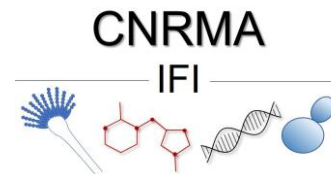




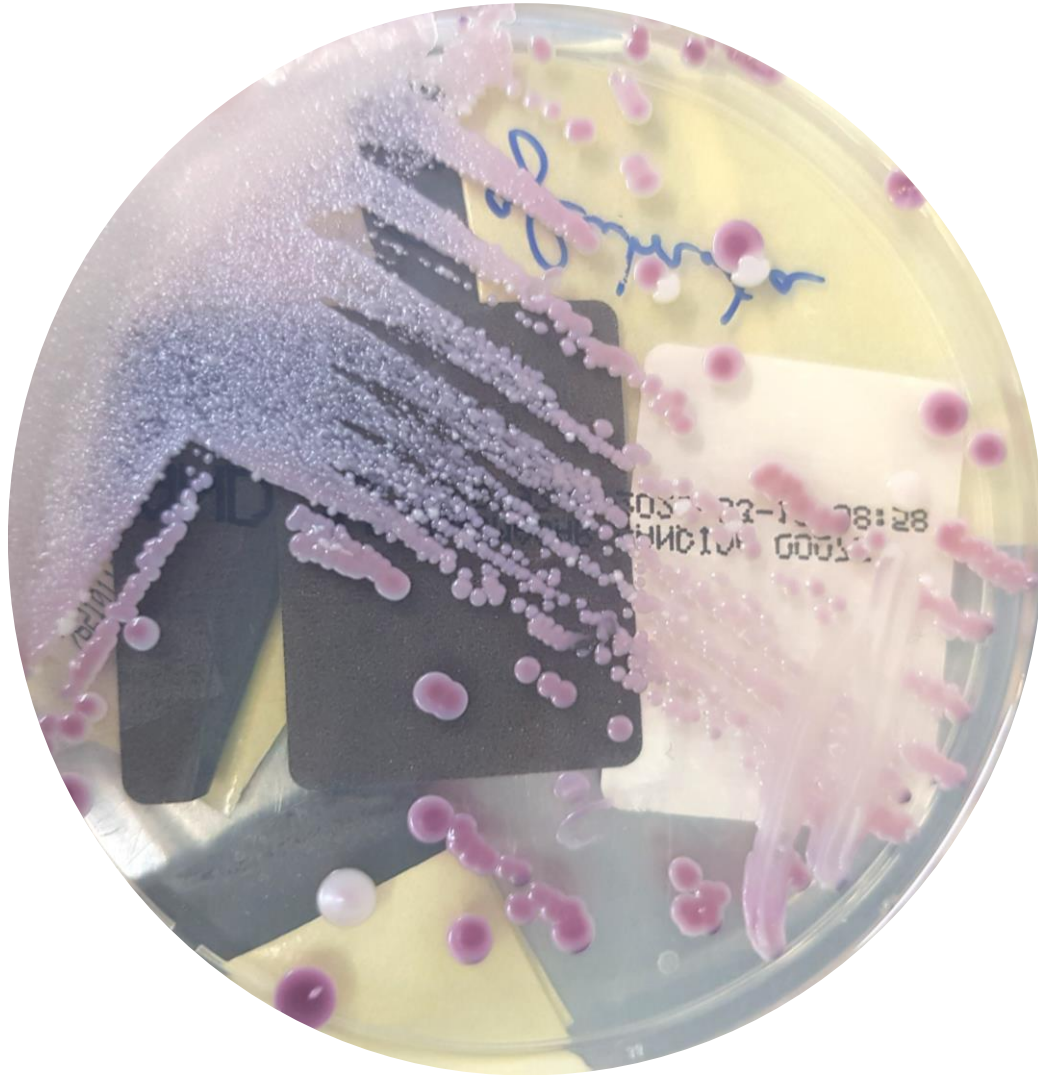
Champignons

« quelles sont les menaces en 2026 ? »

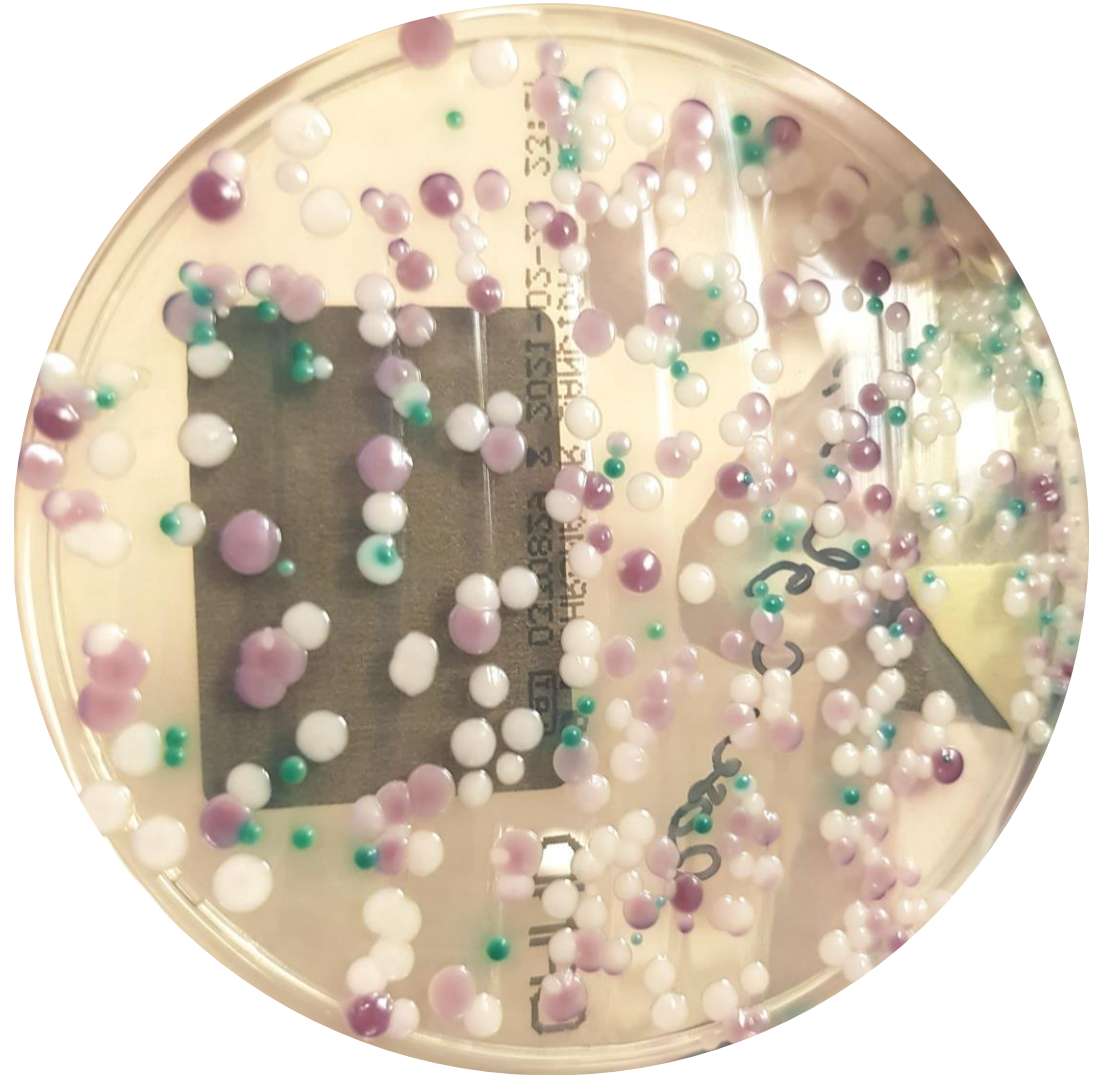
CNR Mycoses Invasives et Antifongiques, Institut Pasteur
Laboratoire de parasitologie-mycologie de l'Hôpital Saint-Louis
Université Paris Cité



