

Empfindlichkeitstestung bei Pilzen – Neuigkeiten?

Bericht aus einem EUCAST AFST

(yeasts and moulds) Netzwerk-Laboratorium

EUCAST reloaded 6.0 Follow-up Workshop 23.03.2017

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A brief history of antifungal susceptibility testing standardization



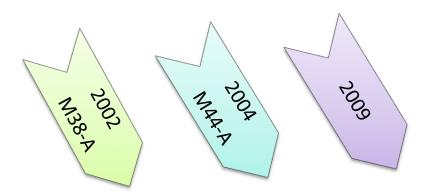
1982 Established subcommittee 1986

Develop
reproducible
method

1992 M27-P method introduced 1997 M27-A method introduced

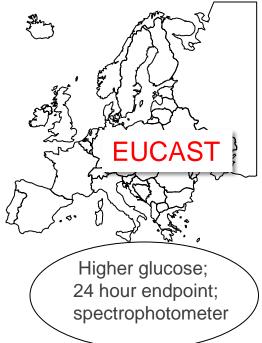
20% hospitals performing testing for yeast; intra/inter-laboratory agreement poor

Synthetic medium (RPMI) Broth-based method 0.5-2.5 x10³ **Breakpoints**



Conidia forming filamentous fungi

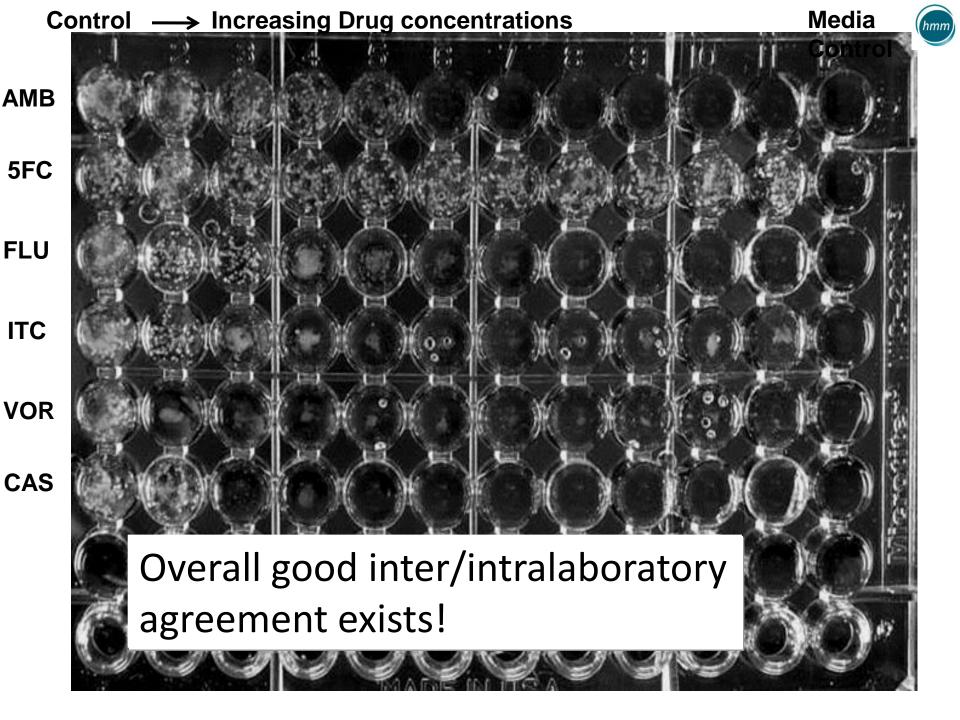
Disk-diffusion Method-yeast Disk-diffusion method-moulds





Reference Methods

Characteristics	CLSI M27-A3	EUCAST Def
Suitability	Yeasts	Fermentative Yeast
Inoculum	0.5-2.5x10 ³ CFU/ml	0.5-2.5x10 ⁵ CFU/ml
Test medium	RPMI 1640 0,2%G	RPMI 1640 G2%
Format	Microdilution	Microdiluation
Temperature	35°C	35°C
Duration of incubation	46-50h	24h
	24 h for yeasts	
Endpoint	80% inhibition M27-A2	80% amphotericin B
	50% inhibition M27-A3 (azole)	50% inhibition azole
Reading	Visually	Plate reader





.......MICs obtained differ from method to method!

