



DIPARTIMENTO  
MEDICINA  
VETERINARIA



## I LIEVITI A LIVELLO DI SPECIE

Claudia Cafarchia, Dipartimento di Medicina Veterinaria, Università degli Studi di Bari Aldo Moro.

# CARATTERE MACROSCOPICO



De Hoog, G.S., Guarro, J., 1999.  
Atlas of clinical fungi. In: de Hoog  
GS, Guarro J, eds. Centraal bureau  
voor Schimmel cultures Baarn and  
Delft, 2nd edn. The Netherlands.

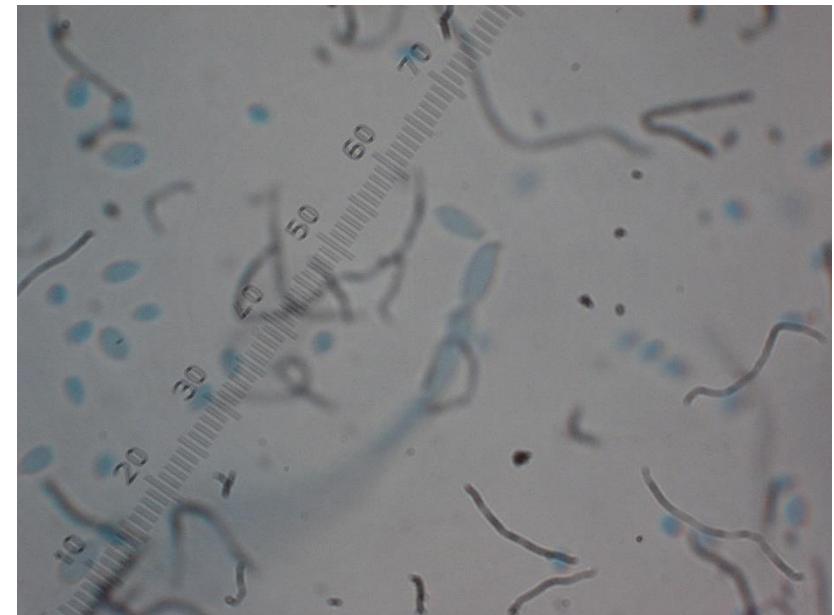
## *Simplified key to the main groups of clinically relevant fungi*

- 1a. Fungus not culturable ..... **Mesomycetozoa, Archiascomycetes**
- 1b. Fungus culturable ..... 2
- 2a. Loose budding cells abundant ..... 3
- 2b. Thallus entirely consisting of filaments ..... 4
- 3a. Colonies white or pink ..... **Yeast**
- 3b. Colonies black ..... **Black yeasts and relatives**
- 4a. Mycelium regularly septate ..... 5
- 4b. Mycelium nearly aseptate ..... 8
- 5a. Clamp connections present, at least on some hyphae ..... **Filamentous basidiomycetes**
- 5b. Clamp connections absent ..... 6
- 6a. Fruit bodies absent ..... **Hymomycetes**
- 6b. Fruit bodies present ..... 7
- 7a. Fruit bodies containing spores in asci ..... **Euscomycetes**
- 7b. Fruit bodies containing loose conidia ..... **Coelomycetes**
- 8a. Sporulation abundant ..... **Zygomycota**
- 8b. Sporulation absent; zoospores formed in water cultures ..... **Oomycota**

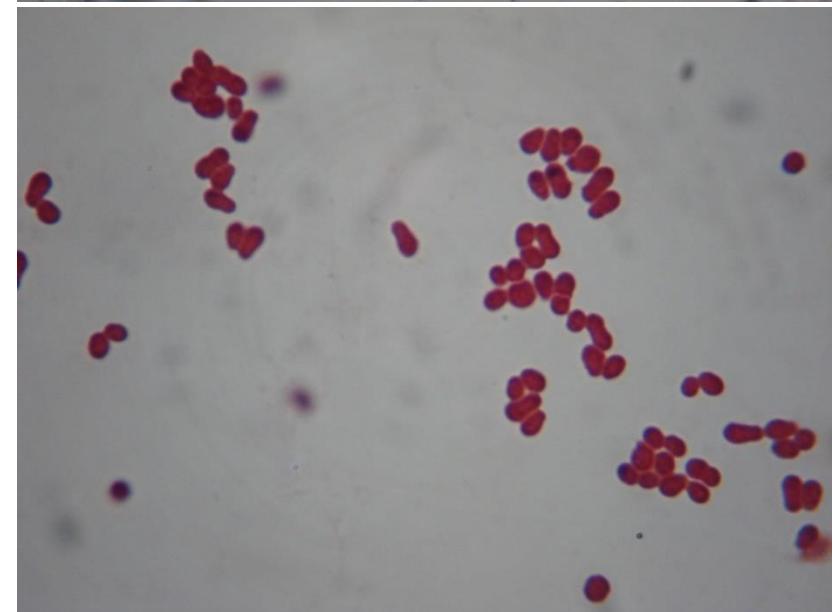
# CARATTERE MACROSCOPICO

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COLONIE NERE E ASPETTO  
LIEVITIFORME

