



Candidemia

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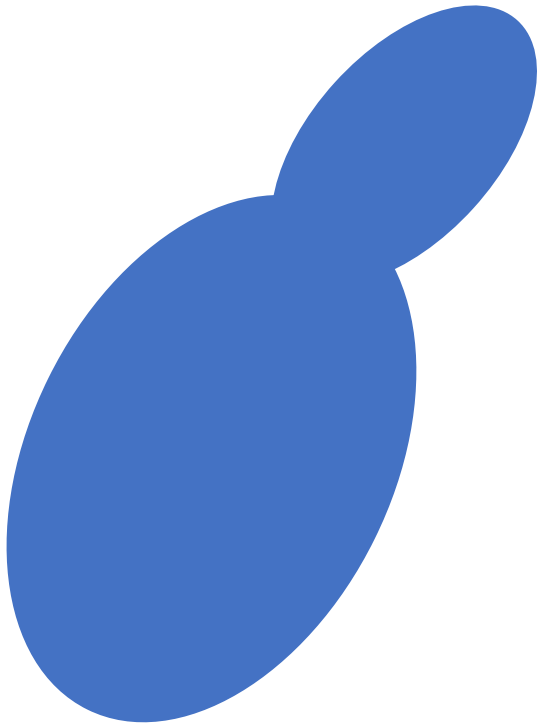
Candidemia Take-Aways

- Candida in the blood = bad
- High mortality if not treated
- Never considered a contaminant
- Treat early
- Remove the line
- Consider deep-seated infection (endocarditis) & metastatic foci (eye)

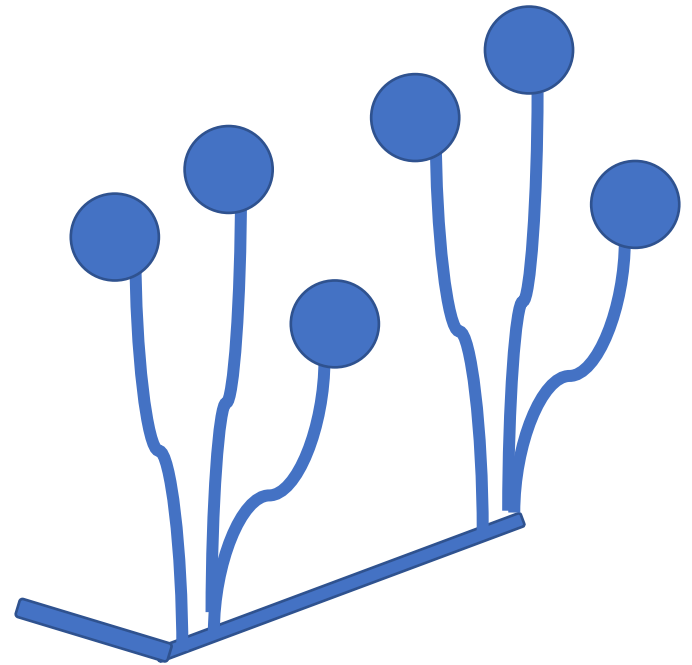


Fungi

YEAST

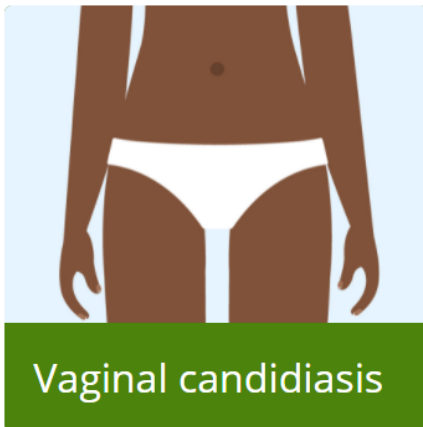


MOLD



Candida

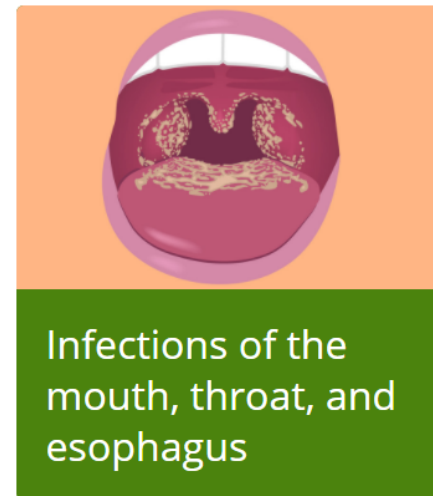
- Normal inhabitant of the body:
 - Mouth, throat, gut, skin, vagina
- Candidiasis – when candida causes an infection, growing out of control or invading into a sterile site



