

## EPIDEMIOLOGY OF CANDIDA BLOODSTREAM INFECTIONS IN THE INTENSIVE CARE UNIT

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Background: The epidemiology of fungal bloodstream infections in intensive care units (ICU) has not been well described. While national mycoses surveys have focused on candidemia in one or two ICU settings, little is known about the prevalence of *Candida* (*C.*) species found between multiple ICU. Hence, we sought to describe the prevalence of *C.* species found in the bloodstream for six different ICU. Methods: All bloodstream isolates from the Medical (MICU), Surgical (SICU), Cardiothoracic (CICU), Neurosurgical (NSICU), Pediatric (PICU), and Neonatal (NICU) ICU at the University of Illinois at Chicago Hospital were identified from May 1994 through November 2001. Data collection included the identified *C.* species, the culture date and site, and the culture location.

Results: Prevalent *C.* species included *C. albicans* (MICU, CICU, NSICU, PICU), *C. glabrata* (SICU), and *C. parapsilosis* (NICU). *C. glabrata* dominated in the SICU and frequented the adult ICUs but was rarely found in the NICU and PICU. *C. parapsilosis* dominated the NICU but was identified in <10% of bloodstream isolates in all other ICU. The prevalence of *C. tropicalis* also varied comprising approximately 20% of bloodstream isolates in the MICU, CICU, PICU, but was rarely seen in the other ICU.

LOCATION	<i>C.albicans</i>	<i>C.glabrata</i>	<i>C.parapsilosis</i>	<i>C.krusei</i>	<i>C.tropicalis</i>
SICU	33%	52%	7%	8%	0%
MICU	46%	24%	7%	2%	21%
CICU5	5%	22%	3%	0%	19%
NSICU	65%	35%	0	0%	0%
PICU	65%	2%	9	2%	17%
NICU	40%	10%	46%	0%	1%

Conclusion: *C.* species causing bloodstream infections varied greatly between the ICU. This data suggest that knowledge of hospital-wide fungal epidemiology may not accurately reflect the patterns for individual ICU.