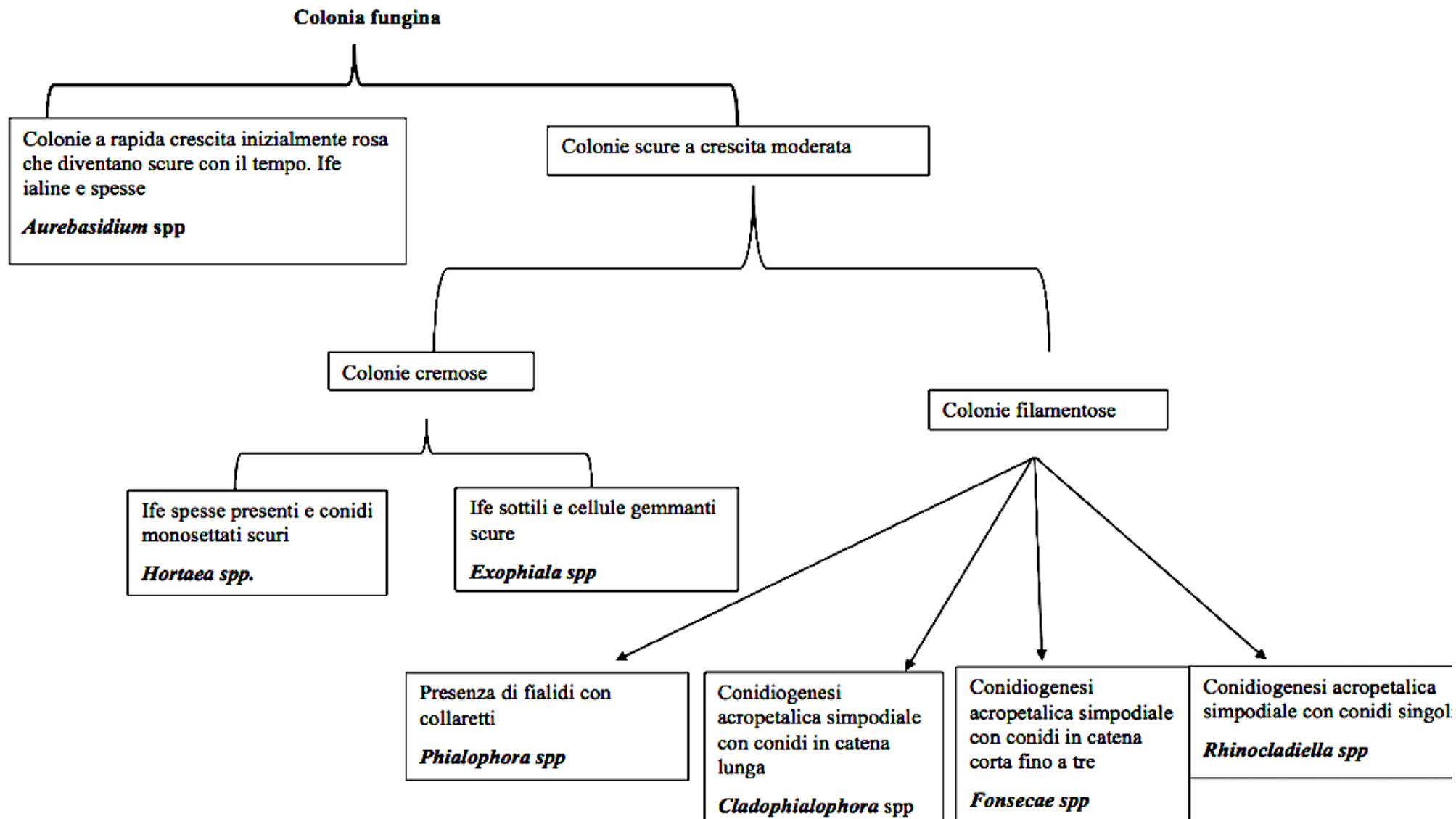


COLONIE BIANCHE COCCHI  
GEMMANTI (ATTENTI  
GEMMAZIONE)



# BLACK YEASTS E RELATIVES

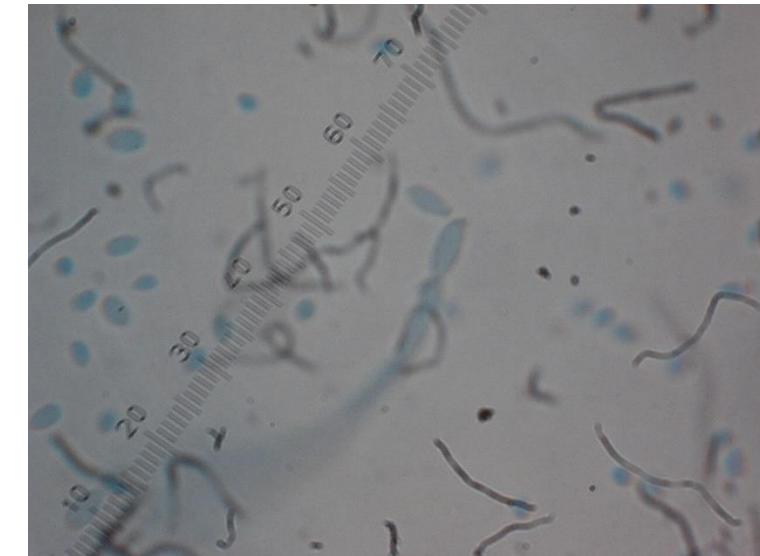
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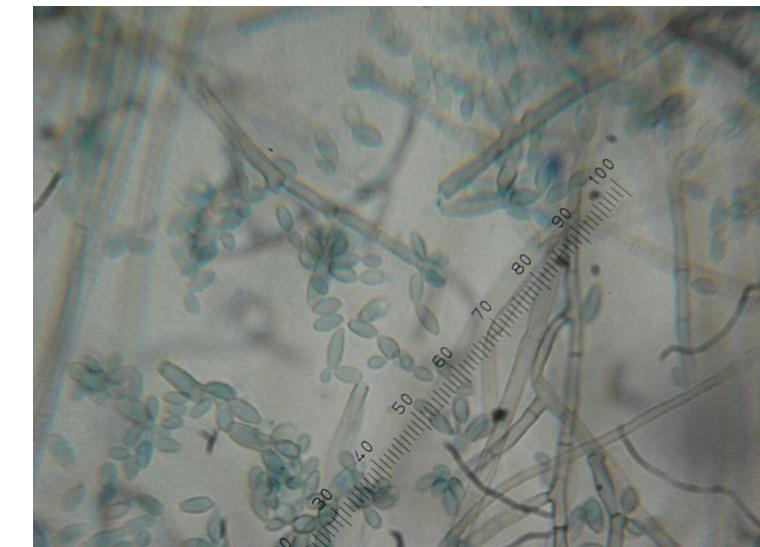
# BLACK YEASTS AND RELATIVES