- Medium (type, brand, batch)
 - CLSI vs. EUCAST: glucose conc. 0.2% vs. 2%
- Inoculum size
 - the higher the higher the MIC
- Inoculum growth phase
 - the shorter the lag phase the higher the MIC
- Incubation temperature
 - affects growth rate, expression of res mechanisms
- Incubation time
 - the longer the higher the MIC
- Definition of endpoint (50%, 80%, 100% inhibition)
 - the more stringent the higher the MIC
- Reading variation
 - visual vs. spectrophotometric
 - trailing
- Biology of the fungus



CLSI versus EUCAST

Breakpoints (BPs): S: ≤X; R:>Y Revised BPs

CLSI	M27-S3	CLSI rev	ised (M	27-S4)	EUCAST	
AMB	≤1	≤1			≤1;>1	
ANF	≤2	≤0.25	>0.5	(alb, krus, trop)	≤0.032; >0.032	(alb)
		≤0.125	>0.25	(glab)	≤0.06;>0.06	(glab, krus, trop)
		≤2; > 4		(para, guillier)		(para poor target, guillier IE)
CSF	≤2	•				
MFG	≤2	≤0.25;	>0.5	(alb, krus, trop)	≤0.016; >0.016	(alb)
		≤0.06;	>0.125	(glab)	≤0.03; >0.03	(glab)
		≤2;	>4	(para, guillier)	≤0.02; >2	(para, krus IE, trop IE, guillier IE)
Fluco	≤8; >32	≤2;	>4	(alb, para, trop)	≤2; >4	(alb, trop, para)
		SDD ≤32;	>32	(glab)		(glab IE)
				(krus poor target)		(krus poor target)
Vori	≤1; >2	≤0.125;	>0.5	(alb, para, trop)	≤0.125; >0.125	(alb, trop, para)
		≤0.5;	>1	(krus)		(glab/krus IE)
				(glab IE)		
Itra	≤0.125; > 0.5	≤0.125;	>0.5		-	
Posa	-				≤0.06; >0.06	(alb, trop, para)
						(glab/krus IE)

Antifungal susceptibility testing (AFST)

Organization

EUCAST News

Clinical breakpoints

Expert rules and intrinsic resistance

Resistance mechanisms

Guidance documents

Consultations

MIC distributions and ECOFFs

Zone distributions and ECOFFs

AST of bacteria

AST of mycobacteria

AST of fungi

Clinical AFST breakpoints

MIC distributions and ECOFFs

Methods in antifungal susceptibility

QC AFST Tables

Rationale documents for antifungals

Documents for discussion in AFST

Publications in journals

Meetings and Minutes

Previous versions of documents

AST of veterinary pathogens

Frequently Asked Questions (FAQ)

Meetings

Presentations and statistics

Antifungal susceptibility testing (AFS \▼

Antifungal susceptibility testing (AFST)

Methods for susceptibility testing of Candida, Aspergillus and other fungi are developed and validated by the EUCAST subcommittee on AFST.

New and revised documents open for consultation will until accepted be published in the * EUCAST News section together with all other consultations from EUCAST.

Information on subcommittee organisation and members are available on the webpage describing the
Organisation of EUCAST.

Information for industry aiming to bring agents to EUCAST for review and revision of breakpoints or a new agent to EMA for registration is available at * Information for industry.

Development of new methods and validation and calibration of existing methods is performed at the EUCAST Development Laboratory for AFST:

- The EUCAST Development Laboratory for Antifungal Susceptibility Testing with the help of
- ♦ The EUCAST AFST Network Laboratories

Contacting EUCAST-AFST

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Denmark



- EUCAST method for susceptibility testing of yeasts (v 7.3.1 valid from 15 January, 2017).
- EUCAST method for susceptibility testing of moulds (version 9.3.1 valid from 15 January, 2017)
- Routine and extended internal quality control for antifungal susceptibility as recommended by EUCAST Version 1.0, valid from 2015-11-04



Epidemiological Cut off (ECOFF)

Define upper limit of "wild type" MIC distribution – no acquired resistance mechanisms

Cutoffs help detecting the emergence of reduced susceptibility (acquired resistance) in the absence of clinical breakpoints - or "in addition to" clinical breakpoints

Helps identify organisms requiring further characterization

In vivo /in vitro correlation?

