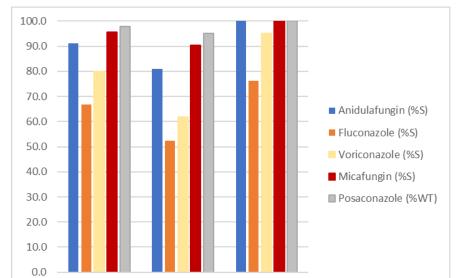
68

54

45

38

252



All Europe (n=45) Italy (n=21) Turkey (n=21)

Figure 3. Antifungal % susceptibility of C. parapsilosis by **European country**

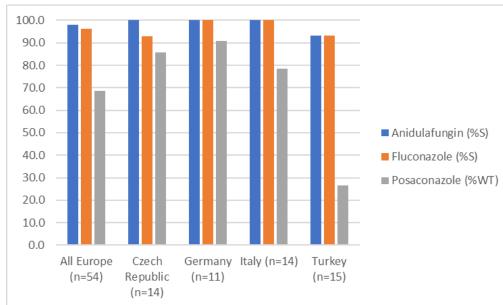


Figure 2. Antifungal % susceptibility of C. glabrata by European country.

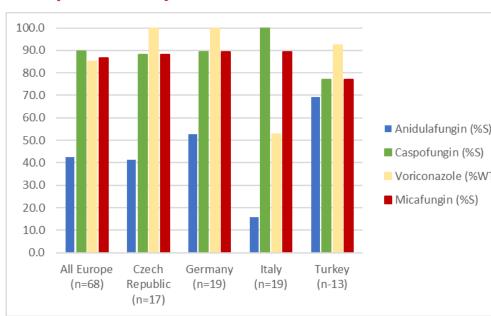


Figure 4. Antifungal % susceptibility of C. tropicalis by European country.

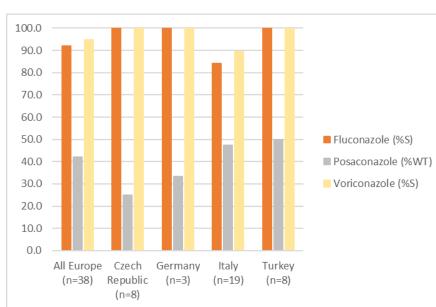


Table 4. Isolates resistant or non-wild-type to two or more antifungals.

Species	Country	AMB	MFG	AFG	FLC	PSC	VRC	CFG	RES/NWT count
C. glabrata	Italy	WT	SUS	INT	RES	WΤ	NWT	SUS	2
	Italy	WΤ	SUS	RES	INT	WΤ	NWT	SUS	2
	Italy	WΤ	SUS	RES	INT	WΤ	NWT	SUS	2
	Italy	WT	SUS	RES	INT	WΤ	NWT	SUS	2
	Turkey	WT	SUS	RES	INT	WΤ	NWT	SUS	2
C. albicans	Czech Republic	WT	SUS	SUS	RES	NWT	SUS	SUS	2
C. tropicalis	Italy	WT	SUS	SUS	RES	NWT	RES	SUS	3
	Italy	WT	SUS	SUS	RES	NWT	INT	SUS	2
C. parapsilosis	s Italy	WT	SUS	SUS	RES	NWT	RES	SUS	3
RES, resistant; INT, intermediate; SUS, susceptible; NWT, non-wild-type; WT, wild-type									

• As ARIA evolves it will become an essential tool to monitor and assess changes in antifungal resistance (for Candida spp., other yeasts and



Contact: Stephen Hawser, PhD shawser@ihma.com IHMA Europe, www.ihma.com

Anidulafungin (%S) Voriconazole (%WT)

- **Results summary**
- All isolates tested had WT MICs for AMB (Table 2).
- Breakpoints or ECVs are not available for IVC but MIC₉₀ values were 0.25 mg/L or lower against all Candida spp.
- Only C. kefyr (n=7) was 100% S or WT to all antifungals tested (Table 2).
- C. albicans (n=54) were >90% S or WT to all antifungals except PSC where 68.5% were WT overall (Table 1). PSC WT varied by country ranging from 26.7% in Turkey to 90.9% in Germany (Fig. 1).
- C. glabrata (n=68) were 100% WT to PSC but <90% S or WT to AFG, CFG and VRC (Table 2). AFG %S was low in all countries, especially Italy, and %S to VRC and MFG was lower in Turkey than other countries (Fig. 2).
- C. parapsilosis (n=45) were 100% S to CFG (Table 2) but <90% S to FLC or VRC. Only a small number of isolates were collected from the Czech Republic and Germany (Table 1) and all were fully S or WT. Only 52.4 % and 66.7% of isolates from Italy were susceptible to FLC or VRC, respectively. In contrast, isolates from Turkey were 95.2% S to VRC but 76.2% S to FLC (Fig. 3).
- C. tropicalis (n=38) were 100% S to AFG, CFG and MFG, >90% WT to FLC and VRC but only 42.1% WT to PSC (Table 2). The %S to FLC and VRC was 100% in each country except Italy where S was 84.2% and 89.5%, respectively. The %WT to PSC was low in all countries ranging from 25.0% in the Czech Republic to 50.0% in Turkey (Fig.
- All C. krusei (n=21) were >95% S or WT to AFG, PSC and VRC (Table 2). Insufficient isolates were collected to analyse by country.
- The number of C. guilliermondii (n=8), C. lusitaniae (n=9), and C. dubliniensis (n=2) collected were small (Table 1) and insufficient to analyse by country. All except 1 C. guilliermondii, 1 C. lusitaniae and 1 C. dubliniensis were fully S or WT.
- Within the Europe collection 179 isolates (71.0%) were S or WT to all antifungals tested and a further 64 (25.4%) were resistant (RES) or non-WT to 1 antifungal only (Table 3). The remaining 9 isolates were RES or non-WT to 2 or 3 antifungals (Table 3). These isolates are listed in Table 4.
- The majority of the more resistant isolates (7 of 9) were from Italy (Table 4).

References and Acknowledgements

- CLSI, 2017. Reference Method for Broth Dilution Antifungal Susceptibility Testing of Yeasts. 4th ed. CLSI standard M27. Wayne, PA, USA.
- 2. CLSI, 2020. Performance Standards for Antifungal Susceptibility Testing of Yeasts. 2nd. ed. CLSI supplement M60. Wayne, PA, USA.
- 3. CLSI, 2020. Epidemiological Cutoff Values for Antifungal Susceptibility Testing. 3rd. ed. CLSI supplement M59. Wayne, PA, USA.

We thank all the hospitals for their participation in the ARIA study and Pfizer for the supply of isavuconazole.