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*Exophiala* spp



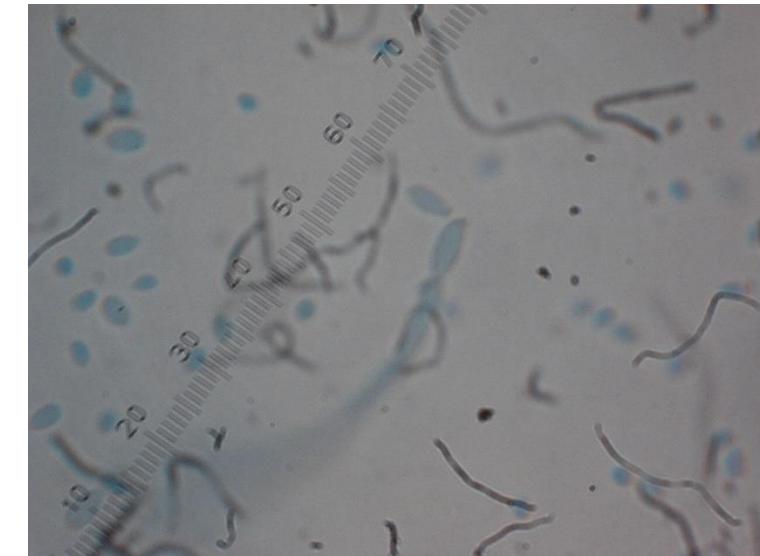
*Fonsecaea pedrosoi*



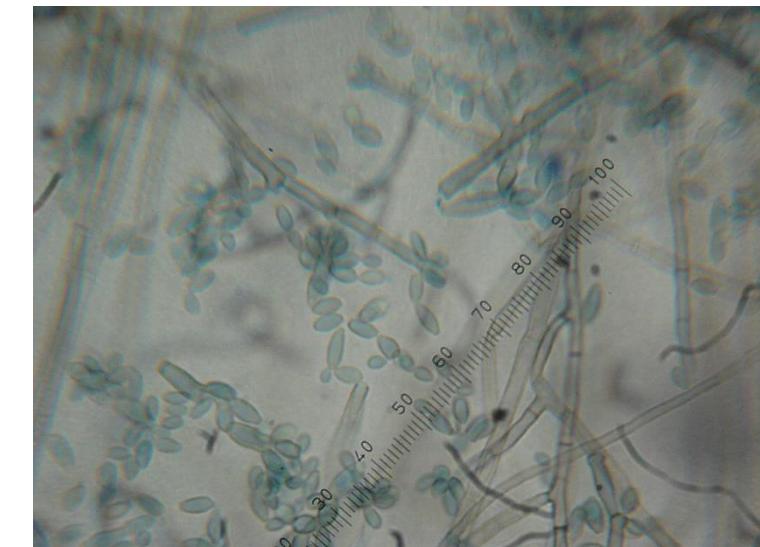
# BLACK YEASTS AND RELATIVES

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*Exophiala* spp



*Fonsecaea pedrosoi*



# I LIEVITI

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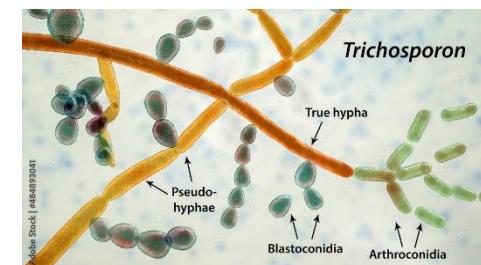
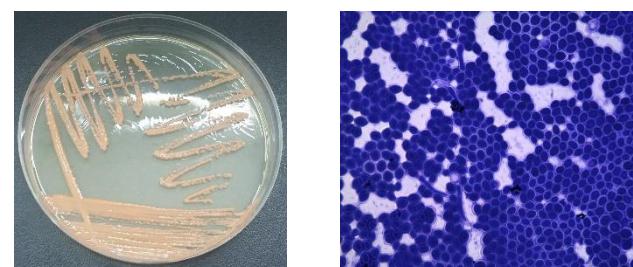
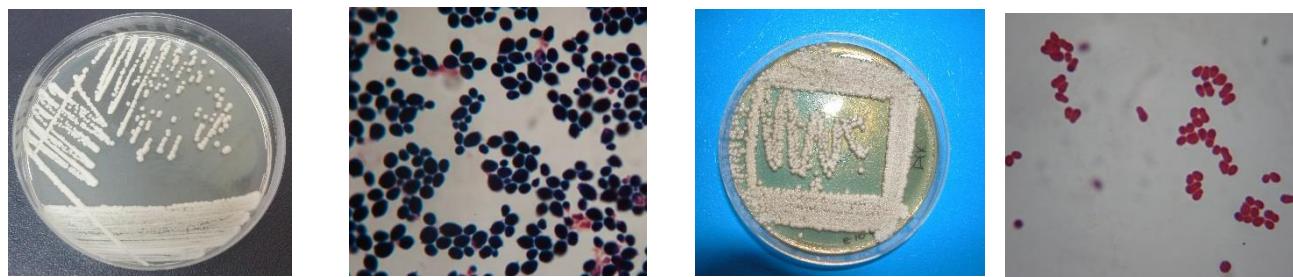
## ASCOMICETI