Quelques levures d'intérêt en 2026



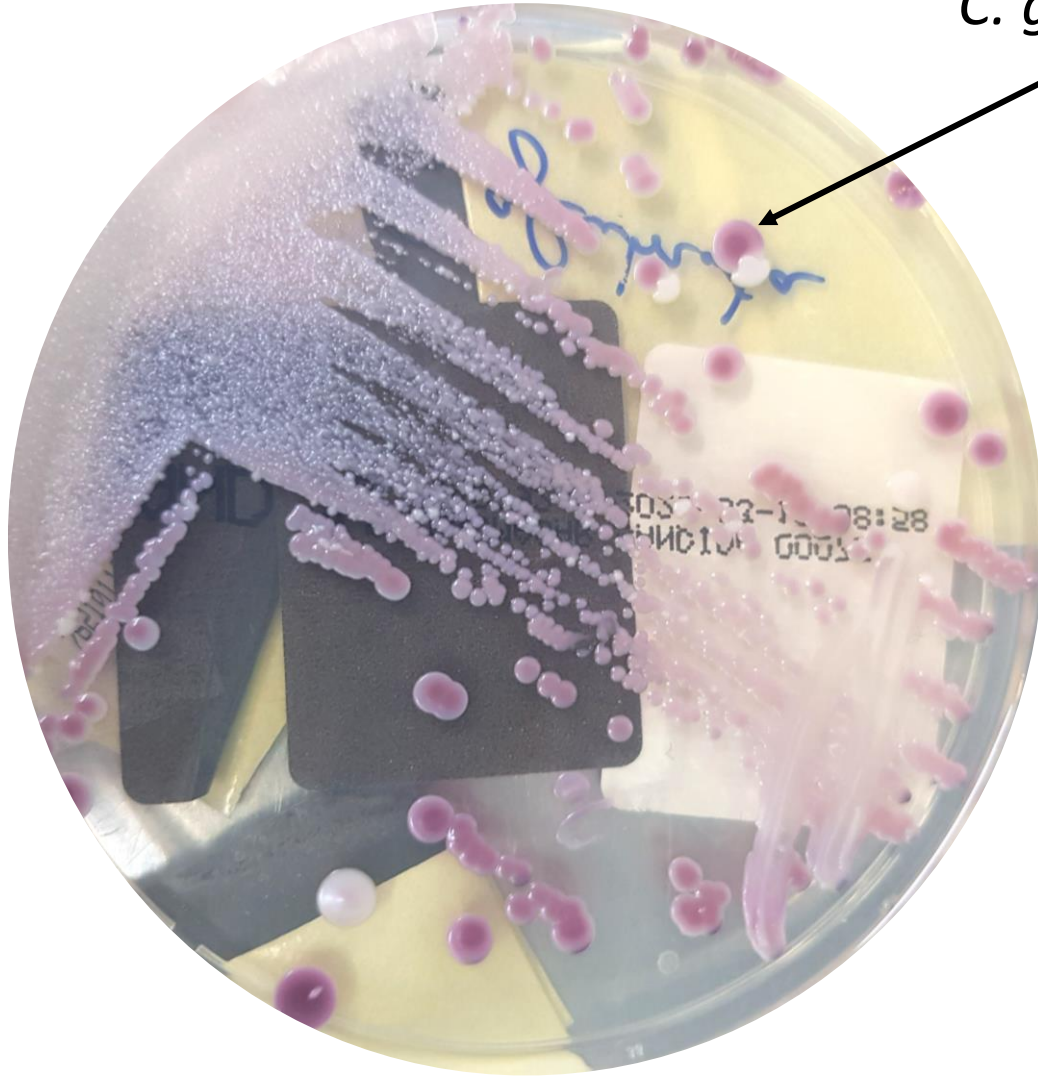
J+7 blood culture



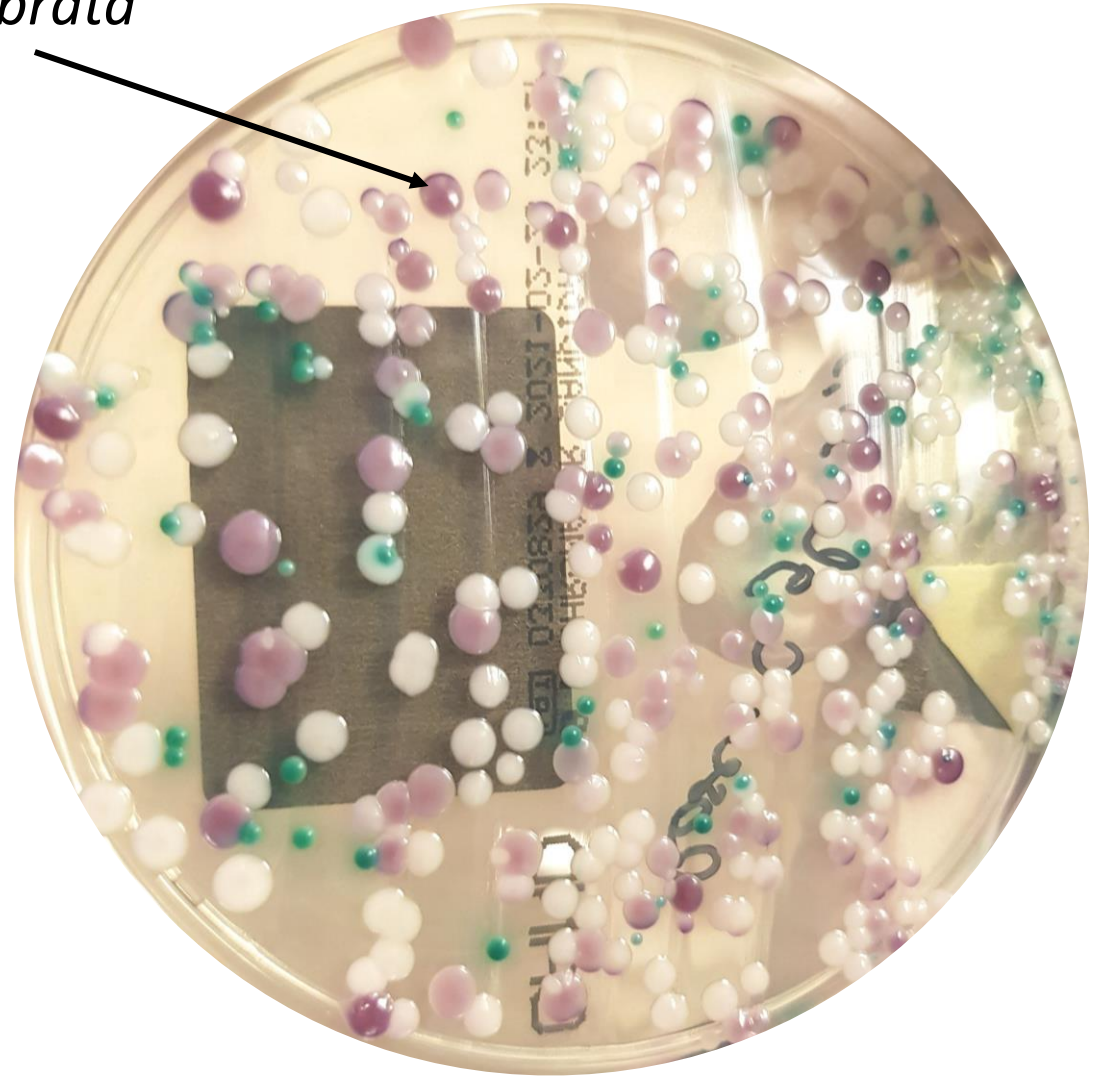
Skin swab

Quelques levures d'intérêt en 2026

C. glabrata



J+7 blood culture

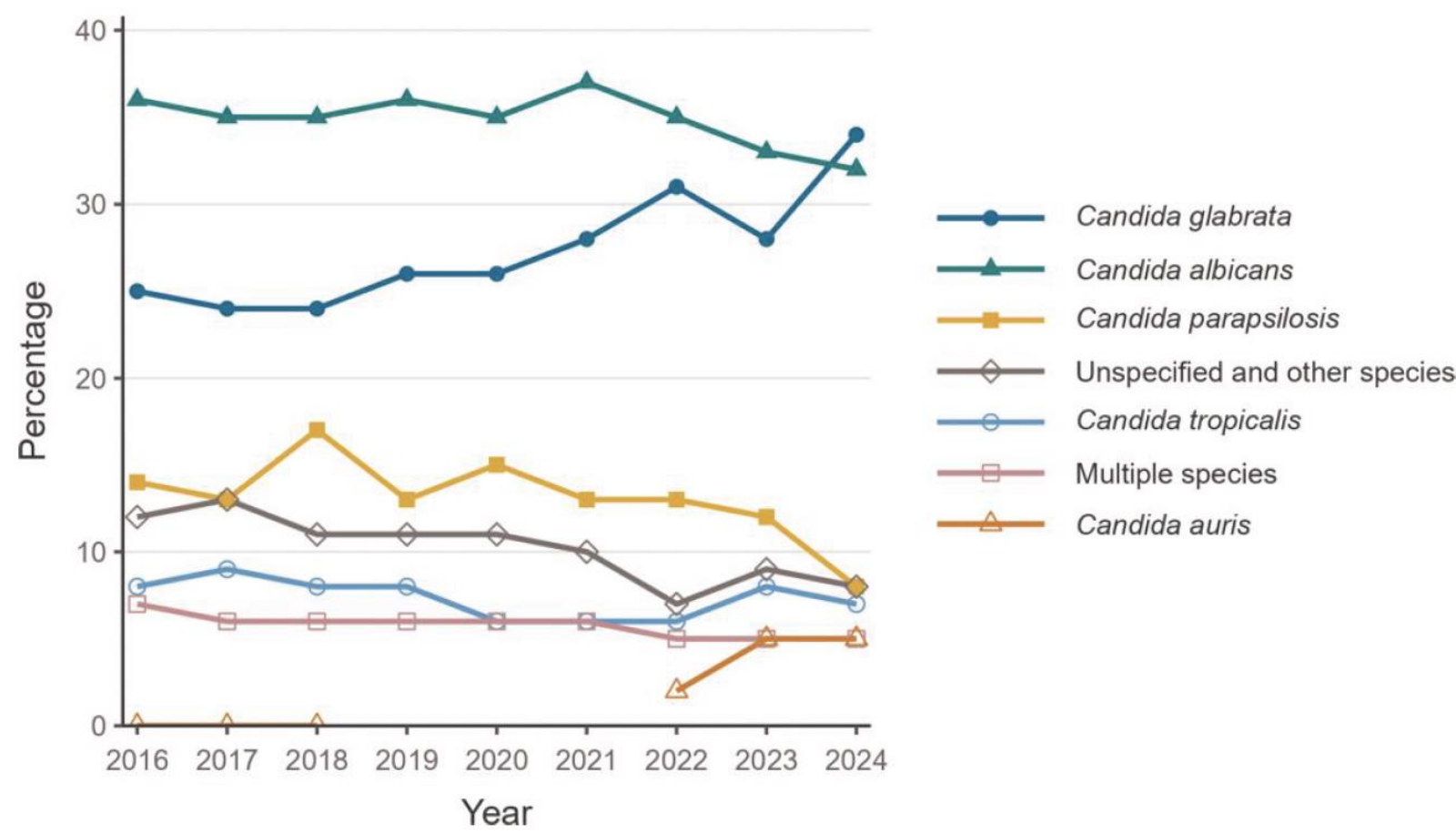


Skin swab

Candida glabrata Emerges as the Most Common Cause of Candidemia: Analysis of a Large Hospital-Based Database, United States, 2016–2024

Jeremy A. W. Gold,^{1,✉} Kaitlin Benedict,^{1,✉} Meghan Lyman,^{1,✉} Mitsuru Toda,^{1,✉}
Jessica S. Little,^{2,3,a} and Luis Ostrosky-Zeichner^{4,a,✉}

13 177 candidemia-associated hospitalizations during 2016–2024.



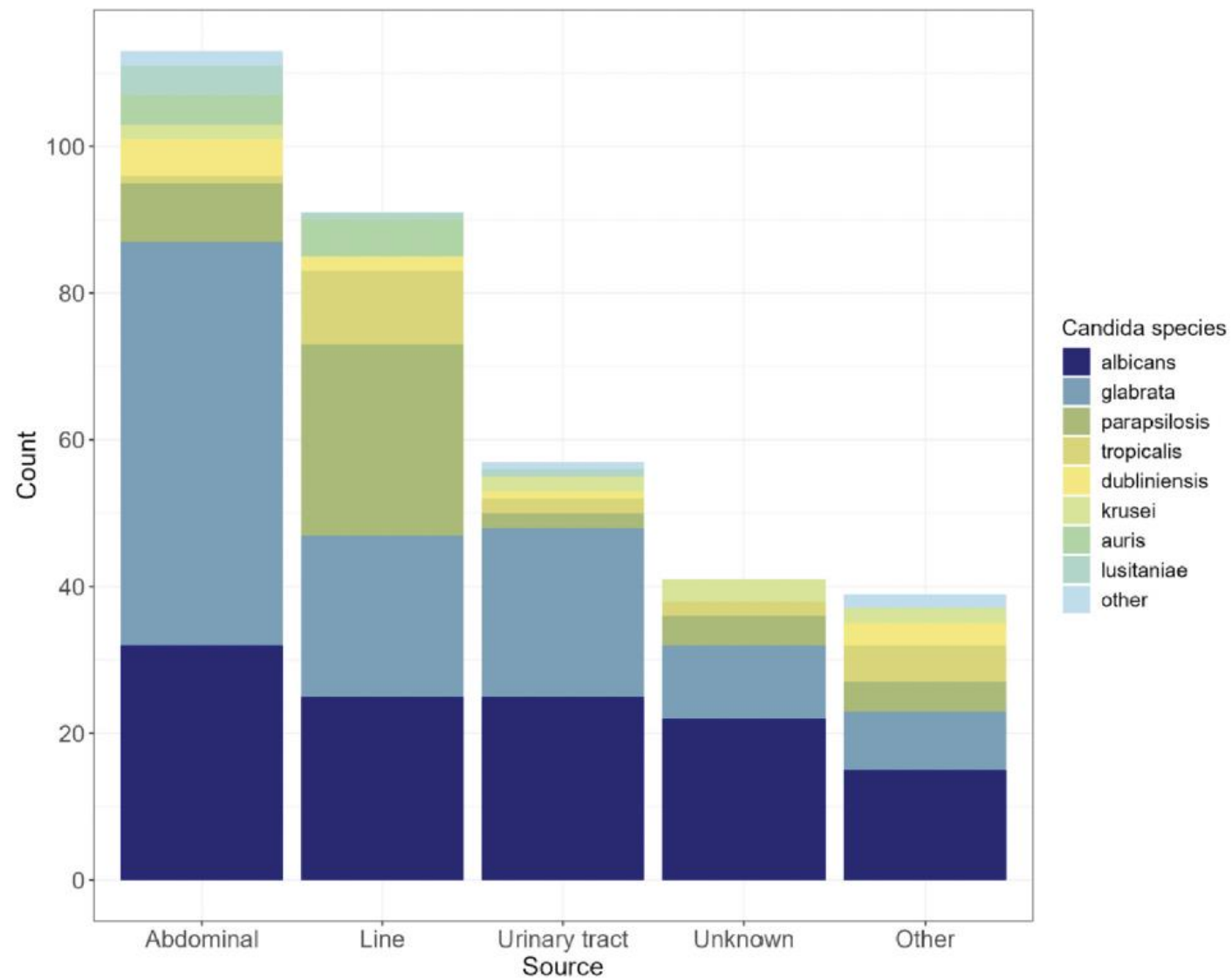


Fungi and Fungal Diseases

A five-year multicentre evaluation of candidaemia in UK adults: Epidemiology, risk factors and outcomes

C. Logan ^{a,b,*}, P. Allebone-Salt ^{a,b}, A. Mazzella ^{a,b,c}, C. Hemsley ^d, A. Goodman ^{d,e},
C. Ward ^{b,f}, A. Fife ^f, S. Schelenz ^e, A. Abdolrasouli ^e, T. Bicanic ^{a,b}

14% fluconazole resistance
3% echinocandine resistance



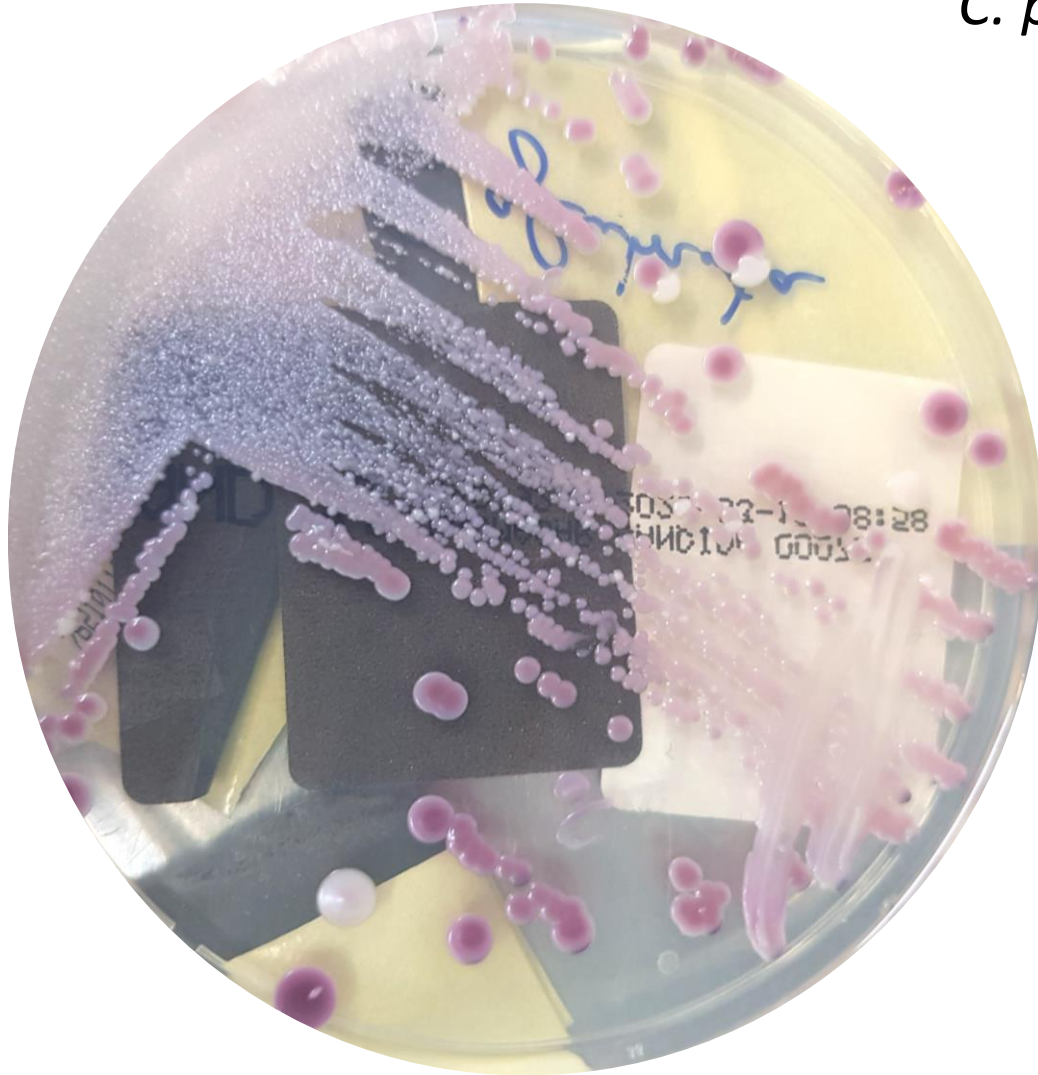
Antifungal Susceptibility Testing Identifies the Abdominal Cavity as a Source of *Candida glabrata*-Resistant Isolates

Judith Díaz-García ^{a,b}, Aina Mesquida ^{a,b}, Ana Gómez ^{a,b}, Marina Machado ^{a,b}, Pablo Martín-Rabadán^{a,b}, Luis Alcalá^{a,b}, Carlos Sánchez-Carrillo^{a,b,c}, Elena Reigadas ^{a,b}, Teresa Vicente^{a,b}, Patricia Muñoz ^{a,b,c,d}, Pilar Escribano ^{a,b}, Jesús Guinea ^{a,b,c}