Clinical Breakpoint

CBPs are used to indicate those isolates that are likely to respond to treatment with a given antimicrobial agent administered at the approved dosing regimen for that agent

What is you experience?

CBPs are missing for most drug-bug combinations

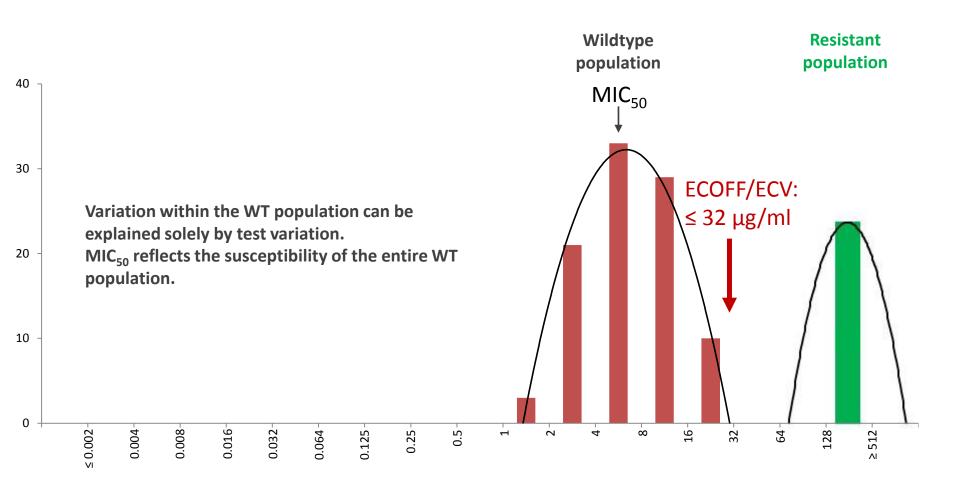
E.g. EUCAST fluconazole MIC C. glabrata



Fluconazole / Candida glabrata EUCAST

Antimicrobial wild type distributions of microorganisms – reference database

EUCAST MIC Distribution



807 observations (12 data sources) Clinical breakpoints



Breakpoint (BP). Specific values of MICs on the basis of which fungi can be assigned to the clinical categories "susceptible", "intermediate" and "resistant". The breakpoints can be altered due to changes in circumstances (e.g. changes in commonly used drug dosages) or when additional data/knowledge emerges.

- a) Susceptible (S). A mould is defined as susceptible by a level of antimicrobial activity associated with a high likelihood of therapeutic success.
- b) Intermediate (I). A mould is defined as intermediate by a level of antimicrobial activity associated with a high likelihood of therapeutic success but only when a higher dosage of the agent than normal can be used or when the agent is physiologically concentrated at the site of infection.
- c) Resistant (R). A mould is defined as resistant by a level of antimicrobial activity associated with a high likelihood of therapeutic failure.

Wild type (WT). A mould isolate is defined as WT for a species by the absence of phenotypically detectable acquired and mutational resistance mechanisms to the agent in question.

Non-wild type (NWT). A mould isolate is defined as NWT for a species by the presence of phenotypically detectable acquired or mutational resistance mechanisms to the agent in question.



Epidemiological Cut off (ECOFF)

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What is you experience?

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1. Technical notes on susceptibility testing of fungi

EUCAST DEFINITIVE DOCUMENT E.DEF 9.1: Method for the determination of broth dilution minimum inhibitory concentrations of antifungal agents for conidia forming mould

EUCAST technical note on the EUCAST definitive document EDef 7.2: method for the determination of broth dilution minimum inhibitory concentrations of antifungal agents for yeasts EDef 7.2 (EUCAST-AFST).