Vaginal candidiasis

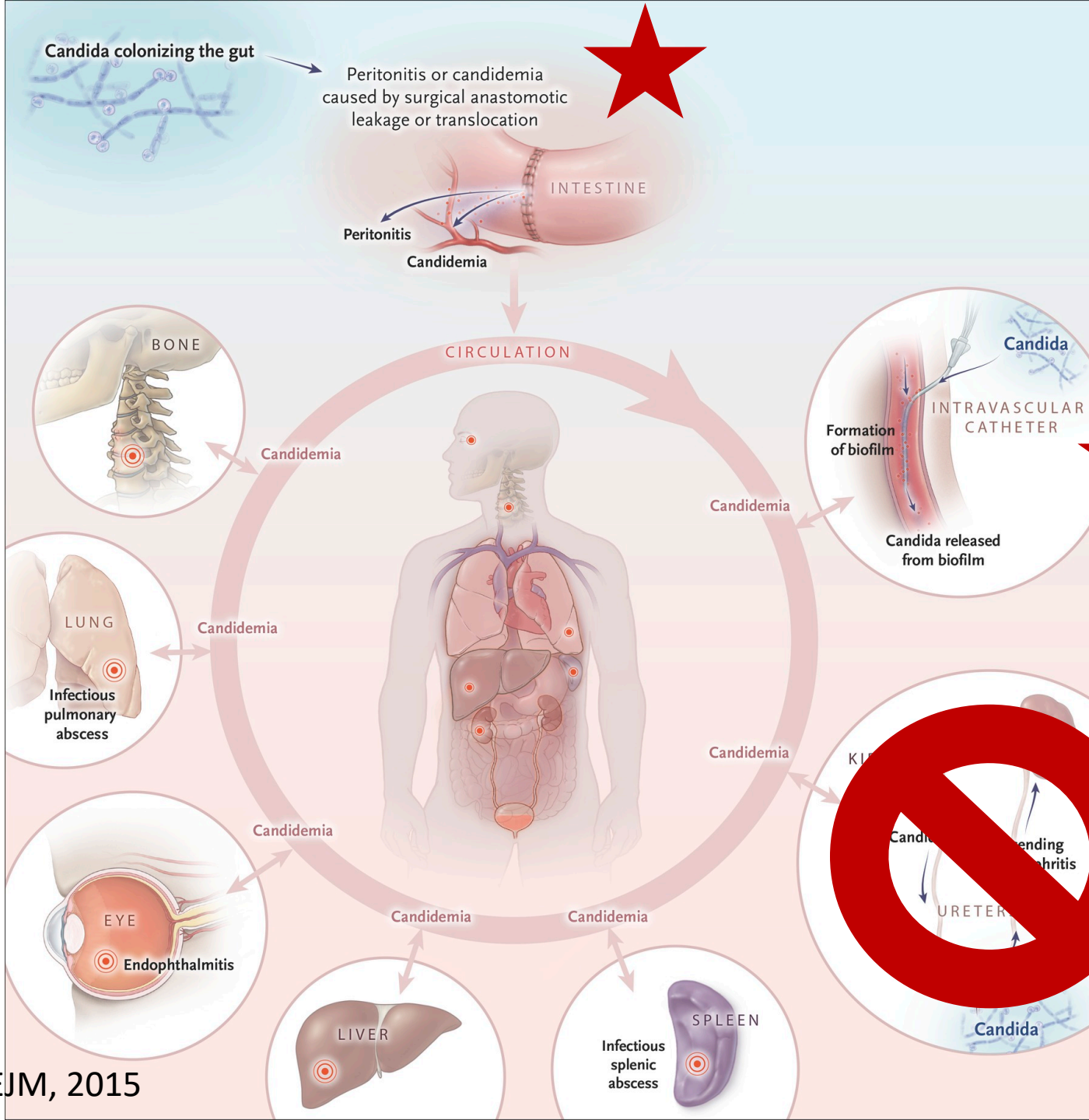


Invasive candidiasis



Infections of the
mouth, throat, and
esophagus



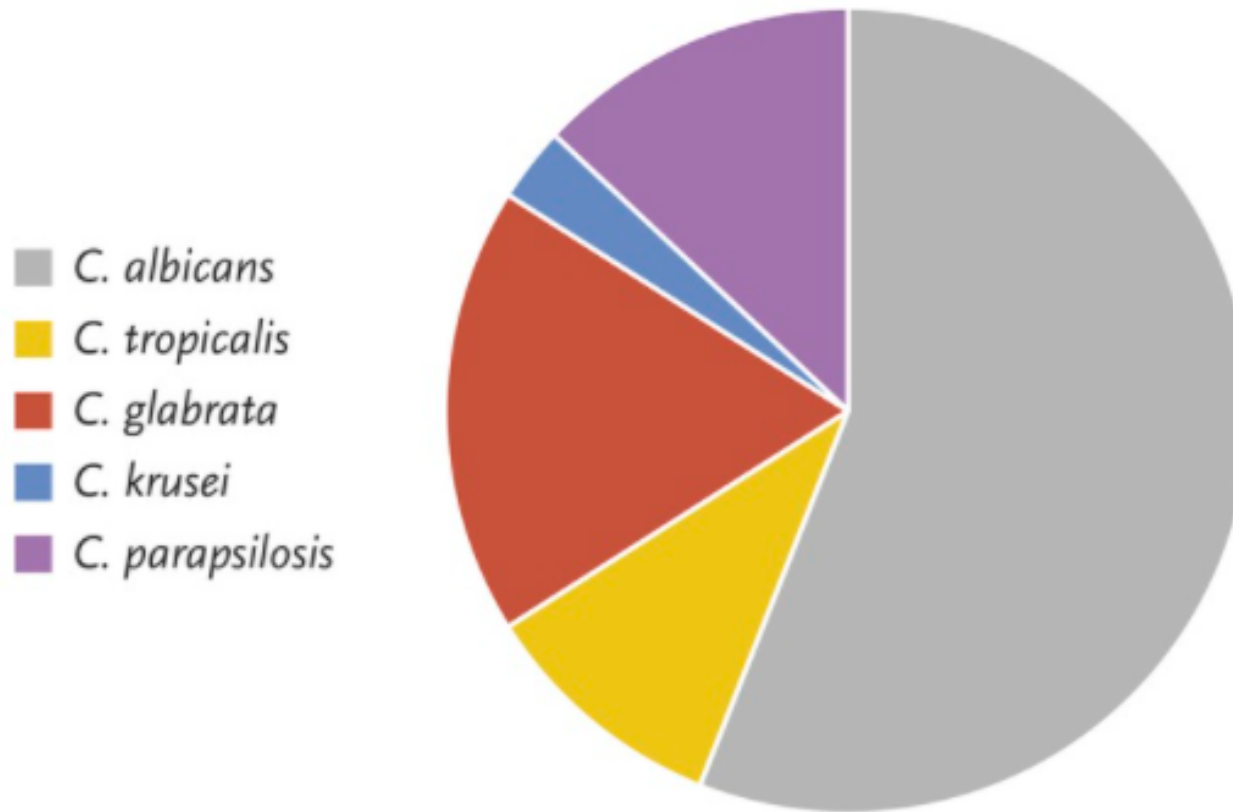


Candidemia

- 2017 CDC study: 7 cases per 100,000 people
- Attributable mortality 19-24%
- Risk Factors:
 - Long ICU stay
 - Abdominal surgery, necrotizing pancreatitis
 - Hematologic malignancy, SOT, steroids/chemo
 - Neonates (esp pre-term, low birth weight)
 - TNP receipt through CVC
 - Hemodialysis
 - PWID
 - Use of broad-spectrum antibiotics



Candida Causing Candidemia



What to know about resistance

- 7% of Candida bloodstream isolates are resistant to fluconazole
- **Candida albicans – fluconazole sensitive**
- Candida glabrata – fluconazole resistant (usually)
- Candida auris – report to the state immediately



Antifungals (for Candidemia)

- Triazoles
 - E.g. fluconazole, voriconazole
- Echinocandins
 - micafungin, caspofungin, anidulafungin
- Amphotericin



Treatment

Do you have fluconazole at your site?

- 1) Yes
- 2) No
- 3) Don't know



Treatment

Do you have an echinocandin (mica or caspo) at your site?

- 1) Yes
- 2) No
- 3) Don't know



Treatment

Do you have amphotericin at your site?

- 1) Yes
- 2) No
- 3) Don't know



Treatment

Do you have access to susceptibility test for Candida isolates if requested?

- 1) Yes
- 2) No
- 3) Don't know



Treatment

- IDSA Recommendation
 - Initial therapy: start with an echinocandin
 - Transition to fluconazole (oral ok) - day 5-7
 - Uncomplicated disease: 14 days from clearance
- Starting with fluconazole? “Acceptable alternative”
 - Reasonable (esp if low resistance, lots of *C. albicans*, small amount of pts on fluconazole ppx)
- Test for azole susceptibility! Maybe test for echinocandin susceptibility if received it in past



Other Management Considerations

- Repeat blood cultures until clear
- REMOVE THE LINE
- Look for endocarditis?
 - More suspicious with persistent blood culture +, prior IE or IDU
- What did you say about the eye?
 - Within 1 week: Dilated exam to look for endophthalmitis



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