Source of isolates	Compartments	N	No. of isolates (%)	
			<i>C. albicans</i>	<i>C. glabrata</i>
Group 1	Bloodstream	152	70 (46.0)	31 (20.4)
Group 2	Abdominal cavity ^a	156	101 (64.7)	42 (26.9)
	Deep organs ^b	107	43 (40.2)	18 (16.8)
	Deep-seated soft tissues ^c	25	19 (76.0)	4 (16.0)
Groups 3 and 4	Skin and mucosa ^d	193	140 (72.5)	27 (14.0)
	Lower respiratory tract ^e	286	204 (71.3)	44 (15.4)
	Urine ^f	127	88 (69.3)	13 (10.2)
	Other sources ^g	57	30 (52.6)	3 (5.3)
Overall		1,103	695 (63.0)	182 (16.5)

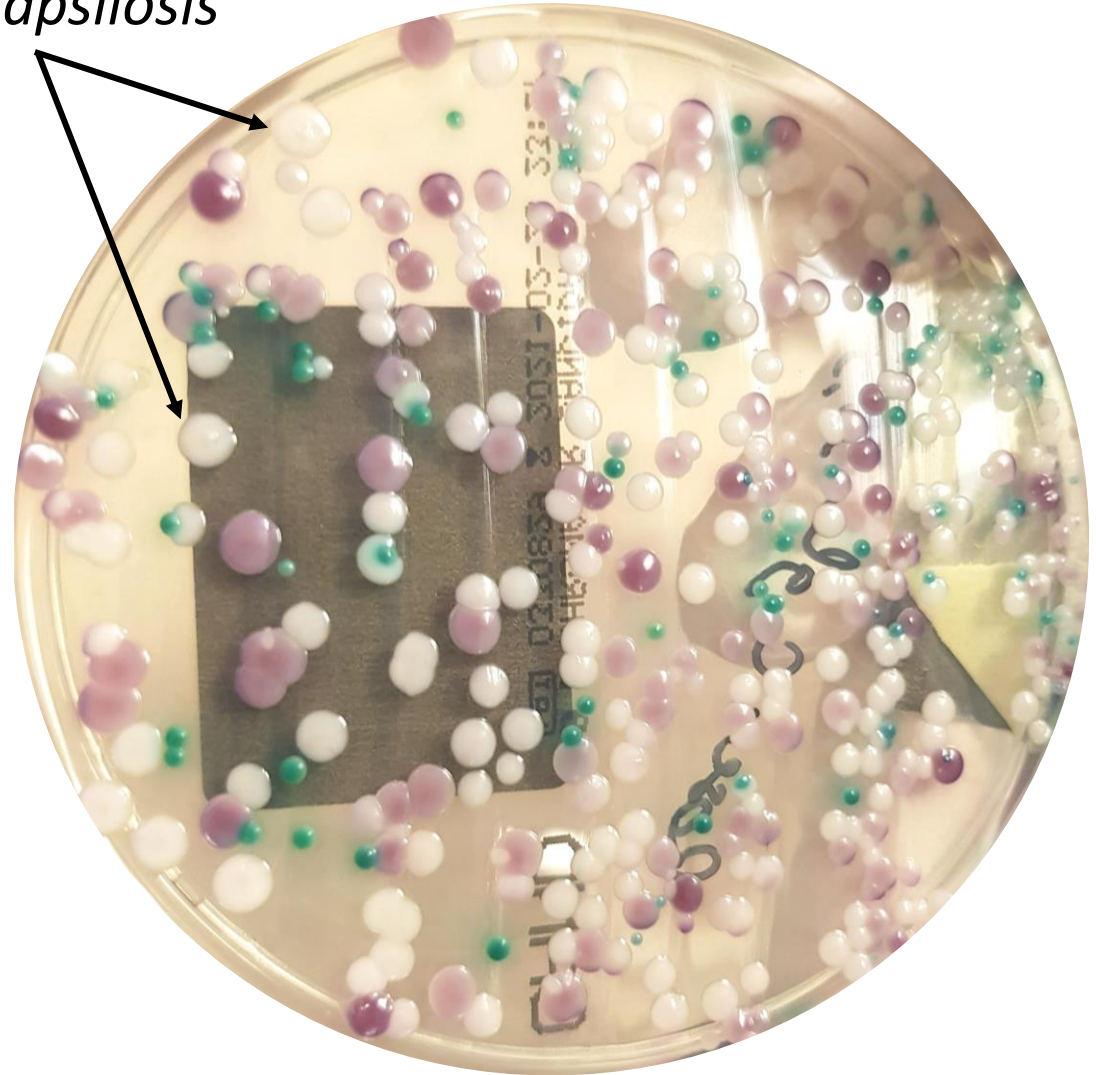
Drug	Source of isolates ^a	No. of isolates (%)			
		<i>C. albicans</i>		<i>C. glabrata</i>	
		NWT ^b	R ^c	NWT	R
Amphotericin B	Group 1	0	0	0	0
	Group 2	0	0	0	0
	Groups 3 and 4	0	0	0	0
Fluconazole	Group 1	0	0	1 (3.2)	1 (3.2)
	Group 2	2 (1.2)	0	6 (9.4)	6 (9.4)
	Groups 3 and 4	8 (1.7)	2 (0.4)	6 (6.9)	6 (6.9)
Voriconazole	Group 1	0	0	1 (3.2)	ND ^d
	Group 2	0	0	5 (7.8)	ND
	Groups 3 and 4	4 (0.9)	1 (0.2)	4 (4.6)	ND
Posaconazole	Group 1	0	0	1 (3.2)	ND
	Group 2	0	0	5 (7.8)	ND
	Groups 3 and 4	1 (0.2)	1 (0.2)	4 (4.6)	ND
Isavuconazole	Group 1	0	ND	1 (3.2)	ND
	Group 2	0	ND	6 (9.4)	ND
	Groups 3 and 4	1 (0.2)	ND	6 (6.9)	ND
Micafungin	Group 1	0	0	0	0
	Group 2	2 (1.2)	1 (0.6)	5 (7.8)	5 (7.8)
	Groups 3 and 4	2 (0.4)	0	3 (3.4)	3 (3.4)
Anidulafungin	Group 1	0	0	1 (3.2)	1 (3.2)
	Group 2	1 (0.6)	1 (0.6)	5 (7.8)	5 (7.8)
	Groups 3 and 4	0	0	4 (4.6)	4 (4.6)

Quelques levures d'intérêt en 2026



J+7 blood culture

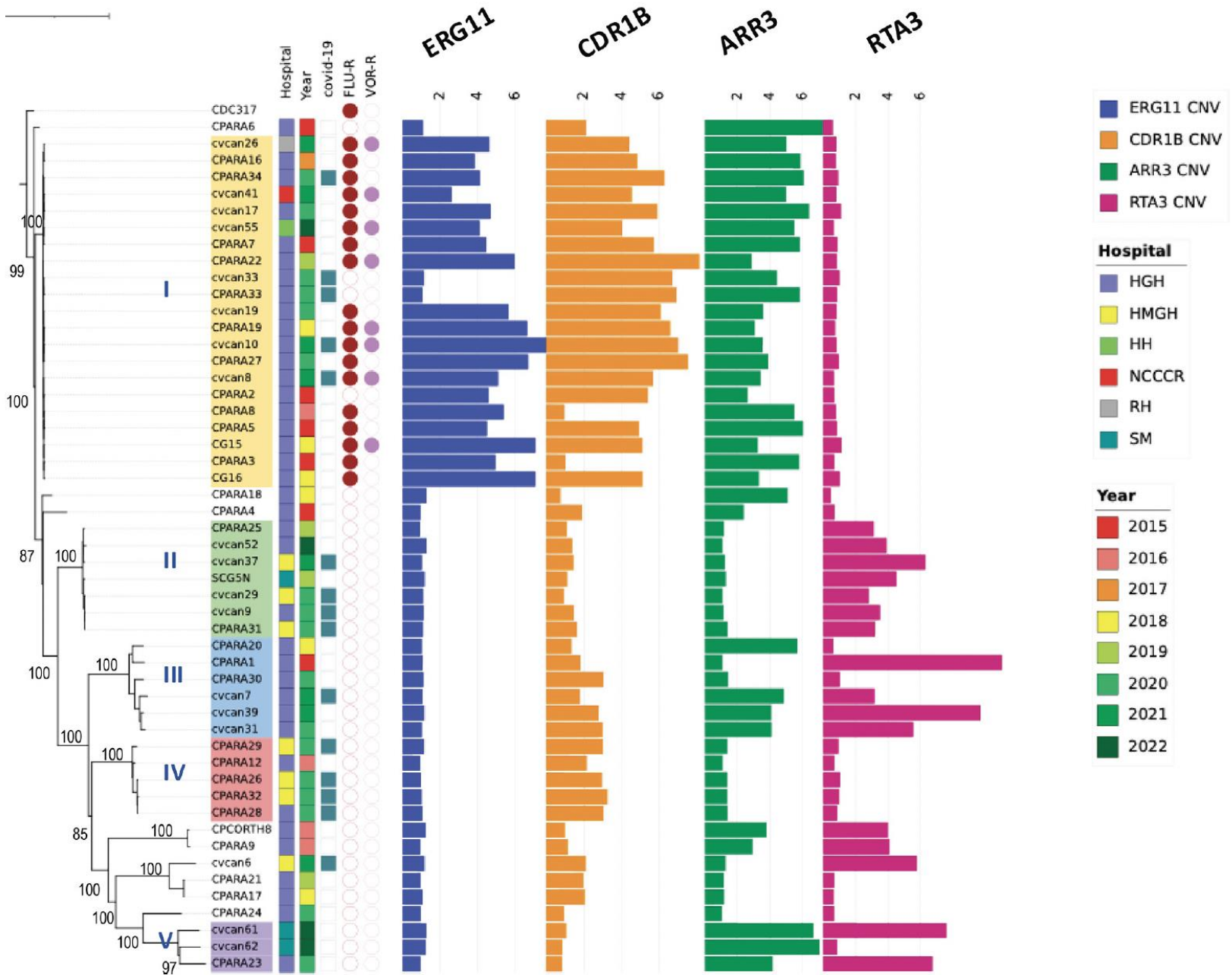
C. parapsilosis



Skin swab

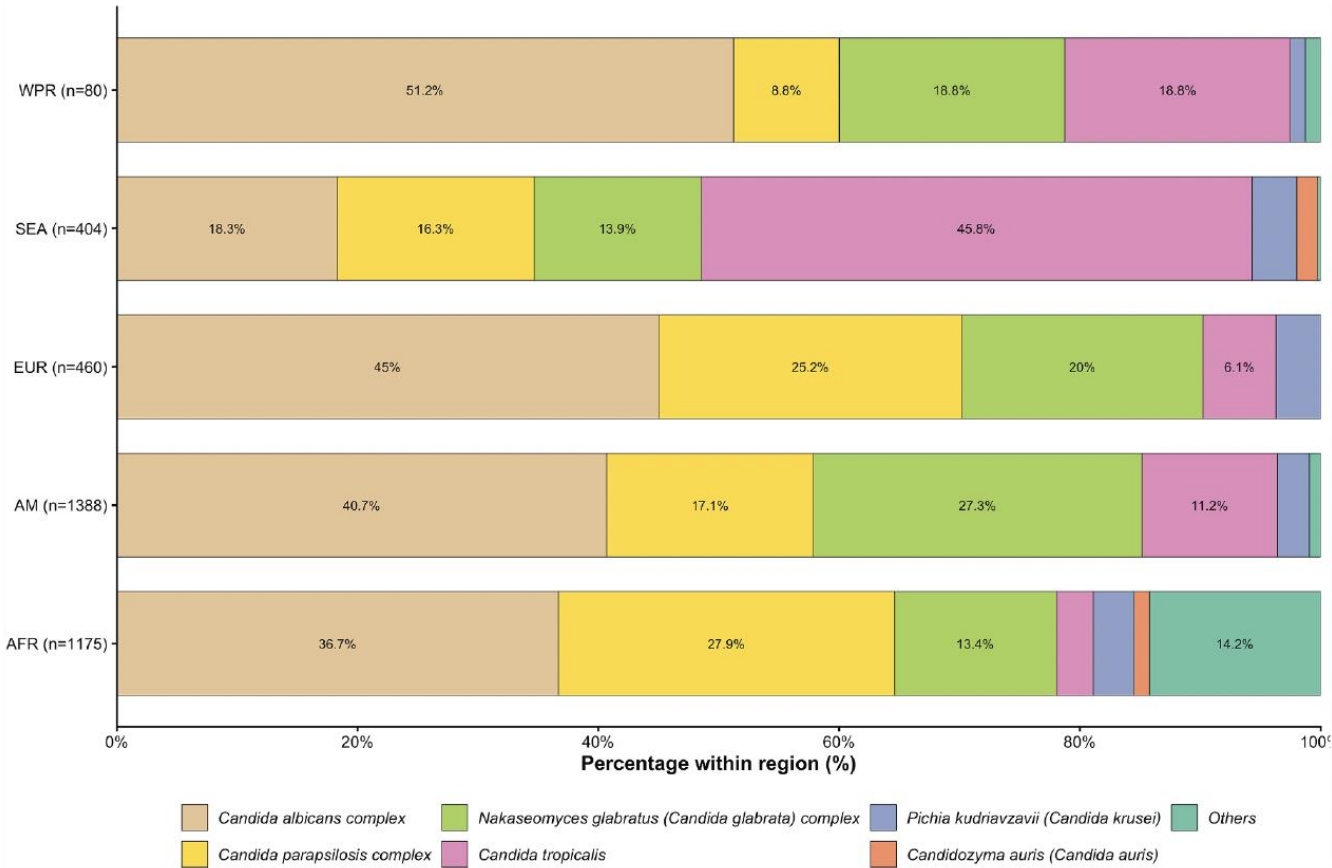
Persistence and spread of fluconazole-resistant *Candida parapsilosis* clinical isolates associated with increased *ERG11* copies in Qatar