EUCAST Definitive Document EDef 7.1: method for the determination of broth dilution MICs of antifungal agents for fermentative yeasts

2. Technical notes on antifungal breakpoints

Breakpoints for Candida

<u>Amphotericin B</u>

Voriconazole

<u>Posaconazole</u>

Micafungin, anidulafungin and fluconazole

Breakpoints for Aspergillus

Amphotericin B, itraconazole, and posaconazole

Voriconazole

Species-specific EUCAST ECOFFs and breakpoints (mg/L) for isavuconazole and itraconazole against *Aspergillus* and *Candida* species, respectively



		Clinical break	points a (mg/L)
Species	ECOFF (mg/L)	S≤	R>
Isavuconazole			
A. flavus	2	IE ^b	IE ⁰
A. fumigatus	2	1	1
A. nidulans	0.25	0.25	0.25
A. niger	4	IE ^b	IE ^b
A. terreus	1	1	1
Itraconazole			
C. albicans	0.06	0.06	0.06
C. dubliniensis	0.06	0.06	0.06
C. glabrata	2	IE ^b	IE ^b
C. guilliermondii	2	IE ⁰	IE ⁰
C. krusei	1	IE ^b	IE ⁰
C. Iusitaniae	0.125	0.125	0.125
C. parapsilosis	0.125	0.125	0.125
C. tropicalis	0.125	0.125	0.125

ECOFF, epidemiological cutoff value; EUCAST, European Committee on Antimicrobial Susceptibility Testing; MIC, minimum inhibitory concentration.

^a For simplicity, the intermediate category is not listed. It is readily interpreted as the values between the S and the R breakpoint. For MIC breakpoints listed as S ≤ 1 and R > 1, there is no intermediate category. There is insufficient clinical evidence to set breakpoints for other species than those listed.

^b The MIC values are in general higher than those for *A. fumigatus* and *C. albicans*, respectively. Whether this translates into a poorer clinical response is unknown. There is insufficient evidence (IE) to set breakpoints for these species.



Acceptable MIC ranges (mg/L) of antifungal agents for quality control strains

Antifungal agent	Candida krusei ATCC 6258	Candida parapsilosis ATCC 22019	Candida albicans CL-CNM F 8555	Candida krusei CL-CNM CL3403
Amphotericin B	0.12-1.0	0.12–1.0	0.06-0.5	0.25-1.0
Flucytosine	1.0-4.0	0.12-0.5	0.06-0.25	2.0-8.0
Fluconazole	16.0-64.0	0.5–2.0	32.0-128.0	16.0-64.0
Isavuconazole	0.015-0.06	≤0.015–0.03	NA	NA
Itraconazole	0.03-0.12	0.03-0.12	0.25-1.0	0.12-0.5
Voriconazole	0.03-0.25	0.015-0.06	0.5–2.0	0.12-0.5
Posaconazole	0.015-0.06	0.015-0.06	0.12-0.5	0.06-0.25
Caspofungin	NA	NA	NA	NA
Anidula fungin	0.015-0.06	0.25–1.0	NA	NA
Micafungin	0.03-0.125	0.5-2	NA	NA

ATCC, American Type Culture Collection; CL-CNM, yeast collection of the Spanish National Centre of Microbiology; MIC, minimum inhibitory concentration; NA, not available.



Candida spp.