*Geotrichum*  
*Candida*



## BASIDIOMICETI

*Cryptococcus*  
*Malassezia*  
*Rhodotorula*  
*Trichosporon*



<https://stock.adobe.com/it/images/structure-of-fungus-trichosporon-3d-illustration/484893041>

# I LIEVITI

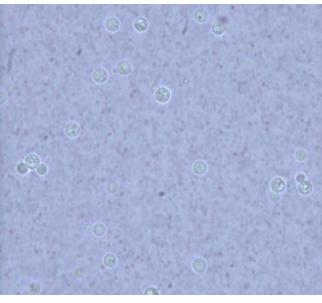
## Prove morfologiche Identificazione



UREASI



GERM TEST



INCHIOSTRO DI KINA



STAIB MEDIUM

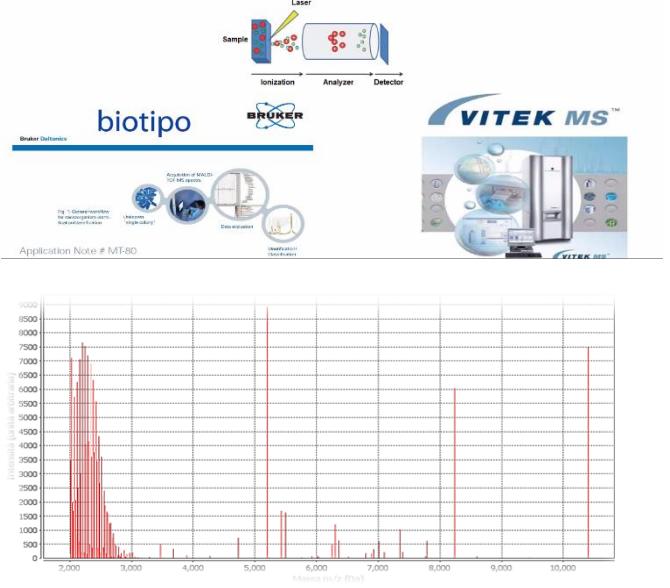


CHROMAGAR CANDIDA

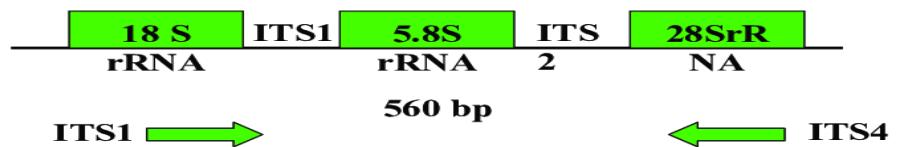
## Assimilazione zuccheri/ profilo proteico (MALDI-TOF MS)

Prodotti (Ditte)	% di non corretta identificazione
Api Candida® (bioMérieux)	0.5 - 12.8
Api 20C AUX® (bioMérieux)	0.0 - 5.3
Auxacolor™ (Bio-Rad)	0.0 - 5.6
Candidast® (ELITech Group)	6.0 - 23.6
Fungichrom® (ELITech Group)	1.7 - 4.5
Fungifast® (ELITech Group)	1.0 - 2.6
ID 32 C® (bioMérieux)	0.0 - 23.2
RapID™ Yeast Plus (Remel)	0.7 - 16.0
Uni-Yeast-Tek® (Remel)	0.2 - 13.1

Prodotti	% Non corretta identificazione
Biolog YT Microplate™ (Biolog)	38.8 - 42.7
MicroScan® Rapid YS (Siemens)	2.8 - 8.2
Sherlock® MIS (MIDI, Inc.)	15.8 - 23.7
Vitek® YBC (bioMérieux)	1.5 - 15.1
Vitek® 2 YST (bioMérieux)	0.9 - 4.7



## PCR: ITS1-ITS4



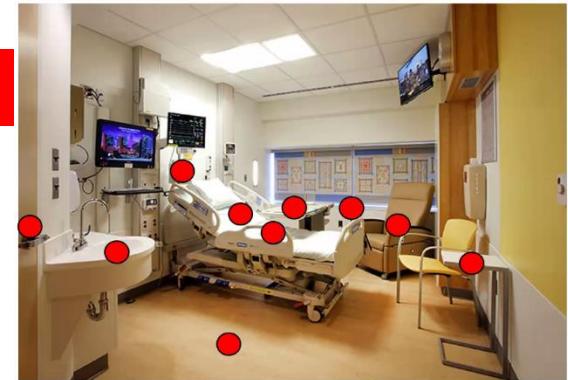
**BLAST CBS:**  
[https://wi.knaw.nl/page/Pairwise\\_alignment](https://wi.knaw.nl/page/Pairwise_alignment)

# *Candida auris* ??????

- Colonizzatore cute altamente diffusibile
- Aumento di casi registrati
- Frequenti i focolai epidemici
- Ceppi resistenti
- Patologia notificabile
- Misure di profilassi

(Screening dei pazienti; Precauzioni per il contatto;  
Screening degli ambienti e del personale a contatto con il paziente; Procedure per la decolonizzazione; Management degli ambienti; Management della comunità)

Regno Unito (PHE), Stati Uniti (CDC), Europa (ECDC) e Sudafrica (COTHI)



80%



31%



1 %

**Table 1** Key points for *C. auris* prevention and control by the European Centre for Diseases Prevention and Control (ECDC) and Centers for Disease Control and Prevention (CDC)

ECDC

Correct identification (MALDI-TOF; DNA sequencing of the D1/D2 domain);  
Clinicians and microbiologists alertness;  
Notification and retrospective case-finding

Good standard infection control measures (including environmental cleaning, reprocessing of medical devices and patient isolation) and prompt notification

Early identification of carriers by using active surveillance cultures (sites considered for sampling include nose/throat, axilla, groin, rectum, insertion sites of venous catheters; clinical samples such as urine, feces, wound drain fluid, and respiratory specimens)