Zhu Zhang^{1,†}, Yue Wang^{2,†}, Fatma Ben Abid^{3,4,5,6}, Husam Salah⁷, Khalil Al Ismail⁸, Haneen Eldos⁹, Bincy Samuel⁸, Ruwen Zhou¹, Sathyavathi Sundararaju⁹, Mohammed Suleimen^{9,10}, Kun Wang¹¹, Bennett Lee¹, Muna Al Maslamani^{3,4,5,6}, Ali A. Sultan⁹, Andres Perez-Lopez^{4,9,*}, Jianping Xu² and Clement K.M. Tsui^{1,12,13,*}



WHO Global Antimicrobial Resistance Surveillance System (GLASS) for monitoring bloodstream infections due to *Candida*: findings from a demonstration study

Daniel Marcano Zamora,^{a,*} Sergey Eremin,^a Pilar Ramon-Pardo,^b Agustina Forastiero,^b Marcelo Galas,^b Daniel A. da Matta,^c Diego Nobrega,^d Zlatina Dobрева,^e Methee Chayakulkeeree,^f Jong Hee Shin,^g Susana Zurita,^h Arunaloake Chakrabarti,ⁱ Anuradha Chowdhary,^j Ana Alastruey-Izquierdo,^k Susana Cordoba,^l Jana Welna,^m Nelesh P. Govender,ⁿ Alexandre Alania,^o Arnaldo Lopes Colombo,^p Ivana Mareković,^q Ingibjorg Hilmarisdóttir,^r Silvia Bertagnolio,^a and Carmem L. Pessoa-Silva^s

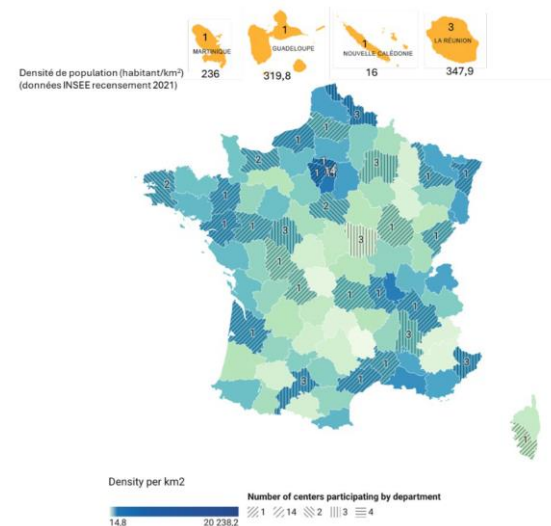


Species	Drug	n tested	n susceptible	n intermediate or SDD	n resistant	% R
<i>Candida albicans</i> <1.5%	Anidulafungin	769	765	0	4	0.5%
	Caspofungin	1178	1135	27	16	1.4%
	Fluconazole	1229	1199	14	16	1.3%
	Micafungin	976	969	1	6	0.6%
	Voriconazole	1216	1187	13	16	1.3%
<i>Candida parapsilosis</i>	Anidulafungin	413	402	10	1	0.2%
	Caspofungin	691	690	0	1	0.1%
	Fluconazole	832	548	37	247	29.7%
	Micafungin	530	517	13	0	0.0%
	Voriconazole	744	615	58	71	9.5%
<i>Candida tropicalis</i>	Anidulafungin	502	499	0	3	0.6%
	Caspofungin	547	503	28	16	2.9%
	Fluconazole	630	609	4	17	2.7%
	Micafungin	169	168	0	1	0.6%
	Voriconazole	598	568	22	8	1.3%
<i>Nakaseomyces glabratus</i> (synonym: <i>Candida glabrata</i>)	Anidulafungin	488	482	1	5	1.0%
	Caspofungin	634	538	71	25	3.9%
	Fluconazole	546	478	47	21	3.8%
	Micafungin	561	551	4	6	1.1%
	Voriconazole	73	69	0	4	5.5%
<i>Pichia kudriavzevii</i> (synonym: <i>Candida krusei</i>)	Anidulafungin	63	60	3	0	0.0%
	Caspofungin	100	70	18	12	12.0%
	Fluconazole	–	–	–	–	Intrinsic
	Micafungin	98	96	2	0	0.0%
	Voriconazole	102	85	5	12	11.8%

Abbreviations: ANI, Anidulafungin; CAS, Caspofungin; FLU, Fluconazole; MIF, Micafungin; VOR, Voriconazole; R, Resistant; SDD, Susceptible, dose-dependent; n, number of isolates tested; GLASS, Global Antimicrobial Resistance and Use Surveillance System; CLSI, Clinical and Laboratory Standards Institute; EUCAST, European Committee on Antimicrobial Susceptibility Testing. Notes: Results are restricted to isolates identified at species sensu stricto level with established CLSI or EUCAST breakpoints. Intermediate category includes isolates classified as Intermediate or Susceptible, increased exposure (EUCAST), or Susceptible, dose-dependent (CLSI). Fluconazole results for *Pichia kudriavzevii* (*Candida krusei*) are not shown due to intrinsic resistance.

Table 3: Antifungal susceptibility testing results by *Candida* species, GLASS-Fungi Pilot, 2017–2021.

Distribution des espèces responsables de fongémie (SINFONI)



Espèce	2024
<i>Candida albicans</i>	993 (44.3%)
<i>Candida parapsilosis</i>	429 (19.1%)
<i>Nakaseomyces glabratus</i> (<i>Candida glabrata</i>)	401 (17.9%)
<i>Candida tropicalis</i>	206 (9.2%)
<i>Pichia kudriavzevii</i> (<i>Candida krusei</i>)	73 (3.3%)
<i>Clavispora lusitaniae</i> (<i>Candida lusitaniae</i>)	55 (2.5%)
<i>Candida dubliniensis</i>	31 (1.4%)

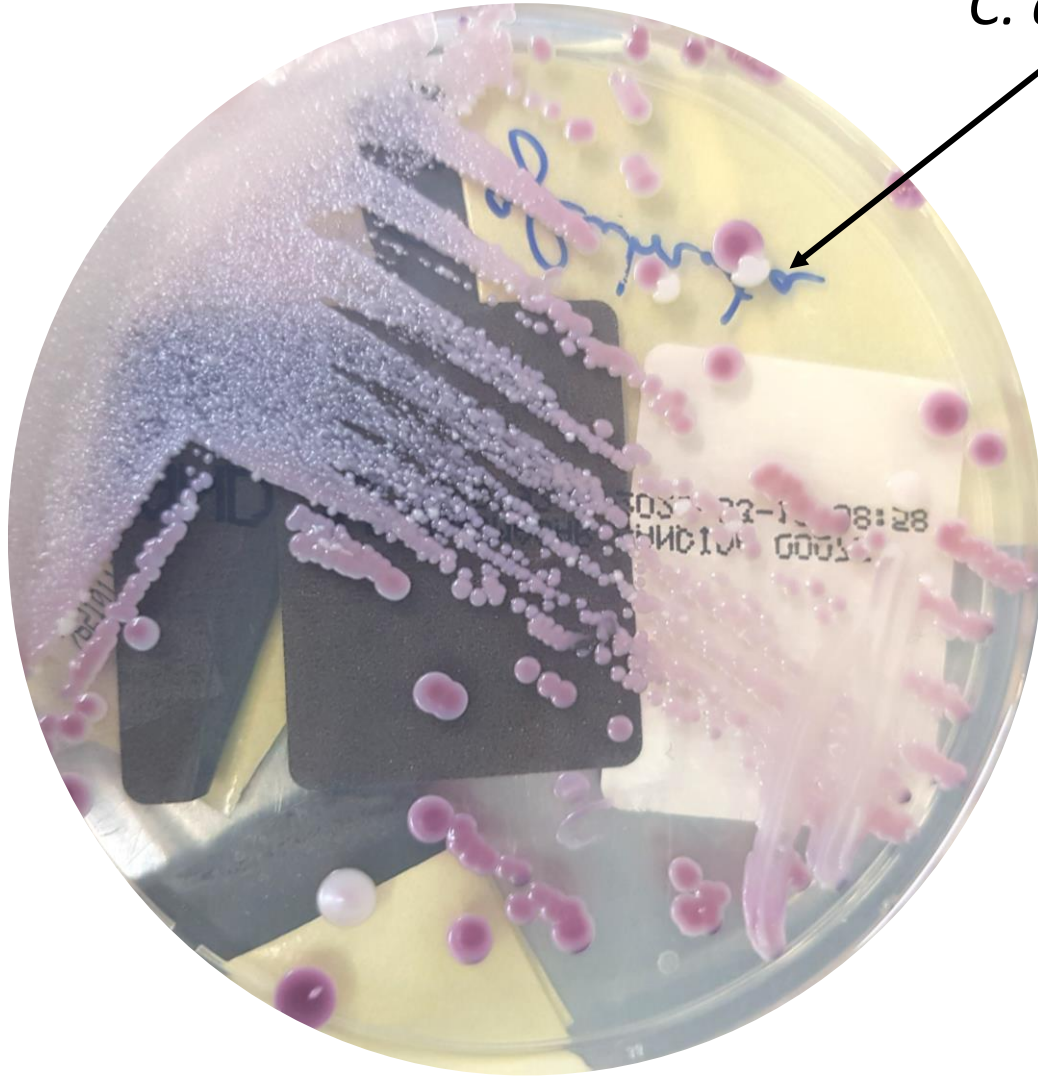
Résistance des isolats de fongémie en France (SINFONI vs. ODL)

Espèce	Etude, nombre d'isolats testés	fluco	vori	echino	5FC
<i>C. albicans</i>	ODL (n=3001)	0,4%	0,4%	0,3%	2,2%
	FlashMIC (n=107)	0%	0%	0%	0%
<i>N. glabratus</i>	ODL (n=1114)	33,6%	-	1,8%	0,9%
	FlashMIC (n=48)	37,5%	-	0%	2,1%
<i>C. parapsilosis</i>	ODL (n=748)	7,9%	4,2%	-	0,7%
	FlashMIC (n=29)	10,7%	3,6%	0%	0%
<i>C. tropicalis</i>	ODL (n=532)	5,6%	7,5%	0,9%	31,9%
	FlashMIC (n=17)	0%	0%	0%	44,4%

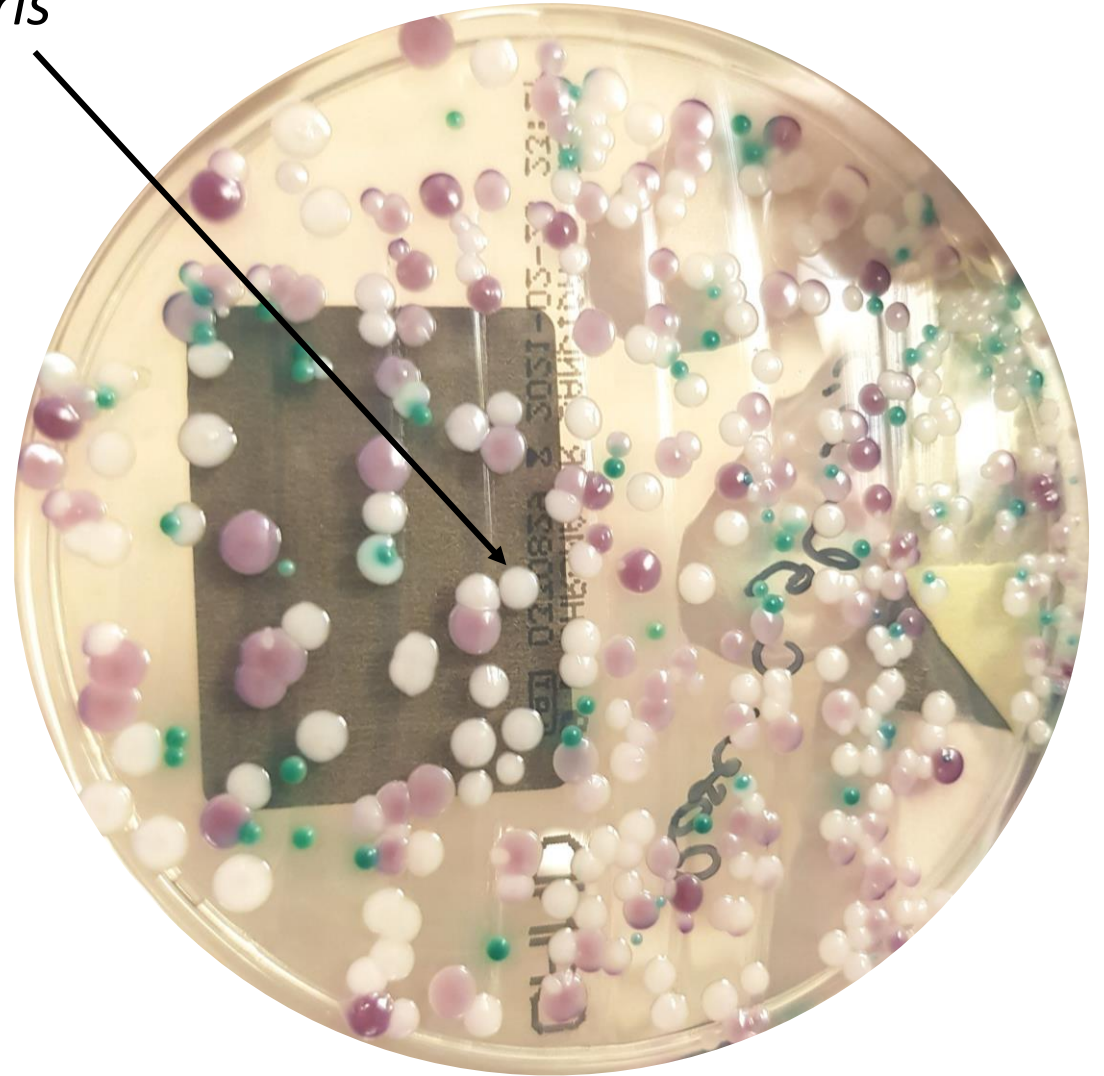
Tableau 14 : données de résistance des espèces fréquentes testées en technique EUCAST au CNRMA lors de la surveillance ODL (de Octobre 2002 à décembre 2022) et lors de l'enquete ponctuelle FlashMIC (mars 2025).