Fd.	5		C41		Ca.	M	IC break	point (mg	g/L)		UN		18		
Antifungal agent	C. alt	oicans	C. gla	abrata	C. kı	rusei	C. para	psilosis	C. tro	picalis	C. guilli	ermondii	rel	species ated points ¹	Notes
50	S≤	R>	S≤	R>	S≤	R>	S≤	R>	S≤	R>	S≤	R>	S≤	R>	
Amphotericin B	1	1	1	1	1	1	1	1	1	1	IE	IE	ΊE	IE	 Non-species related breakpoints have been determined mainly on the basis of PK/PD data and are independent of MIC distributions of specific species. They are for use only for organisms that do not have specific breakpoints.
Anidulafungin	0.032	0.032	0.064	0.064	0.064	0.064	0.002	4	0.064	0.064	IE ²	IE ²	IE	IE	2. The ECOFFs for these species are in general higher than for C. albicans.
Caspofungin	Note ³	Note ³	Note ³	Note ³	Note ³	Note ³	Note ³	Note ³	Note ³	Note ³	IE ²	IE ²	IE	IE	3. Isolates that are susceptible to anidulafungin as well as micafungin should be considered susceptible to caspofungin, until caspofungin breakpoints have been established. Similarly, C. parapsilosis isolates intermediate to anidulafungin and micafungin can be regarded intermediate to caspofungin.
Fluconazole	2	4	0.002	32		882	2	4	2	4	IE ²	IE ²	2	4	EUCAST breakpoints have not yet been established for caspofungin, due to significant inter-laboratory variation in MIC ranges for caspofungin.
Isavuconazole	IE	IE	IE	IE	IE	IE	IE	IE	IE	IE	IE	IE	IE	IE	4. MICs for C. tropicalis are 1-2 two-fold dilution steps higher than for C. albicans and C. glabrata. In the clinical study successful outcome was numerically slightly lower for C. tropicalis than for C. albicans at both dosages (100 and 150 mg daily). However, the difference was not significant and
Itraconazole	0.064	0.064	IE ²	IE ²	IE ²	IE ²	0.125	0.125	0.125	0.125	IE ²	IE ²	ΙE	IE	whether it translates into a relevant clinical difference is unknown. MICs for C. krusei are approximately three two-fold dilution steps higher than those for C. albicans and, similarly, those for C. guilliermondii are approximately eight two- fold dilutions higher. In addition, only a small number of cases involved these
Micafungin	0.016	0.016	0.032	0.032	IE ⁴	IE ⁴	0.002	2	IE ⁴	IE ⁴	IE ⁴	IE ⁴	IE	IE	species in the clinical trials. This means there is insufficient evidence to indicate whether the wild-type population of these pathogens can be considered susceptible to micafungin.
Posaconazole	0.064	0.064	IE ²	IE ²	IE ²	IE ²	0.064	0.064	0.064	0.064	IE ²	IE ²	IE	IE	Strains with MIC values above the S/I breakpoint are rare or not yet reported. The identification and antifungal susceptibility tests on any such isolate must be repeated and if the result is confirmed the isolate sent to a
Voriconazole	0.125	0.125 ⁵	IE	IE	IE	IE	0.125 ⁵	0.125 ⁵	0.125	0.125 ⁵	IE ²	IE ²	IE	IE	reference laboratory. Until there is evidence regarding clinical response for confirmed isolates with MIC above the current resistant breakpoint they should be reported resistant.



Aspergillus spp.

					MI	C breakp	oint (mg	/L)					
Antifungal agent	A. fl.	avus	A. fum	igatus	A. nia	lulans	A. n	iger	А. те	rreus	rela	pecies ated points ¹	Notes
	S≤	R>	S≤	R>	S≤	R>	S≤	R>	S≤	R>	S≤	R>	
Amphotericin B	IE ²	IE ²	1	2	Note ³	Note ³	1	2	8	120	IE	IE	 Non-species related breakpoints have been determined mainly on the basis of PK/PD data and are independent of MIC distributions of specific species. They are for use only for organisms that do not have specific breakpoints.
Anidulafungin	JE	ΙE	IE	IE	ΙE	IE	IE	IE	IE	IE	IE	IE	2. The ECOFFs for these species are in general one step higher than for A. fumigatus.
Caspofungin	IE	IE	IE	IE	IE	ΙE	IE	IE	IE	IE	IE	IE	There are too few MIC data to establish ECOFFs and hence to suggest any breakpoints.
Fluconazole	Sa j)(F)		7)	3	ē	-	ā	s	974	958	870	Monitoring of azole trough concentrations in patients treated for fungal infection is recommended.
Isavuconazole	IE ²	IE ²	1	1	0.25	0.25	IE ²	IE ²	1	1	IE	IE	The MIC values for isolates of A. niger and A. versicolor are in general higher than those for A. fumigatus. Whether this translates into a poorer clinical response is unknown.
Itraconazole ⁴	1	2	1	2	1	2	IE ^{2,5}	IE ^{2,5}	1	2	IE ⁵	IE ⁵	Provided adequate drug exposure has been confirmed using therapeutic drug
Micafungin	IE	IE	IE	IE	IE	IE	IE	ΙE	IE	IE	IE	IE	monitoring (TDM). There remains some uncertainty regarding cut-off values for posaconazole concentrations that separate patients with a high probability of clinical success from those with a low probability of clinical success. In some circumstances (e.g.
Posaconazole ⁴	IE ²	IE ²	0.125 ⁶	0.25 ⁶	IE ²	IE ²	IE ²	IE ²	0.1256	0.25 ⁶	IE	IE	patients with persistent and profound neutropenia, large lesions, or those with other features associated with a poor clinical outcome) a relatively high trough concentration
Voriconazole ⁴	IE ²	IE ²	1	2	IE	IE	IE ²	IE ²	IE ²	IE ²	IE	IE	—should be sought. Preclinical and clinical data suggest this value should be >1 mg/L at steady state. For other patient groups a lower trough concentration may be acceptable. For prophylaxis a target concentration of >0.7 mg/L has been suggested.