Establish the source of the outbreak (epidemiological investigation, cross-sectional patient screening and environmental sampling); prevention of inter-hospital and cross-border transmission

Enhanced control measures to contain outbreaks (such as contact precautions, single room isolation or patient cohorting, and dedicated nursing staff for colonized or infected patients)

Education and practice audits (for healthcare workers and contacts)

Antifungal stewardship

CDC

Correct identification (MALDI-TOF; molecular methods)  
Confirmed isolates of *C. auris* should be reported to local and state public health officials and to CDC

Infection control measures:  
• Placing the patient with *C. auris* in a single-patient room and using contact precautions  
• Emphasizing adherence to hand hygiene  
• Cleaning and disinfecting the patient care environment (daily and terminal cleaning) with recommended products  
• Screening contacts of newly identified case patients to identify *C. auris* colonization

Screening should be performed to identify colonization among potentially epidemiologically linked patients, including:  
• Current roommates  
• Roommates at the current or other facilities in the prior month (even if they have been discharged from the facility)  
Screening for *C. auris* should be done using a composite swab of the patient's axilla and groin (sites of consistent colonization). Patients have also been found to be colonized with *C. auris* in nose, external ear canals, oropharynx, urine, wounds, and rectum.

All laboratories, especially laboratories serving healthcare facilities where cases of *C. auris* have been detected, should:

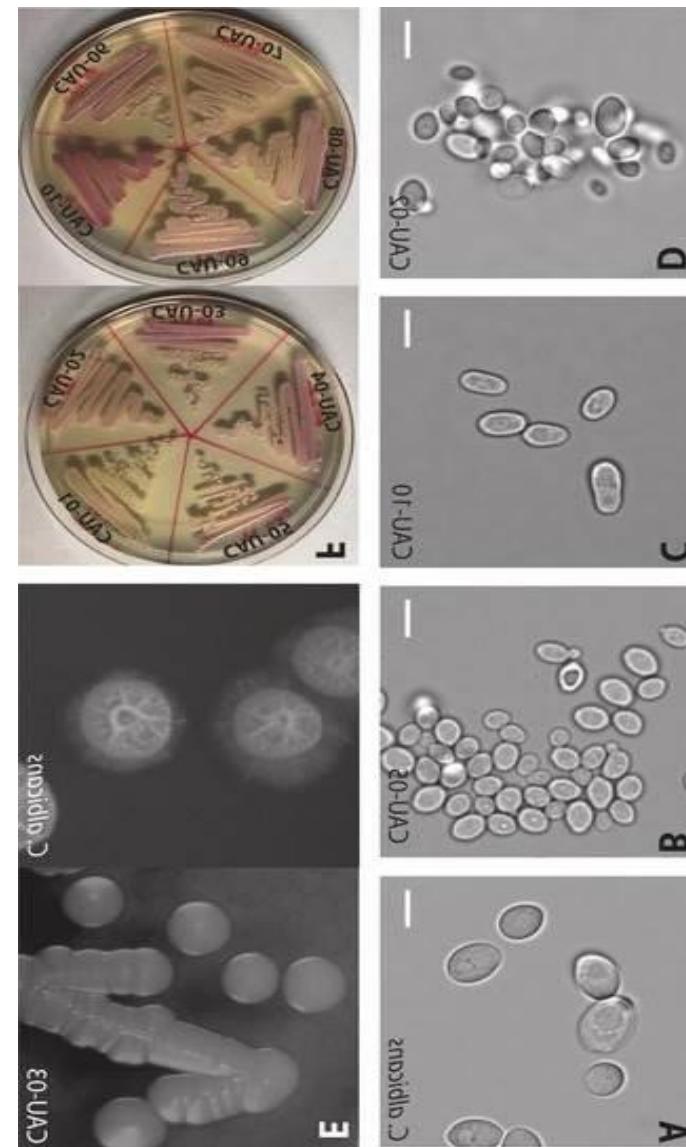
- Review past microbiology records to identify cases of confirmed or suspected *C. auris*
- Conduct prospective surveillance to identify *C. auris* cases in the future
- Consider screening close contacts of patients with *C. auris* for presence of colonization

Education of all healthcare personnel, including staff working with environmental cleaning services about *C. auris* and need for appropriate precautions;  
Monitor adherence to infection control practices

Antibiotic and antifungal stewardship

# *Candida auris* DIAGNOSI

- Colonie bianche o crema (SDA)
- Rosa o beige (CHROMagar)
- Cellule ovali e gemmanti prive di pseudoiofe
- Crescita a 37 o 42° C
- Assimila N- acetili glucosammina , succinati e gluconati



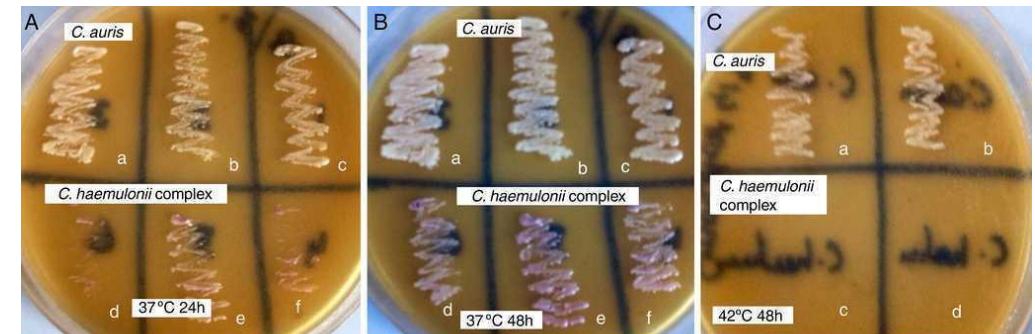
# *Candida auris* DIAGNOSI

## PROVE MORFOLOGICHE IDENTIFICAZIONE

### CHROMAGAR CANDIDA



CHROMAGAR CANDIDA + PAL'S AGAR (uguale volume dei due terreni mescolati)



Rev Iberoam Micol. 2017;34:109-11

- *C. auris*: colonie lisce e bianche 37° C e 42° C senza pseudoife dopo 24 e 48h.
- *C. haemulonii complex*: colonie lisce e rosa a 37° C con pseudoife dopo 48 h.
- Assenza di crescita a 42° C.