Quelques levures d'intérêt en 2026

C. auris



J+7 blood culture



Skin swab

Identification

- Beige/rosé sur BBL Chromagar (BD)
- Milieu spécifique CHROMagar TM Candida Plus
- Identification efficace par MALDI-Tof, séquençage 26S/ITS, RT-PCR
- Génotypage: microsatellites, séquençage génome entier
 - 6 clades distincts liés à l'origine géographique
 - Clade I, Inde
 - Clade II, Japon
 - Clade III, Afrique du Sud
 - Clade IV, Amérique du Sud (isolats résistants aux échinocandines)
 - Clade V, Iran
 - Clade VI, Singapour
- Étude phylogénétiques=> seuil 5 SNPs associés aux données cliniques pour déterminer la clonalité
 - Clade II semble le moins virulent
 - Majorité des souches du clade II et V sont responsables d'otomycoses
 - Plus de candidémie dans les clades I et IV que dans les autres clades.
 - Clade IV semble être le clade avec la virulence la plus élevée



Candidozyma auris

- Description 2009, Japon oreille
- Identification rétrospective premier cas hémoculture 1996 Corée du Sud
- France: premier cas 2007
- 2011-2012 : apparition simultanée d'infection invasives en Afrique, Asie et Amérique du Sud
- Épidémie, infection nosocomiale car transmission inter-patients lié au support sur les surfaces autour du lit des patients
- Découverte d'une adhésine spécifique de *C.auris* (Surface Colonization Factor, Scf1) associée avec une adhésine conservée Iff4109 => Adhésion sur les supports biotiques et abiotique (Santana *et al* Science 2023)
- Virulence identique à *C. albicans*
- Taux de mortalité: 30-60%

Salt Sabouraud Enrichment Broth (2% glucose, 10% NaCl)

5 g pancreatic digest of casein (Remel, Lenexa, KS, USA), 5 g peptic digest of animal tissue (Neogen, Lansing, MI, USA), and **100 g sodium chloride (NaCl)** dissolved in a liter of deionized (DI) water with 20 g of either dextrose, dulcitol/galactitol, or mannitol (Difco, Franklin Lakes, NJ, USA) as the added carbon source

TABLE 2 Growth results for clinical samples positive for *C. auris* that were directly plated on CHROMagar Candida and processed through the enrichment broth procedure for isolation of *C. auris*

Specimen type	Positive by CHROMagar Candida (% positive) ^a	Positive by Salt SAB Dex broth (% positive)
Vaginal swab	1 (100)	1 (100)
Stool	1 (100)	1 (100)
Urine	2 (100)	2 (100)
Rectal swab	2 (100)	2 (100)
Environmental swab	2 (40)	5 (100)
Groin swab	6 (86)	7 (100)
Nasal swab	5 (63)	8 (100)
Axilla swab	7 (87)	8 (100)
Axilla/groin composite swab	30 (68)	43 (100)
Total specimens tested	56 (73)	77 (100)

^aPercentage of specimens that were found positive by both methods.



40°C 250 rpm agitation

CHROMagar™ Candida Plus: A novel chromogenic agar that permits the rapid identification of *Candida auris*

Andrew M Borman*, Mark Fraser  and Elizabeth M. Johnson

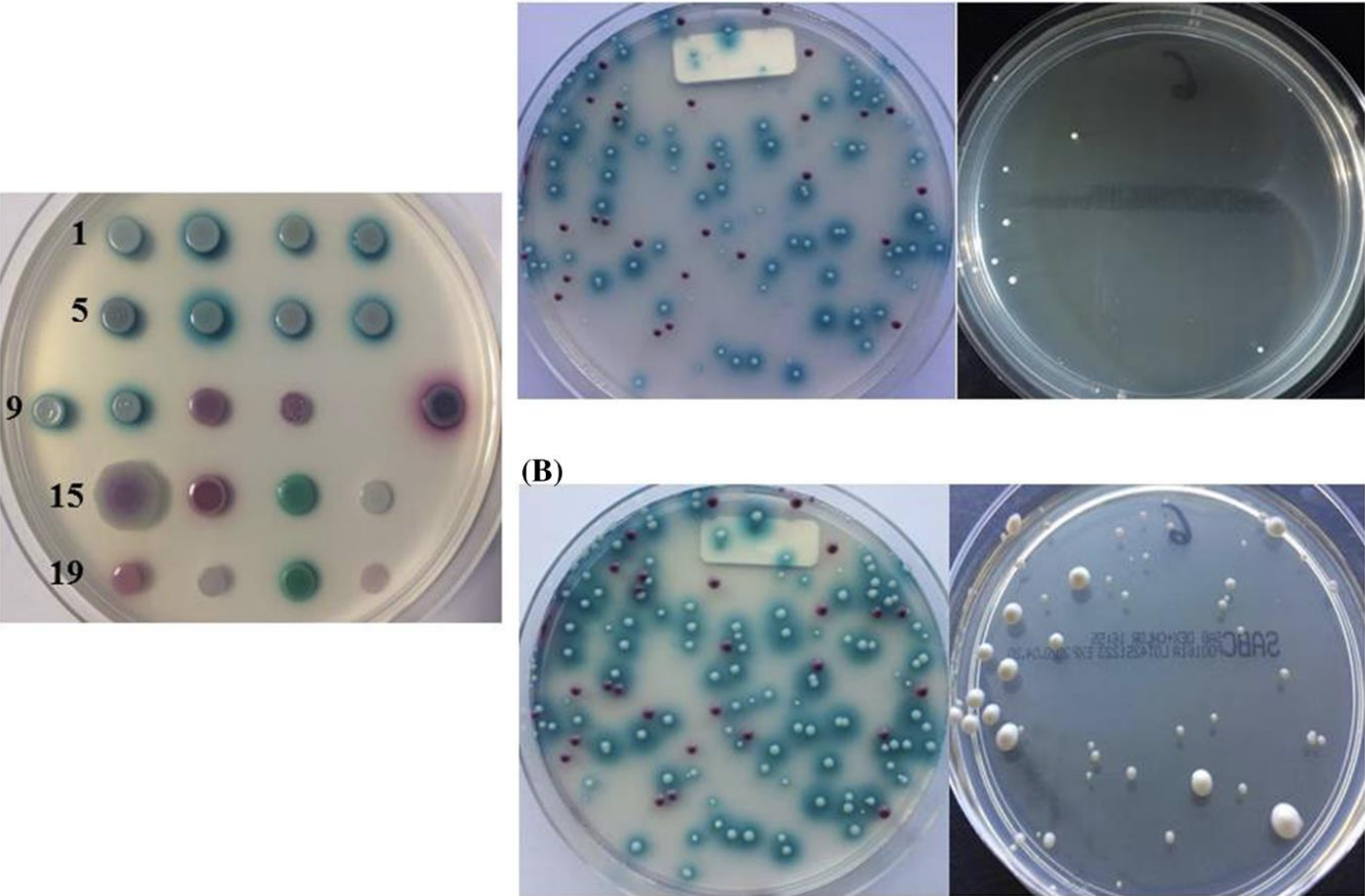
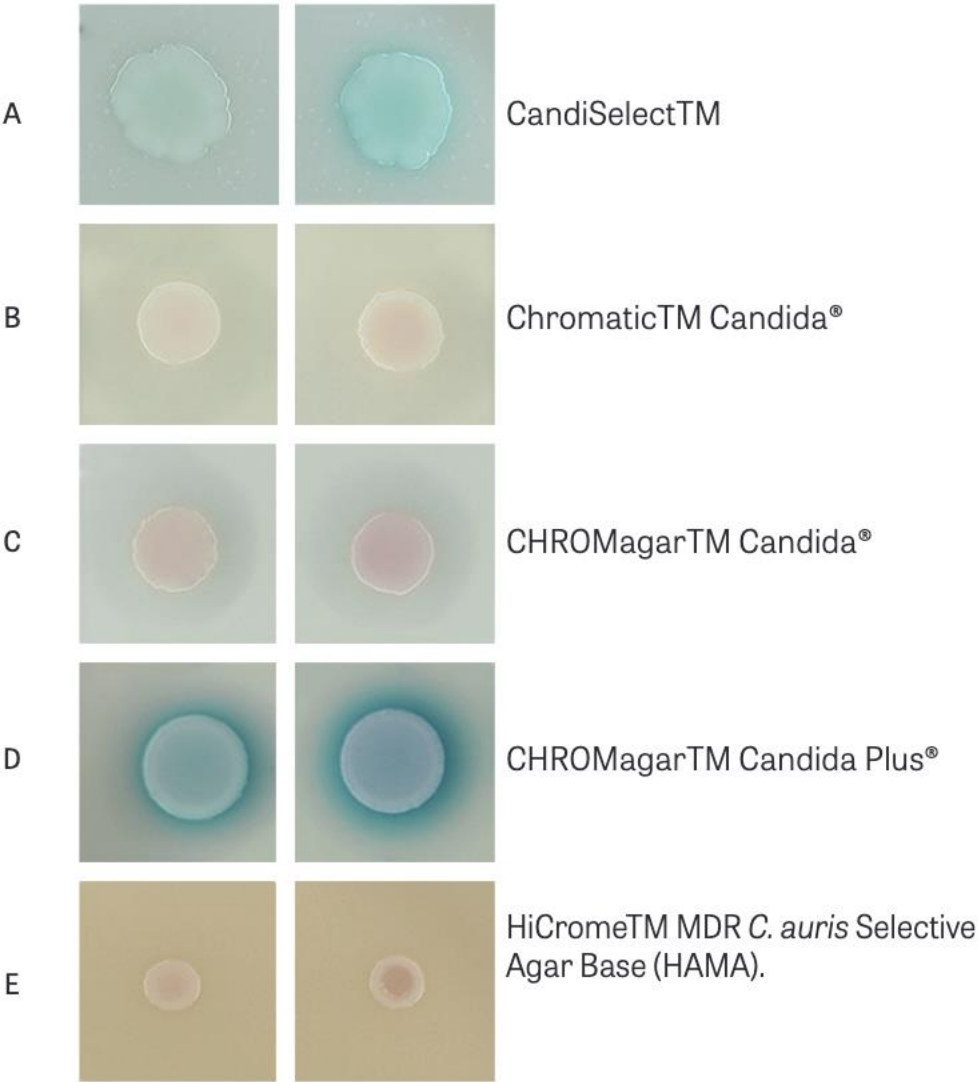
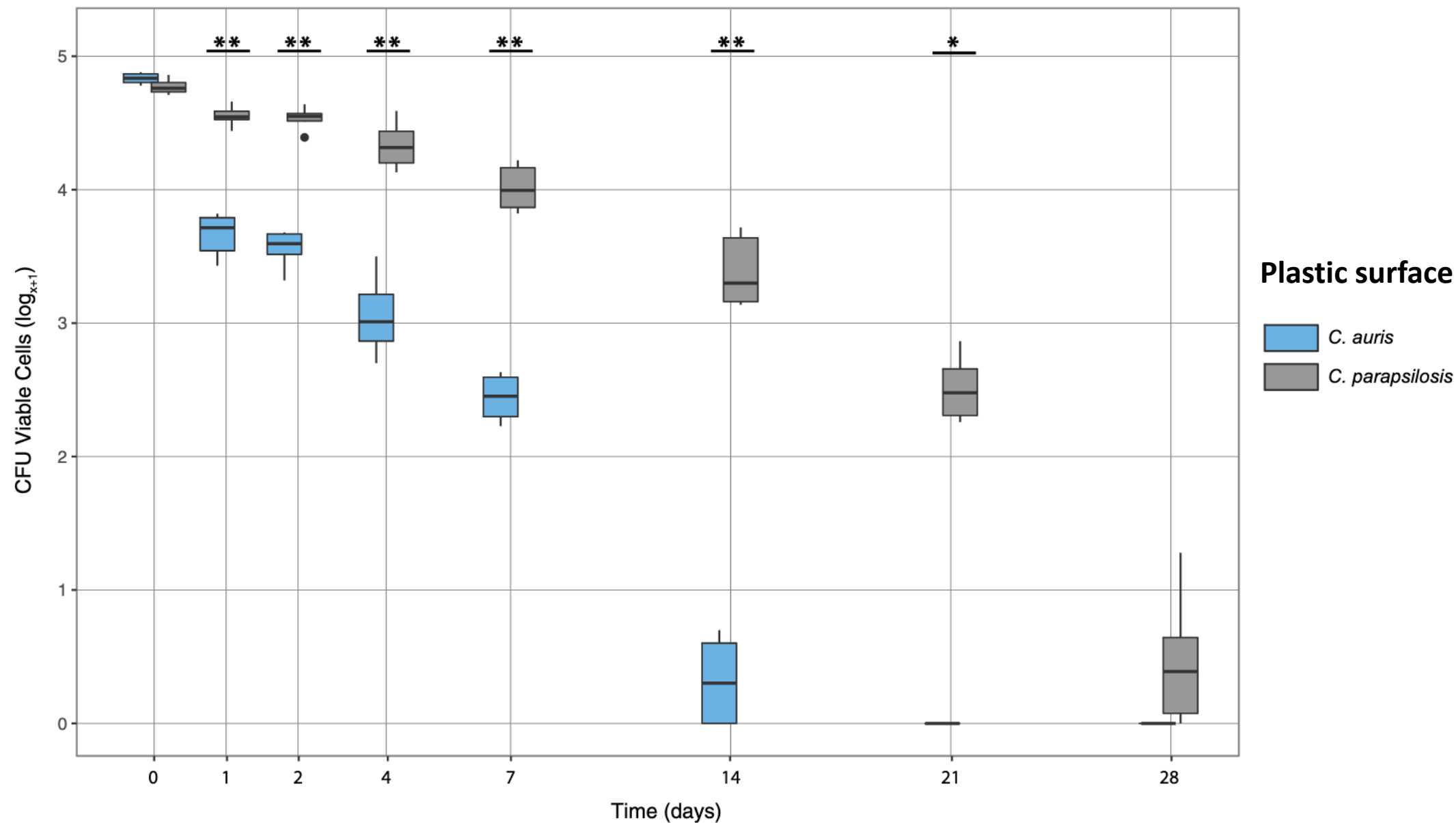


Figure 2 – Aspects des colonies de *Candida auris* sur différents milieux chromogènes.