http://www.eucast.org/clinical_breakpoints/



Conclusions in vitro susceptibility testing:

Yeasts

- sterile body siteplus non-C. albicans
- azole (?)
- non-responder
- rare species

Molds

- non A. fumigatus
- all: non responder
- long treatment & azole
- rare species



TABLE 2 In vitro susceptibilities of Candida species to <u>anidulafungin</u>, <u>caspofungin</u> and <u>micafungin</u> determined by EUCAST, <u>ETest</u> and <u>Sensititre</u> after 24 hours including VME, ME and MIN

Drug and species	Number of Isolates	EUCA	ST MIC		ETE	est MIC		Sensit	titre MIC	5.4	EA	CA	EUCAST	CA	CLSI	Etes	t EUC	AST	ET	est Cl	اگا	Sensiti	itre El	JCAST	Sen:	itit	re C
		Range	50%	90%	Range	50%	90%	range	50% 9	09 Etest	Sensititre	e Etest	Sensititre	Etest S	e nsititre	VME	ME	MIN	VME	ME	MIN	VME	ME	MIN	VME	M	E M
Anidulafungin																											
Total	104				0,002-1,5						92%	_99%	93%	99%	100%	0	1	0	0	0	1	0	7	0	0	0	
. albicans	63	0,002-0,016										10.0%		100%	100%								2				
dubliniensis	2	0,002-0,002										100%	50%	100%	100%								1				
glabrata	18	0,002-0,031	0,016	0,016	0,002-0,25	0,007	0,008	0,015-0,12	0,015 0	030 94%	100%	94%	94%	94%	100%		1				1		1				
. kefyr	1	0,016		0,016	0,016		0,016	0,015		,015_100%		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a	ä. 1
krusei	5	0,016-0,031	0,016	0,025	0,012-0,023	0,016	0,020	0,03-0,06	0,030 0,	048 100%	100%	100%	100%	100%	100%												
. lusitaniae	1	0,016	0,016	0,016	0,032	0,032	0,032	0,12	0,120 0,	,120 100%	0%	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a	ä. 1
. orthopsilosis	1	0,031	0,031		0,38	0,380		0,25	0,250 0,	250 0%	0%	100%	100%	100%	100%												
C. parapsilosis	4	0,125-0,5	0,375	0,500	0,38-1,5	1,000	1,350	0,5-1	0,750 1,	,000 75%	75%	100%	100%	100%	100%												
pararugosa	1	0,002	0,002		0,032*	0,032*		0,06*		,06* 100%		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a	a. 7
tropicalis	8	0,002-0,016	0,016	0,016	0,003-0,008	0,006	0,007	0,015-0,12	0,060 0,	,120 100%	63%	100%	63%	100%	100%								3				
aspofungin																											
otal	104	0.002-0.25	0.031	0.063	0.023-0.5	0.094	0.354	0.015-0.5	0.060 0	1 0 74%	98%	n.a.	n.a.	92%	99%	n.a.	n.a.	n.a.	0	0	8	n.a.	n.a.	n.a.	0	0	
