

## **EPIDEMIOLOGY OF CLINICAL ISOLATES OF FLUCONAZOLE RESISTANT *CANDIDA***

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*Candida* species with reduced susceptibility to fluconazole are being noted in increasing numbers. A retrospective review of sequential clinical *Candida* isolates helped clarify demographics, risk factors, and outcomes of patients with non-susceptible *Candida* isolates. Antifungal susceptibility testing is done upon request in our institution. Thirty-six isolates from 31 patients were tested in 2002 with 22 being susceptible (S). Of the fourteen non-susceptible isolates, five were dose dependent (S-DD) and nine were high-level resistant (R) to fluconazole. Dose-dependent and high-level resistant species included *C. glabrata* (2/11), *C. parapsilosis* (13/0), *C. tropicalis* (6/0), *C. guilliermondii* (1/0), *C. lusitaniae* (0/1), and *C. krusei* (0/1).

Risk factors for non-susceptible isolates included younger age, prior azole use, blood stream isolates, prolonged hospitalization, prolonged intensive care unit stay, and non-abdominal surgical procedures. Two patients in the non-susceptible group expired, whereas no patients in the susceptible group expired. Although not significant, this may indicate a trend towards higher mortality in the non-susceptible fluconazole group. Fluconazole resistance is increasing among non-albicans *Candida*. Subtle differences among the patient populations may help to predict and eventually control spread of the resistant isolates.