Culture



MEDIDAS DE PREVENCIÓN Y CONTROL DE LA
TRANSMISIÓN DE *Candida* spp DE ESPECIAL
RELEVANCIA CLÍNICO-EPIDEMIOLÓGICA EN
HOSPITALES DE LA COMUNIDAD DE MADRID

Subdirección General de Vigilancia en Salud Pública.

Dirección General de Salud Pública.

Junio de 2024

Candidozyma auris
azole-R *Candida parapsilosis*

Candida auris Testing by the Antimicrobial Resistance Laboratory Network, United States, 2022–2023

Centers for Disease Control and Prevention Antimicrobial Resistance Laboratory Network – 2016-2026

Jessica E. Laury, Kaitlin Forsberg, Elizabeth L. Berkow, Sophie Jones, D. Joseph Sexton, Dawn M. Sievert, Shawn R. Lockhart, Jeremy A.W. Gold,¹ Meghan Lyman¹

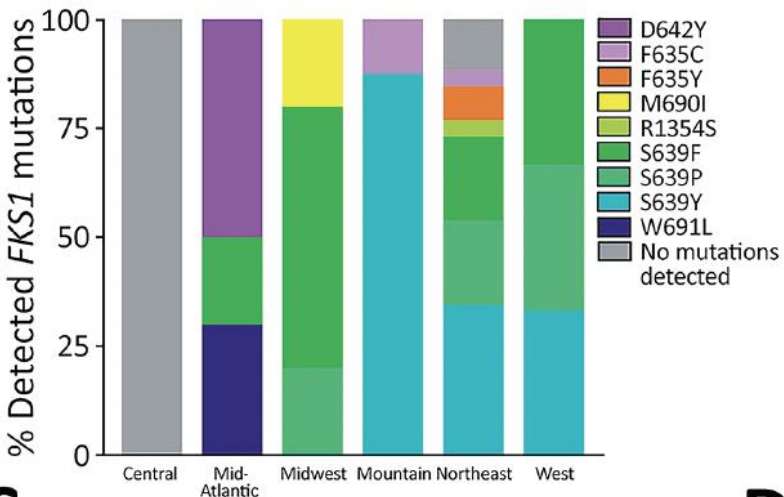
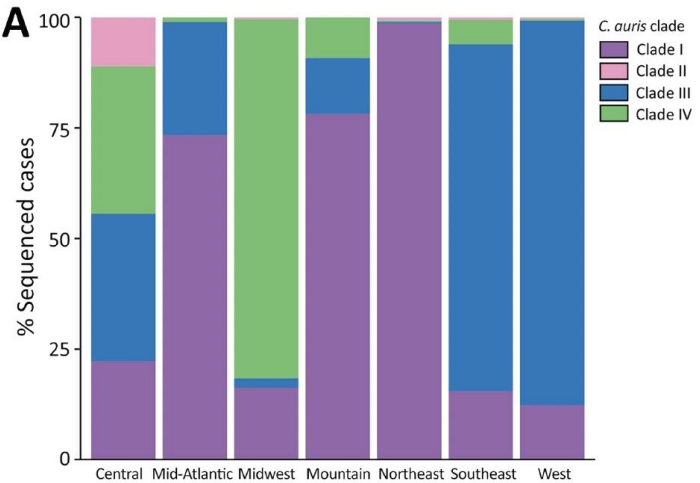
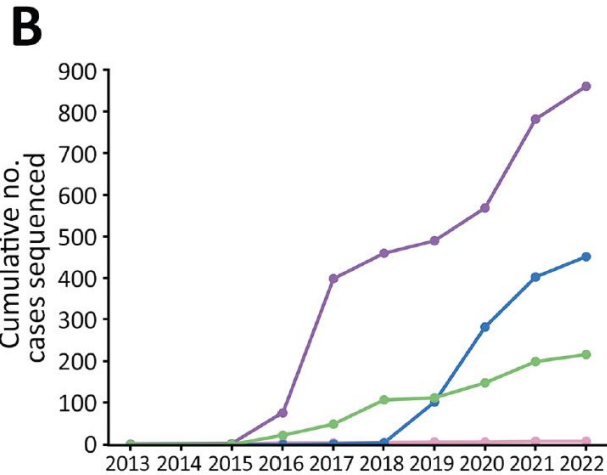
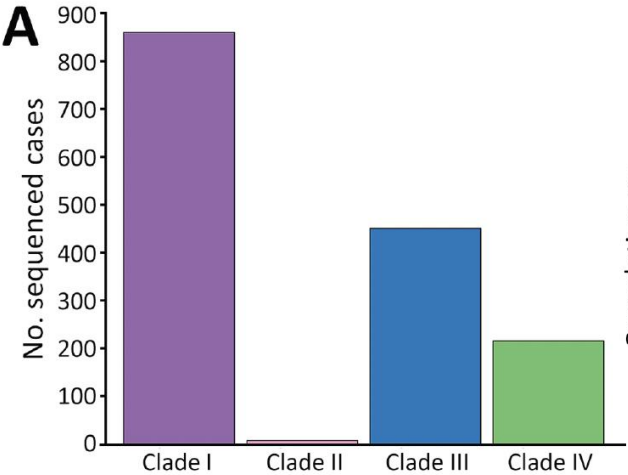
Number of cases increased from <100 in 2016 to >4,500 in 2023

Characteristic	All, no. resistant/no. tested (%)			
	AZO	AMB	ECH	PAN
AR Lab Network region† where specimen collected				
Central	18/18 (100)	4/18 (22)	0/18 (0)	0/18 (0)
Mid-Atlantic	461/469 (98)	290/469 (62)	3/469 (1)	2/469 (0)
Midwest	666/801 (83)	21/799 (3)	13/799 (2)	0/799 (0)
Mountain	449/463 (97)	13/463 (3)	14/463 (3)	1/463 (0)
Northeast	1,418/1,420 (100)	629/1,420 (44)	31/1,420 (2)	10/1,420 (1)
Southeast	1,488/1,603 (93)	61/1,603 (4)	14/1,603 (1)	1/1,603 (0)
West	1,915/1,927 (99)	30/1,792 (2)	14/1,908 (1)	1/1,773 (0)
Not reported	829/893 (93)	80/894 (9)	8/894 (1)	1/893 (0)
Body site				
Blood	2,616/2,734 (96)	469/2,696 (17)	14/2,732 (1)	3/2,694 (0)
Respiratory	746/785 (95)	99/761 (13)	3/778 (0)	0/754 (0)
Urine	2,344/2,477 (95)	354/2,435 (15)	72/2,470 (3)	11/2,426 (0)
Wound	843/872 (97)	89/861 (10)	2/870 (0)	0/859 (0)
Other	695/726 (96)	117/705 (17)	6/724 (1)	2/705 (0)
Total	7,244/7,594 (95)	1,128/7,458 (15)	97/7,574 (1)	16/7,438 (0)

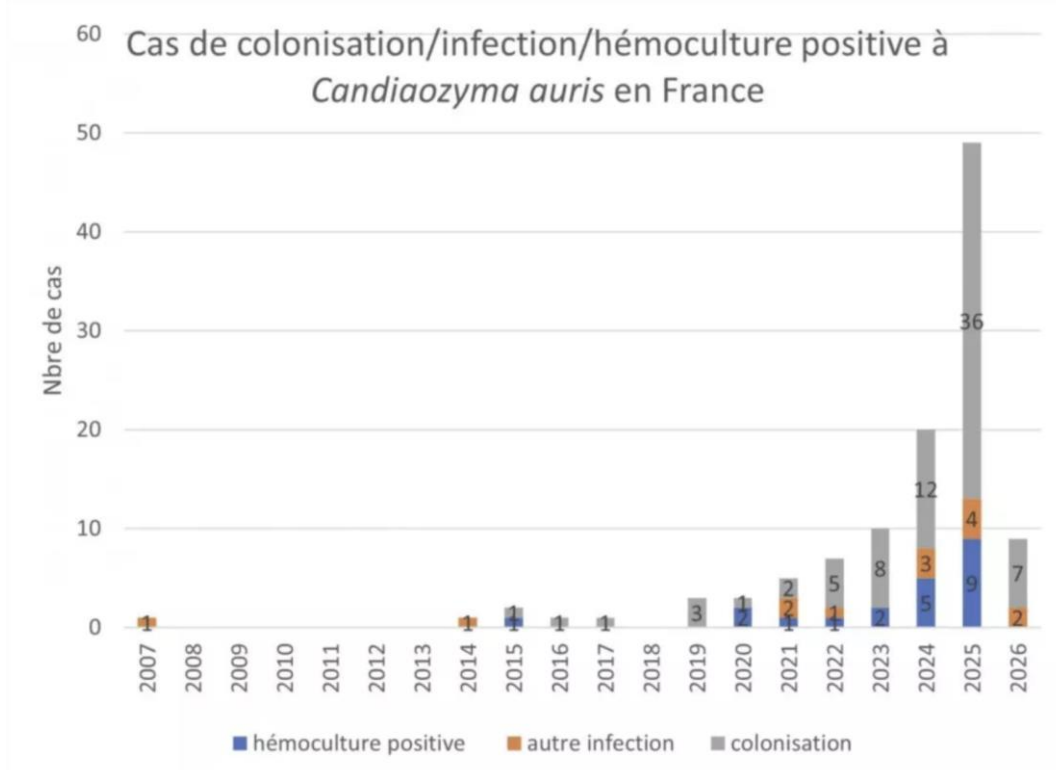
Drug	method	% resistance (n/n)
Fluconazole	CLSI	95% (7,244/7,594)
Echinocandin	CLSI	1% (97/7,574)
Amphotericin B	Etest	15% (1,128/7,458)
PanR		0.2% (16/7,438)

Updated Genomic Epidemiologic Description of *Candida (Candidozyma) auris*, United States

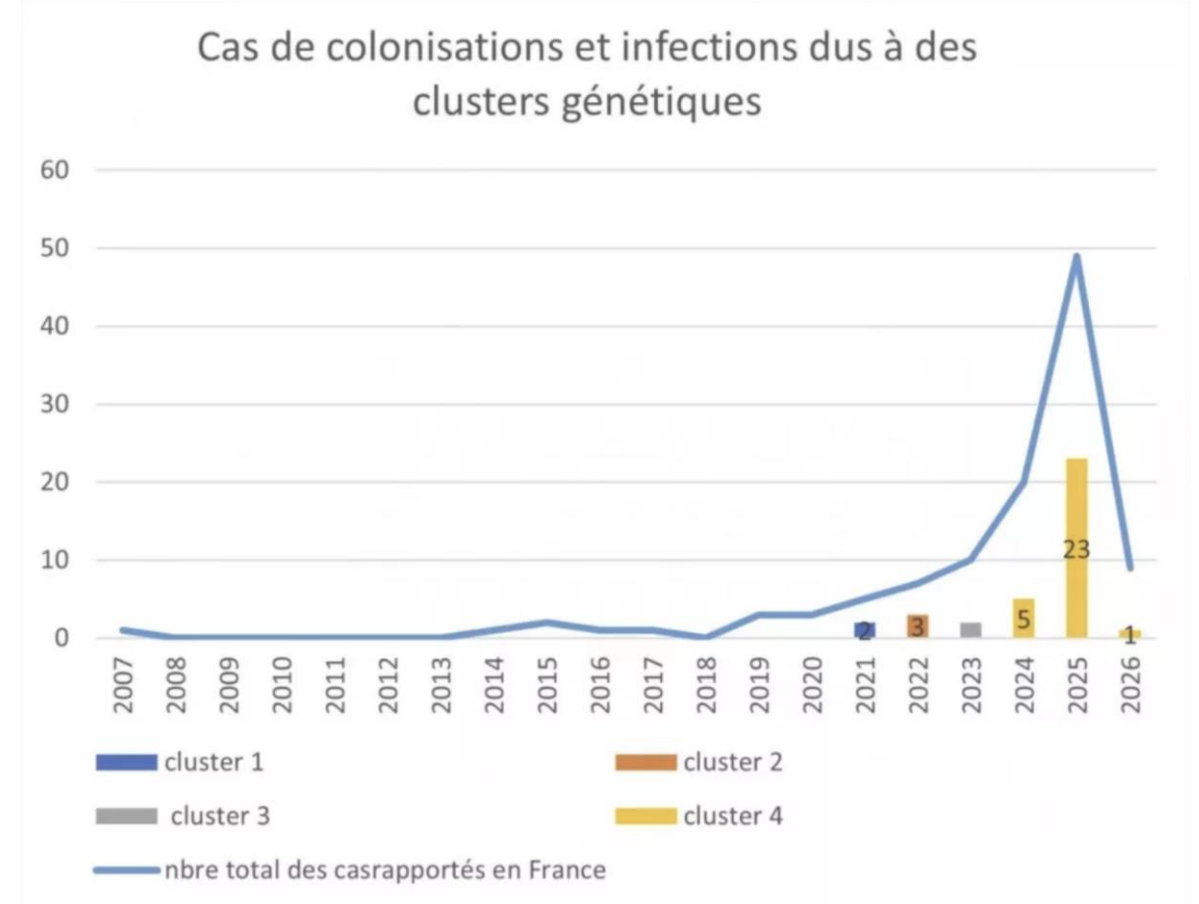
Lindsay A. Parnell, Amanda Ribeiro Dos Santos, Kaitlin Forsberg, Meghan Lyman, Elizabeth Misas, Lalitha Gade, D. Joseph Sexton, Anastasia P. Litvintseva, Nancy A. Chow