. albicans	63	0,002-0,062										n.a.	n.a.	100%	100%		n.a.		-	•	-	n.a.		n.a.	•		
dubliniensis	2	0,031-0,031										n.	n.a.	100%	100%	n.a.	n.a.	n.a.				n.a.	n.a.	n.a.			
. glabrata	18	0,016-0,125	0.062	0.063	0.064-0.38	0.125	0.190	0.03-0.25	0.060 0	120 89%	100%	n.a.	n.a.	83%	94%	n.a.	n.a.	n.a.			3	n.a.	n.a.	n.a.			
. kefyr	1	0.031	0,031				0,023	n.a.		015 100%		n.a.	n.a.	n.a.	n.a.		n.a.				_	n.a.		n.a.			
. krusei		0,063-0,125			0.38-0.5	0.380	0.452	0,12-0,25	0.250 0	250 60%	100%	n.a.	n.a.	096	100%		n.a.				5	n.a.		n.a.			
. lusitaniae	1	0.063	0,063		0,25		0,250	n.a.		060 100%		n.a.	n.a.	n.a.	n.a.	n.a.						n.a.		n.a.			
. orthopsilosis	1	0.031	0.031		0,38	0,380		n.a.	0.250 0		0%	n.a.	n.a.	100%	100%		n.a.					n.a.		n.a.			
. parapsilosis	4	0,062-0,25	0.125	0.213					0.250 0	425 75%	100%	n.a.	n.a.	100%	100%	n.a.	n.a.	n.a.				n.a.	n.a.	n.a.			
pararugosa	1	0.002	0.002		0,19*	0,19*	0,19*	0,12*	0,12* 0		0%	n.a.	n.a.	n.a.	n.a.		n.a.					n.a.		n.a.			
. tropicalis	8	0,016-0,063								_	100%	n.a.	n.a.	100%	100%		n.a.						n.a.				
Micafungin																											
otal	104	0.002-0.25	0.002	0.016	0,003-0,5	0.006	0.054	0.008-1	0.015.0	0 92%	92%	99%	97%	99%	100%			0					3	0			
albicans	63	0,002-0,016										100%	98%	100%	100%	•	-	•	•	•	-		1		•	Ĭ	
dubliniensis	2	0,002-0,002										100%	50%	100%	100%								- 1				
. glabrata		0,002-0,002										94%	94%	94%	100%		1				1		-				
. kefyr	1	0.016	0,016	-	-	_	0,032	0,003		030 100%		n.a.	n.a.	n.a.	n.a.	n a	_	n a	n a	n a	_	n.a.	n a	n.a.	n a	ъ.	
. krusei	5	0,016-0,062	0,016	0,010	, n nea-n noa	0,032	0,032	0,03	0,030 0	120 200%	20%	n.a.	n.a.	100%	100%		n.a.		11.4.	III.a.	II.a.	n.a.		n.a.	II.a.	11.6	-
. krusei . lusitaniae	1	0,016-0,062	0,016		0,032		0,032	0,12-0,12		,120 20% ,030 100%		n.a.	n.a.	n.a.	n.a.				n a	n 2	n 2	n.a.			0.0		
	1		0,016	-	0,052	-	-	0,05	0,030 0,		0%	100%	100%	100%	100%	n.a.	n.a.	m.a.	m.a.	m.a.	n.a.	n.a.	n.a.	m.a.	m.a.	11.3	-
. orthopsilosis . parapsilosis	4	0,016				0,190				,500 0% ,000 75%		100%		100%	100%												
	4	0,062-0,25	-																								
. pararugosa . tropicalis	8	0,002	0,002	•	0,032*	0,032*	-	0,12*		,12* 100%		n.a. n.a.	n.a. n.a.	n.a. 100%	n.a. 100%	n.a.			n.a.	n.a.	n.a.	n.a. n.a.			n.a.	n.a	L