# *Candida auris* DIAGNOSI

ASSIMILAZIONE  
ZUCCHERI

PROFILO PROTEICO  
(MALDI-TOF MS)

Identification Method	Database/Software, if applicable	<i>C. auris</i> is confirmed if initial identification is <i>C. auris</i> .	<i>C. auris</i> is possible if the following initial identifications are given. Further work-up is needed to determine if the isolate is <i>C. auris</i> .
Bruker Biotyper MALDI-TOF	RUO libraries (Versions 2014 [5627] and more recent) CA System library (Version Claim 4)	<i>C. auris</i> <i>C. auris</i>	n/a n/a
bioMérieux VITEK MS MALDI-TOF	RUO library (with Saramis Version 4.14 database and Saccharomycetaceae update)	<i>C. auris</i>	n/a
	IVD library (v3.2)	<i>C. auris</i>	n/a
	Older IVD libraries	n/a	<i>C. haemulonii</i> <i>C. lusitaniae</i> No identification
VITEK 2 YST	Software version 8.01*	<i>C. auris</i>	<i>C. haemulonii</i> <i>C. duobushaemulonii</i> <i>Candida</i> spp. not identified
	Older versions	n/a	<i>C. haemulonii</i> <i>C. duobushaemulonii</i> <i>Candida</i> spp. not identified
API 20C		n/a	<i>Rhodotorula glutinis</i> (without characteristic red color) <i>C. sake</i> <i>Candida</i> spp. not identified
API ID 32C		n/a	<i>C. intermedia</i> <i>C. sake</i> <i>Saccharomyces kluyveri</i>
BD Phoenix		n/a	<i>C. catenulata</i> <i>C. haemulonii</i> <i>Candida</i> spp. not identified
MicroScan		n/a	<i>C. lusitaniae**</i> <i>C. guilliermondii**</i> <i>C. parapsilosis**</i> <i>C. famata</i> <i>Candida</i> spp. not identified
RapID Yeast Plus		n/a	<i>C. parapsilosis**</i> <i>Candida</i> spp. not identified

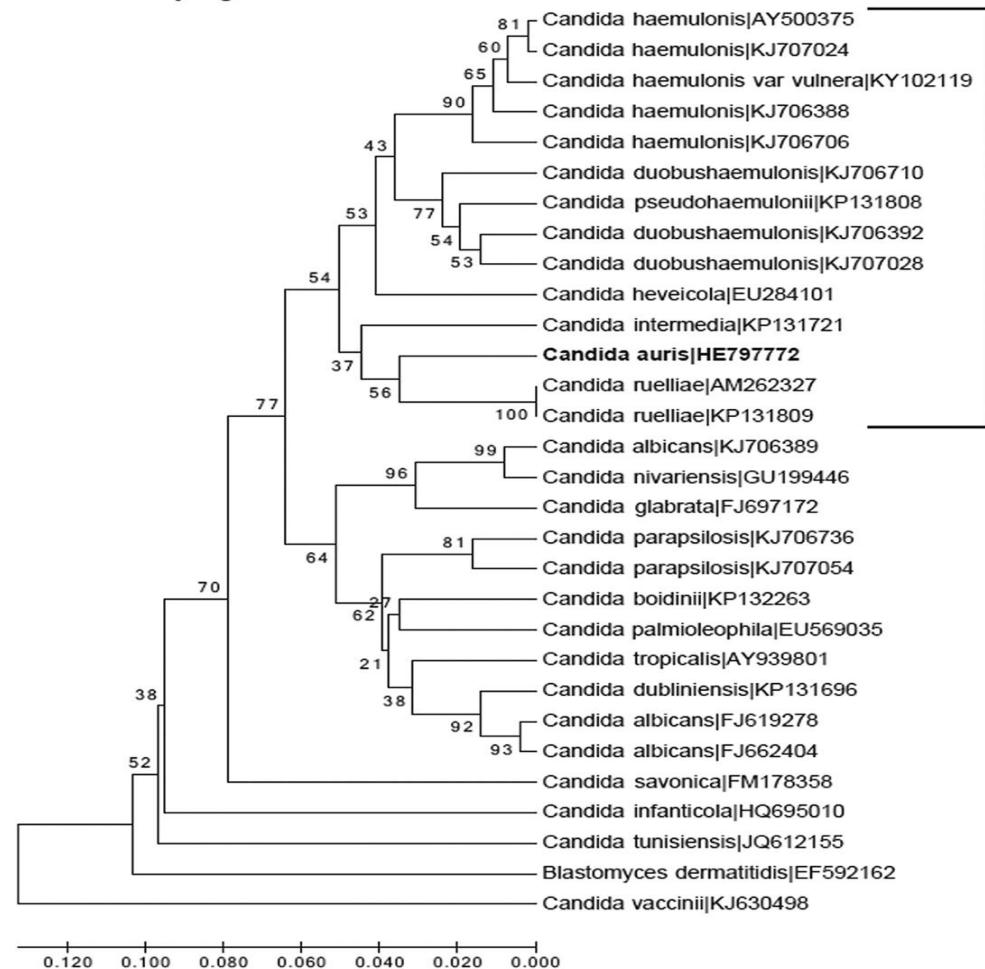
# *Candida auris* DIAGNOSI

## IDENTIFICAZIONE MOLECOLARE

ITS1 (5'-TCCGTAGGT AACCTGCGG-3')