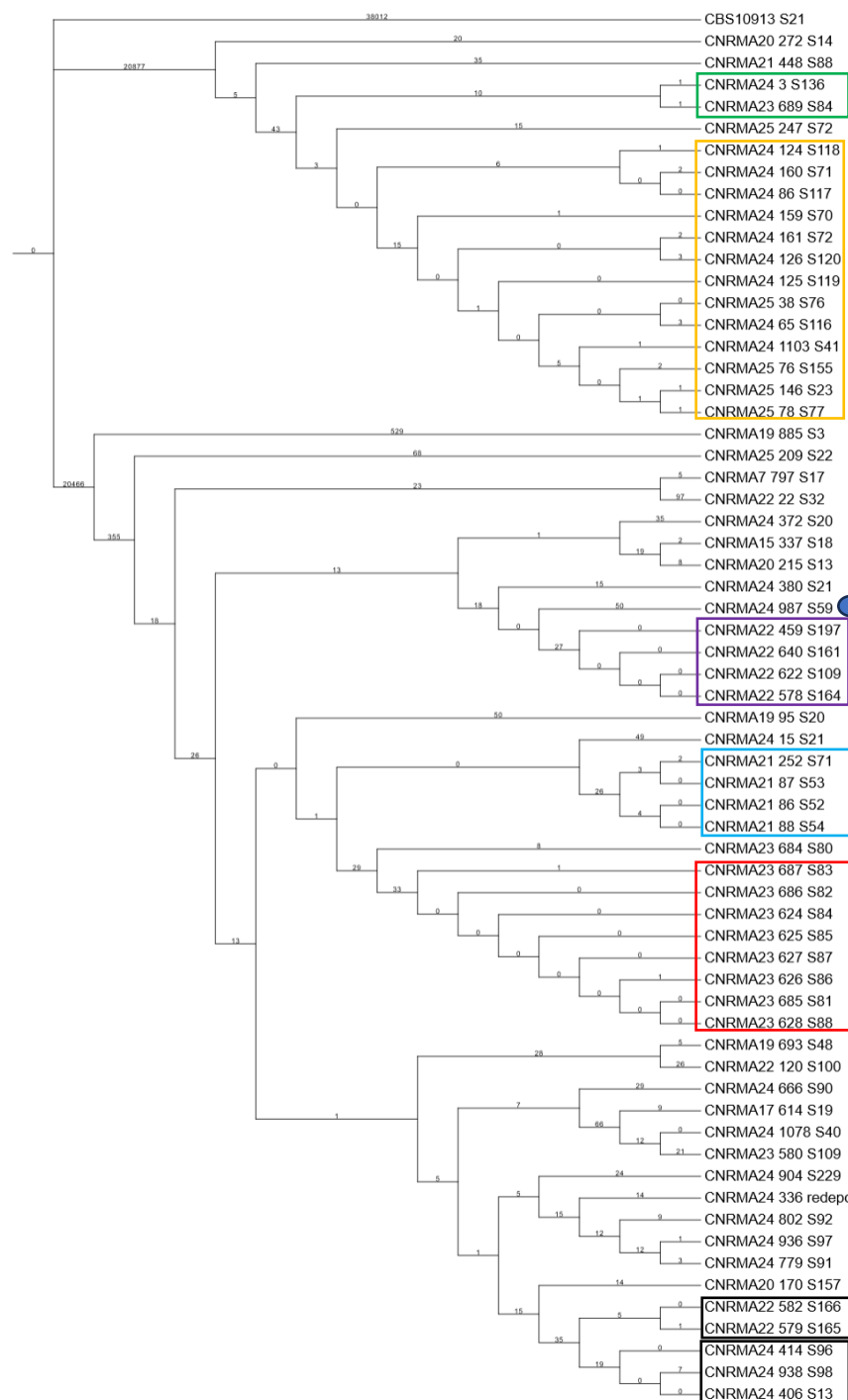
Candidozyma auris en France



73 épisodes de colonisation ou infections



[illegible]



Clade II (Japon, Corée)

Hôpital 1, 2 patients

Clade III (Sud Africain)

Hôpital 2, 8 patients

- Plusieurs isolats pour un même patient
- 3 souches de l'environnement
- 64 souches séquencées (Illumina)

02/11/2024, FEL S, liquide péricardique, Roumanie
Clade I (Indien)

Hôpital 3, 3 patients

Hôpital 4, 2 patients

Hôpital 5, 2 patients + environnement

01/10/2024 DEG O, expectoration, Madagascar

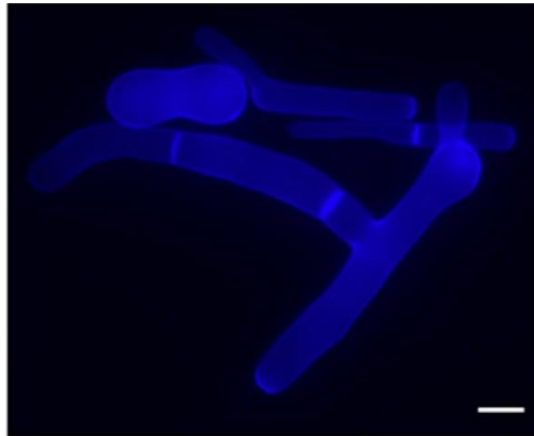
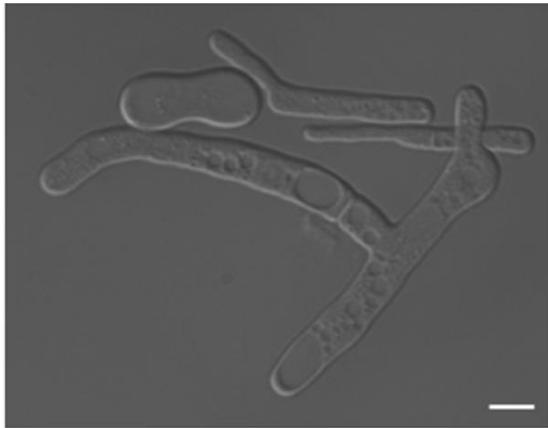
10/09/2024, CAN A, cicatrice post-chir, Crète

08/08/2024, TAL O, hemoculture, Egypte

Sensibilité *in vitro* des souches de *C. auris* reçues au CNRMA (EUCAST)

Valeurs des CMI ₅₀ / CMI ₉₀ (mg/L) pour les antifongiques de 53 isolats de <i>Candida auris</i>								
	AMB	5-FC	Fluco	Vori	Posa	Isavu	Caspo	Mica
Clade I (n=43)	1/1	≤0.12/≥64	64/≥64	1/2	0,03/0,125	0,06/0,25	0.03/0.03	0,25/0,5
Clade III (n=10)	0,5/-	0,124/0,25	≥64/≥64	1/2	0,06/-	0,06/0,125	0,015/0,03	0,25/-

Trichosporon spp.



Clinical Manifestations of Emerging *Trichosporon* spp. Infections, France

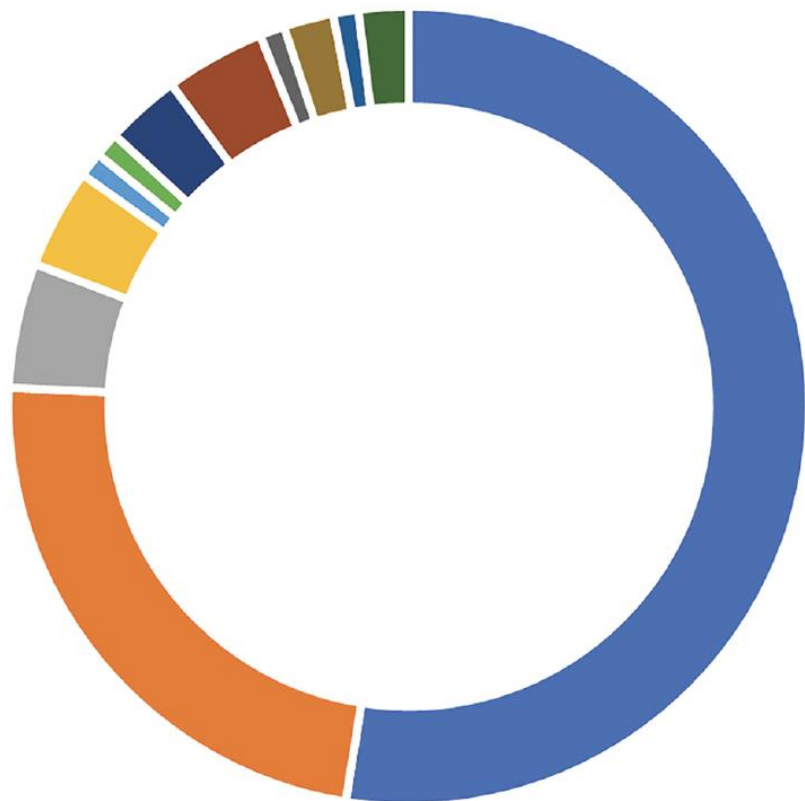
Marie Desnos-Ollivier, Alexandre Alanio, Maud Gits-Muselli, Karine Boukris-Sitbon, Agathe Bertho, Aude Sturny-Leclère, Emilie Guemas, Philippe Poirier, Christine Bonnal, Marie-Elisabeth Bounoux, Sophie Brun, Taieb Chouaki, Nicole Desbois-Nogard, Elisabeth Chachaty, Florence Persat, Marc Pihet, André Paugam, Françoise Botterel, Magalie Demar, Loïc Favennec, Florent Morio, Frédéric Gabriel, Arnaud Fekkar, Jean-Pierre Gangneux, Caroline Mahinc, Valérie Letscher-Bru, Laurence Millon, Frédéric Dalle, Julie Bonhomme, Muriel Nicolas, Boualem Sendid, Milène Sasso, Laure Courtellemont, Anne-Laure Roux, Estelle Perraud-Cateau, Juliette Guitard, Edith Mazars, Olivier Lortholary, Fanny Lanternier

2002–2022, a total of 112 cases of IFD

Table 1. Demographic and clinical characteristics of patients in study of clinical manifestations of emerging *Trichosporon* species infections, France, 2002–2022*

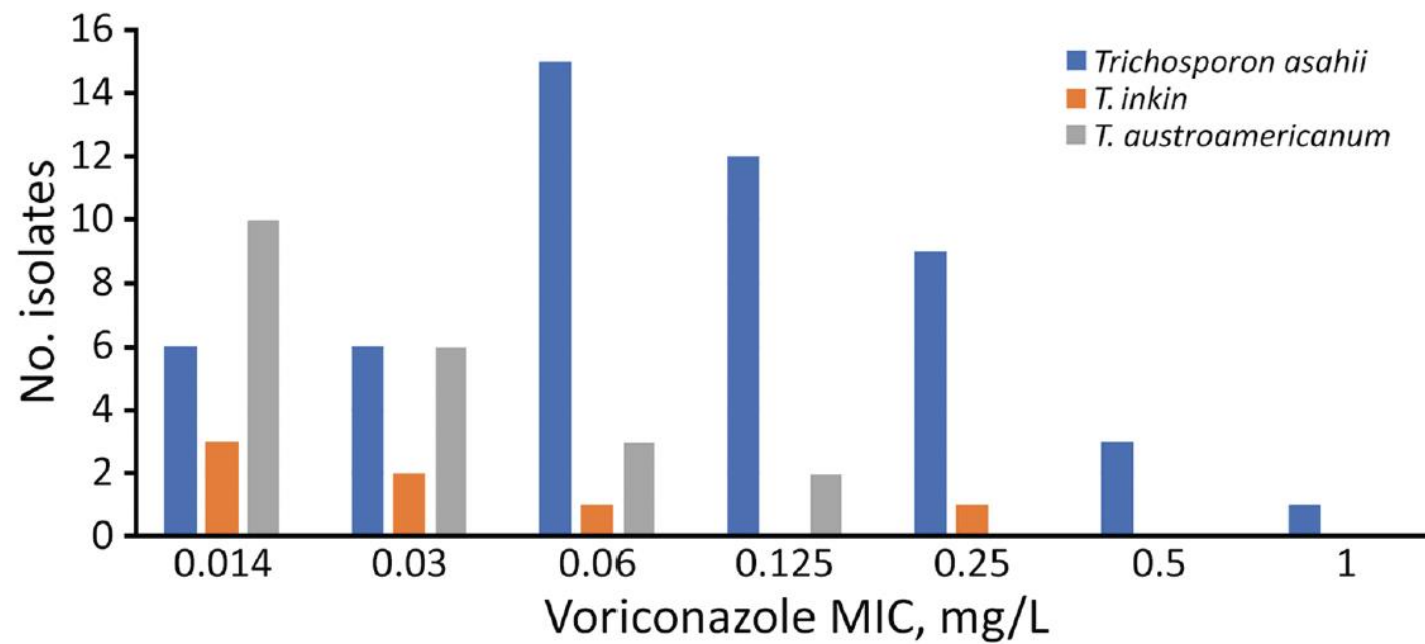
Characteristics	Value
Sex	
M	74 (66.1)
F	38 (33.9)
Age, years, mean $\pm$ SD (range)	43.77 $\pm$ 24.39 (1–90)
<15 y	21 (18.8)
>65 y	20 (17.7)
Clinical information	
Bloodstream infection	87 (77.7)
Bone infection	12 (10.7)
Stay in intensive care unit, n = 98	45 (45.9)
Underlying conditions	
Hematologic malignancy	44 (39.3)
Acute leukemia	25
Lymphoma	13
Recent surgery	32 (28.6)
Solid organ transplantation	14 (11.6)
Kidney	5
Heart	4
Liver	4
Lung	1
Diabetes	12 (10.7)
Risk factors	
Neutropenia	23 (20.5)
Presence of catheter	63 (56.3)
Immunosuppressive treatment	42 (37.5)
Steroids	25 (22.3)
Antifungal exposure	38 (33.9)
Echinocandins	27 (24.1)
Antifungal treatment	101 (90.2)
Containing voriconazole	64 (57.1)
Containing amphotericin B	24 (21.4)
Outcome, n = 99	
Death within 30 days of diagnosis	38 (38.4)

*Values are no. (%) except as indicated.