VME very major error; ME major error; MIN minor error; MIC minimal inhibitory concentration; MIC 50%, 90% MICs for which 50% and 90% of isolates are inhibited; EA essential agreement; CA categorical agreement; n.a. not applicable as no breakpoints defined; *read after 48 hours

Candidämie nach Spezies für die Jahre 2007 bis 2015

Species	2007	2008	2009	2010	2011	2012	2013	2014	2015
Candida albicans	96 (60,8%)	95 (57,9%)	105 (59,3%)	111 (63,4%)	95 (55,6%)	81 (51,9%)	138 (58,2%)	106 (58,9%)	124(54,1%)
Candida glabrata	24 (15,2%)	31 (18,9%)	28 (15,8%)	27 (15,4%)	35 (20,5%)	32 (20,5%)	57 (24,1%)	42 (23,3%)	40(17,5%)
Candida parapsilosis	17 (10,8%)	12 (7,3%)	10 (5,6%)	14 (8%)	16 (9,4%)	18 (11,5%)	12 (5,1%)	11 (6,1%)	25(10,9%)
Candida tropicalis	7 (4,4%)	4 (2,4%)	13 (7,3%)	10 (5,7%)	8 (4,7%)	7 (4,5%)	12 (5,1%)	8 (4,4%)	13 (5,7%)
Candida krusei	6 (3,8%)	5 (3%)	6 (3,4%)	5 (2,9%)	10 (5,8%)	6 (3,8%)	9 (3,8%)	1 (0,6%)	6 (2,6%)
Candida dubliniensis			3 (1,7%)	1 (0,6%)		4 (2,6%)	4 (1,7%)	2 (1,1%)	4 (1,7%)
Candida lipolytica			1 (0,6%)			1 (0,6%)			
Candida Iusitaniae	1 (0,6%)	5 (3%)	5 (2,8%)	1 (0,6%)	1 (0,6%)	1 (0,6%)	2 (0,8%)	1 (0,6%)	2 (0,9 %)
Candida orthopsilosis						1 (0,6%)		2 (1,1%)	
Candida pseudotropicalis (kefyr)	2 (1,3%)	1 (0,6%)		1 (0,6%)		1 (0,6%)			
Candida species	1 (0,6%)	3 (1,8%)		1 (0,6%)		1 (0,6%)			
Candida pararugosa									3 (1,3%)
Candida inconspicua									2 (0,9%)
Candida kefyr									2 (0,9%)
Trichosporon mucoides									1 (0,4%)
Cryptococcus neoformans		2 (1,2%)		1 (0,6%)	2 (1,2%)	1 (0,6%)			1 (0,4%)
Saccharomyces cerevisae			1 (0,6%)			1 (0,6%)	1 (0,4 %)		1 (0,4%)
Trichosporon asahii				1 (0,6%)	1 (0,6%)	1 (0,6%)		1 (0,6%)	
Candida famata			1 (0,6%)		1 (0,6%)			1 (0,6%)	1 (0,4%)
Candida guilliermondii	2 (1,3%)	1 (0,6%)	1 (0,6%)	1 (0,6%)	1 (0,6%)			1 (0,6%)	3(1,3%)
Candida pelliculosa				1 (0,6%)					1 (0,4%)
Candida pulcherrima	1 (0,6%)								
Candida rugosa	1 (0,6%)						1 (0,4%)		
Candida sake		4 (2,4%)							
Candida sphaerica		1 (0,6%)							
Candida utilis					1 (0,6%)				
Saccharomyces species			3 (1,7%)					1 (0,6%)	
Geotrichum capitatum							1 (0,4%)		
Candida melibosica								1 (0,6%)	

Resistenzraten nach Substanz für durch Hefepilze verursachte Fungämien von 2007 bis 2015 (EUCAST-Breakpoints)

Substanz	2007	2008	2009	2010	2011	2012	2013	2014	2015
AMB	0,7%(149)	0%(147)	0%(159)	0%(166)	0%(162)	0%(137)	0%(216)	0%(169)	0%(183)
AND		6,7%(45)	27,9%(68)	15,2%(79)	8%(88)	4,8%(62)	3,5%(86)	2,1%(146)	1,5%(186)
MIC					15,7%(102)	16,2%(111)	15,5%(71)	17,9%(39)	4,9%(41)
FLU	6%(150)	5,8%(156)	7,2%(166)	3%(167)	4,5%(155)	4,3%(139)	5%(218)	1,1%(174)	4.3%(211)
POS	34,6%(104)	17,4%(92)	13,4%(119)	15,7%(134)	9,2%(119)	3,8%(105)	11,8%(127)	9,2%(119)	4,1%(146)
VOR	2,5%(118)	4,5%(111)	6,3%(127)	3%(135)	4,2%(119)	2,1%(95)	2,6%(153)	0,8%(128)	3,1%(163)
ITR								80% (15)	22,9%(35)

Resistenzraten nach Substanz für durch Hefepilze verursachte Fungämien von 2007 bis 2015 (CLSI-Breakpoints)

Substanz	2007	2008	2009	2010	2011	2012	2013	2014	2015
CAS	2,2%(134)	2,9%(140)	2,7%(146)	3,9%(155)	3,8%(105)	7,7%(65)	3,7%(81)	6,2%(65)	2,5%(79)



Vielen Dank für Ihre Aufmerksamkeit!