ITS4 (5'-TCCTCCGCTT ATTGATATGC-3')

A. ITS 1/2 Phylogenetic Tree



Clavispora/Candida Clade

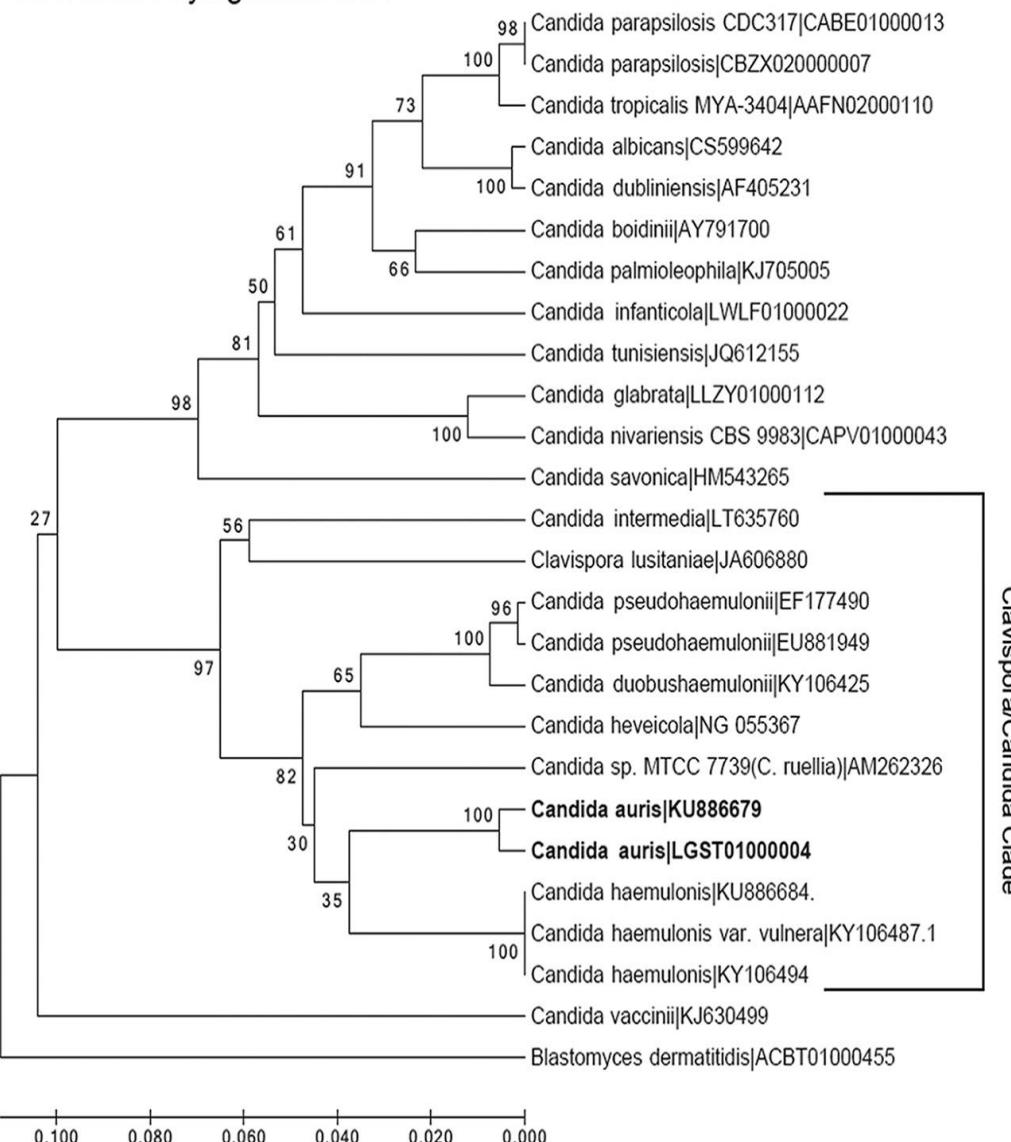
# *Candida auris* DIAGNOSI

## IDENTIFICAZIONE MOLECOLARE

NL-1 (5=-GCATATCAATAAGCG GAGGAAAAG-3=)

NL-4 (5= -GGTCCGTG TTTCAAGACGG-3=)

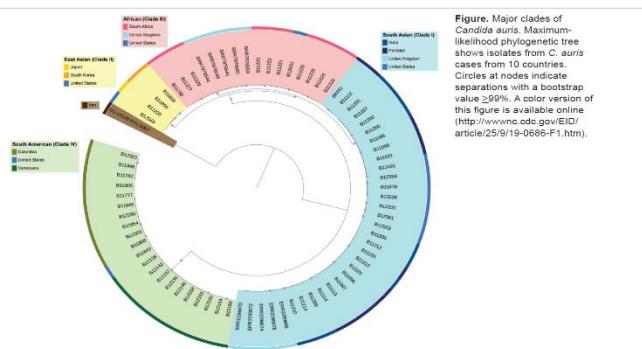
B. D1/D2 Phylogenetic Tree



# *Candida auris* DIAGNOSI

## IDENTIFICAZIONE MOLECOLARE

- Quattro raggruppamenti di *C. auris*. (South Asian, South African, South American, and East Asian)
- Tra i diversi clade: differenze nucleotidiche <1% (D1-D2 del 28S DNaR)
- Tra le altre specie >18% (D1-D2 del 28S DNaR)

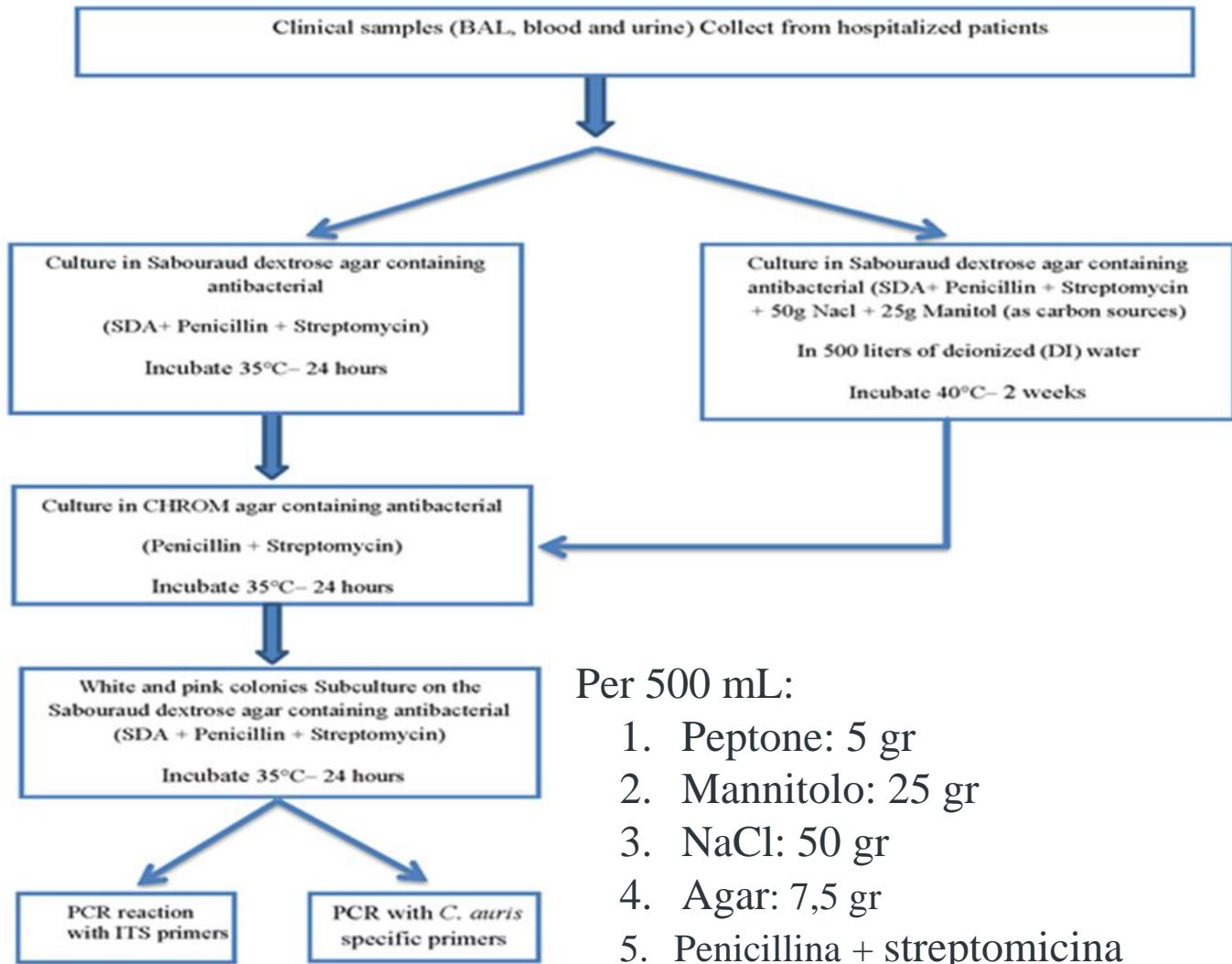
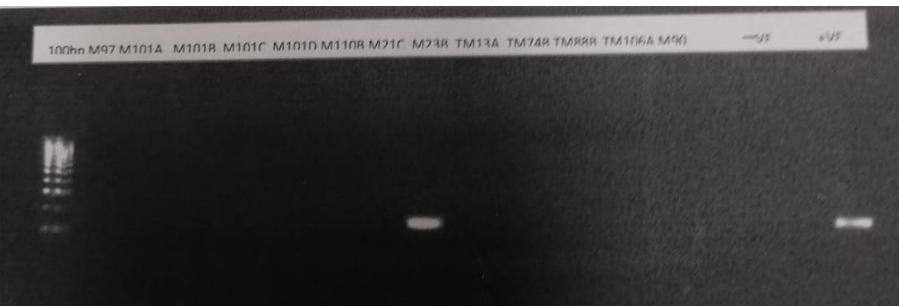


## LSU rDNA

Organism	% identity
<i>Candida auris</i> (South Asian clade)	100
<i>Candida auris</i> (South African clade)	99
<i>Candida auris</i> (East Asian clade)	99
<i>Candida lusitaniae</i>	82
<i>Candida haemulonii</i>	82
<i>Candida guilliermondii</i>	80
<i>Candida ciferrii</i>	80
<i>Candida pseudohaemulonii</i>	79
<i>Candida duobushaemulonii</i>	79
<i>Candida tropicalis</i>	79
<i>Candida kefyr</i>	79
<i>Candida pelliculosa</i>	78
<i>Saccharomyces cerevisiae</i>	77
<i>Candida utilis</i>	76
<i>Candida famata</i>	75
<i>Candida parapsilosis</i>	70
<i>Candida magnoliae</i>	46
<i>Candida albicans</i>	43
<i>Candida krusei</i>	43
<i>Candida glabrata</i>	42
<i>Candida inconspicua</i>	42

# *Candida auris* DIAGNOSI

## PROTOCOLLO RAPIDO DI IDENTIFICAZIONE



Per 500 mL:

1. Peptone: 5 gr
2. Mannitolo: 25 gr
3. NaCl: 50 gr
4. Agar: 7,5 gr
5. Penicillina + streptomicina