- *T. asahii*
- *T. coremiiforme*
- *C. mucoides*
- *T. austroamericanum*
- *T. cf. coremiiforme*
- *A. mycotoxinovorans*
- *T. inkin*
- *T. cf. faecale*
- *A. cf. loubieri*
- *T. japonicum*
- *C. dermatitis*
- *A. montevidense*

#2 *T. austroamericanum*



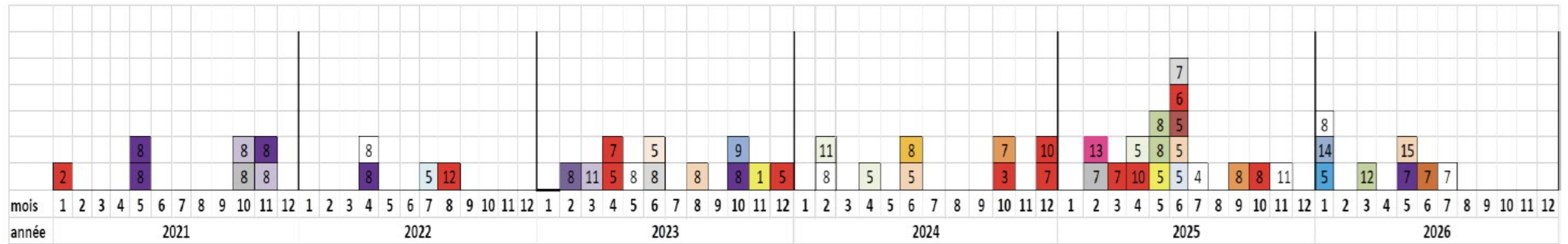
Unveiling *Trichosporon austroamericanum* sp. nov.: A Novel Emerging Opportunistic Basidiomycetous Yeast Species

Elaine C. Francisco  · Marie Desnos-Ollivier  · Chendo Dieleman  ·
Teun Boekhout  · Daniel Wagner de C. L. Santos  ·
José O. Medina-Pestana  · Arnaldo L. Colombo  · Ferry Hagen 

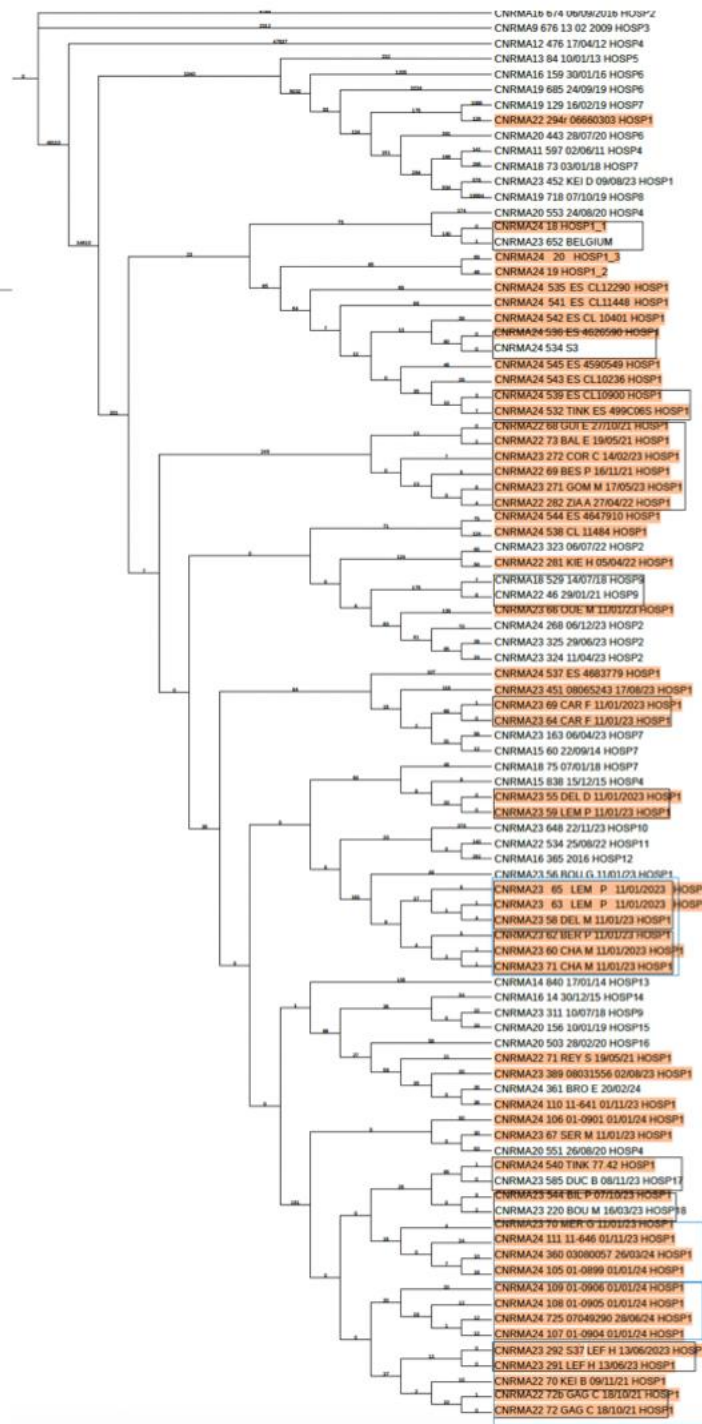
Table 1 Polymorphic sites of the intergenic spacer 1 (IGS1) ribosomal DNA of *Trichosporon austroamericanum* CBS 17435 (ex-type) compared to *T. inkin* CBS 5585^T

Isolate	nt	Sequence alignment / polymorphisms	nt
CBS 5585	1	CCTTTTGGACTCTCTATGTTTGAGATGGACTGGGGGGTAACTCCAGCATGTTAACCATAG	60
CBS 17435	1	G.....CG.....	60
CBS 5585	61	ACAGTTT-ATAAGGAGTTGGTGATCTG-GTGACTTGGTGGCGTGTGT-TGGGAGGGTGTG	117
CBS 17435	61	A.....AA...-.-..AA..GGA...-.-...A..C....TA.....	116
CBS 5585	118	TCCCAGAGAATGGGATT-GGGGACTCGGGGTCGGAGCTCAGCCT-----G-TCT-A-GAT	168
CBS 17435	117	.T.....AG.....T..CAT..T.C..A...TA.....C....CTCCA.A.T.C.G.T.	176
CBS 5585	169	TT-CA--GGT--TT--CGCAC--G-G-T-TGC--CAAGTCCTGGGATGGACTGGGGGAGA	214
CBS 17435	177	..C..CG...GC..CC.....TT.T.C.AA..TA.....A.....	236
CBS 5585	215	CAAGGCCTCTGCAGCAGGCGAGTCTCCAAGTCTCCAAGTTGCCTGGGGCTGTGTCCATG-	273
CBS 17435	237	A.....A.....T.....-...CAA.....--....T	293
CBS 5585	274	-C-TGCATCAG-G-AC-CGAGTGCTTGAGTGTCTGAGCAGAT-GCATGCATGCAACTCTG	327
CBS 17435	294	C.A.....-..A.TG.T.....TC.....G.G.G.....GT..	352
CBS 5585	328	GTGCGG--TGGCCAGAGGTCTCAAGGTGACAAAGTTTCTGAGCTGGCAGGCTGCTGGTAGTCA	385
CBS 17435	353	TC.....T...A..AG.C.....-.....G....	411
CBS 5585	386	TACCGAGTGCTGAGCACTCCTCTTGACTGCAGCACGTCTGCCAGCATCCTTGTGTGAGCT	445
CBS 17435	412	...T.....-.....G...	470
CBS 5585	446	CTGGGCGACCGACTGGCTTATAGGGCAAGTTCCAACATACTGT	488
CBS 17435	471	G.....-.....TG.T.....	512

Trichosporon austroamericanum can be distinguished from the other species belonging to the *Trichosporon* genus by sequencing the intergenic spacer (IGS1) ribosomal DNA locus. The expansion of MALDI-TOF MS databases has enabled the accurate identification of this species and has become a powerful tool capable of distinguishing *T. austroamericanum* from *T. inkin*. Furthermore, *T. austroamericanum* displays a broader range of physiological characteristics compared to *T. inkin*, including the ability to thrive at 45 °C.

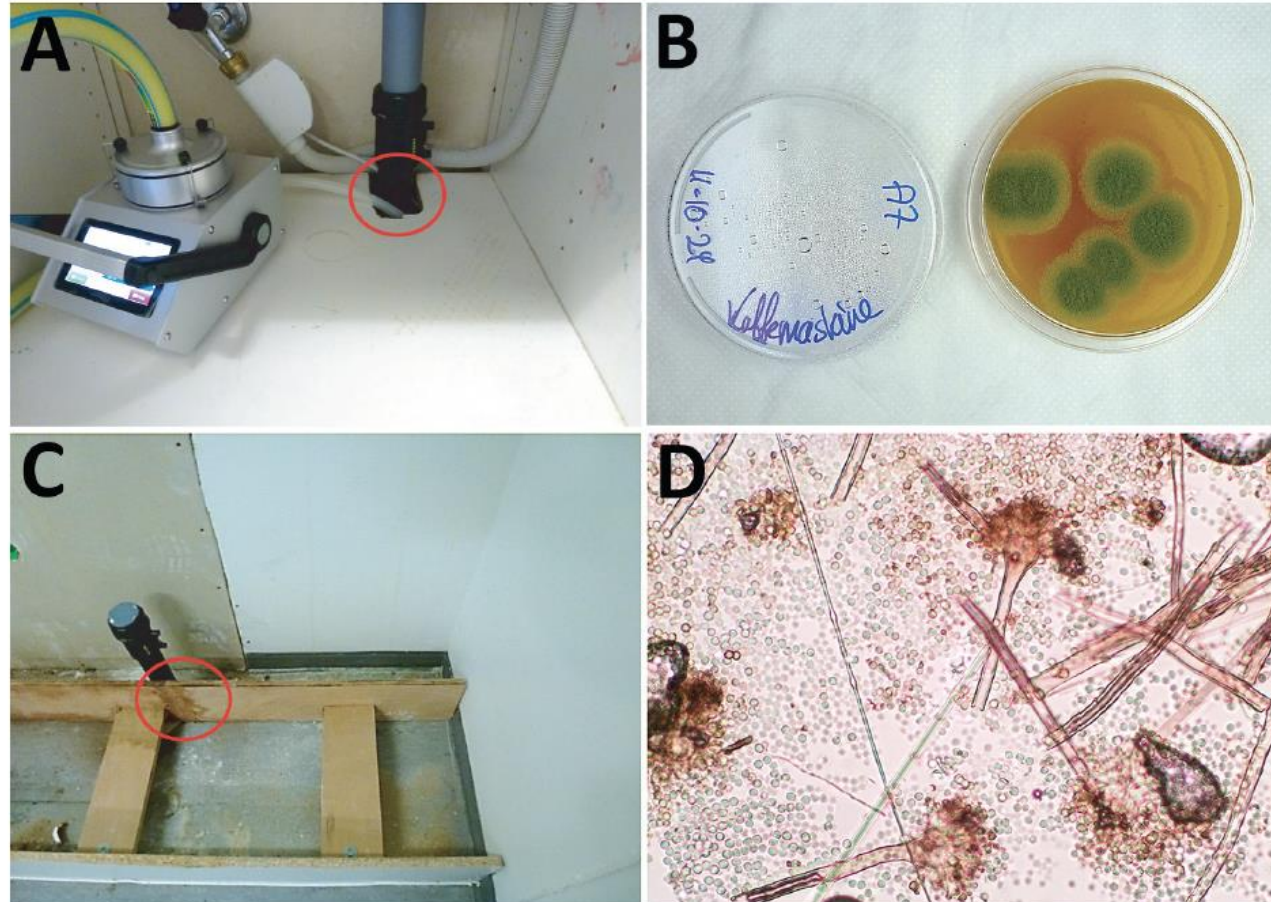


T austro-americanum
Cardiac surgery - Hosp1
Kidney transplant recipients



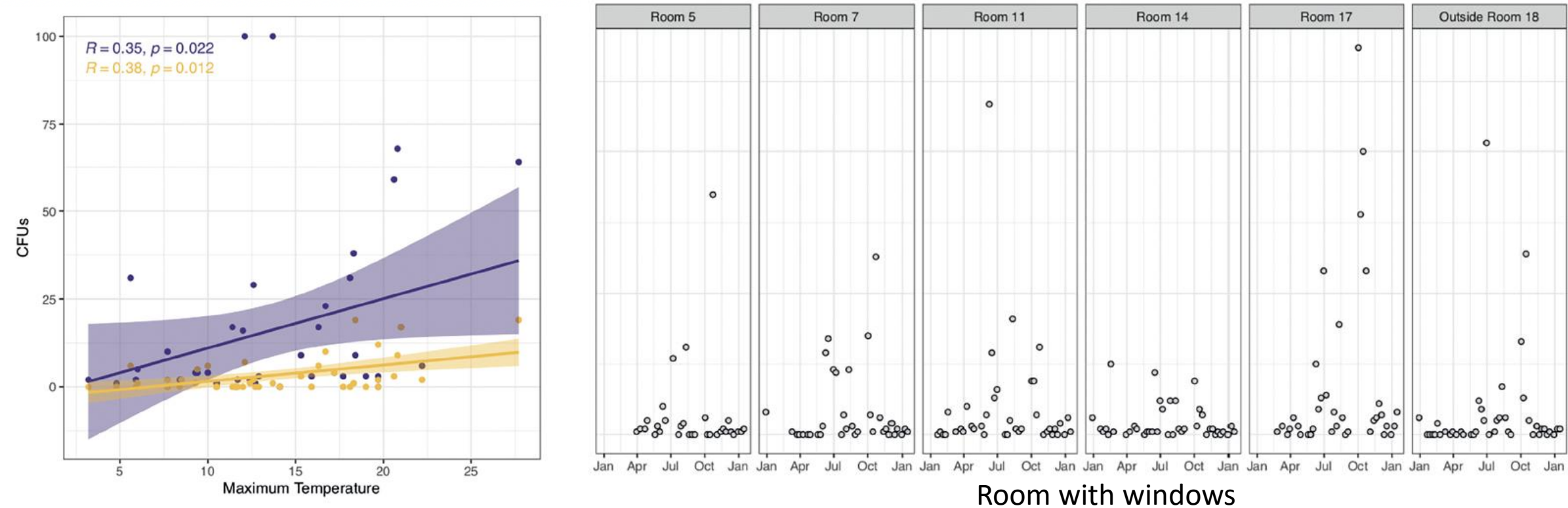
Environmental and Phylogenetic Investigations of *Aspergillus flavus* Outbreak Linked to Contaminated Building Materials, Denmark, 2025

Alexander Gewecke, Raphael Niklaus Sieber, Søren Hallstrøm, Marc Stegger, Barbara Kolarik, Jenny D. Knudsen, Birgitte Andersen, Astrid Hall, Nadja Hawwa Vissing, Maiken Cavling Arendrup



Meteorological Factors Influence the Presence of Fungi in the Air; A 14-Month Surveillance Study at an Adult Cystic Fibrosis Center

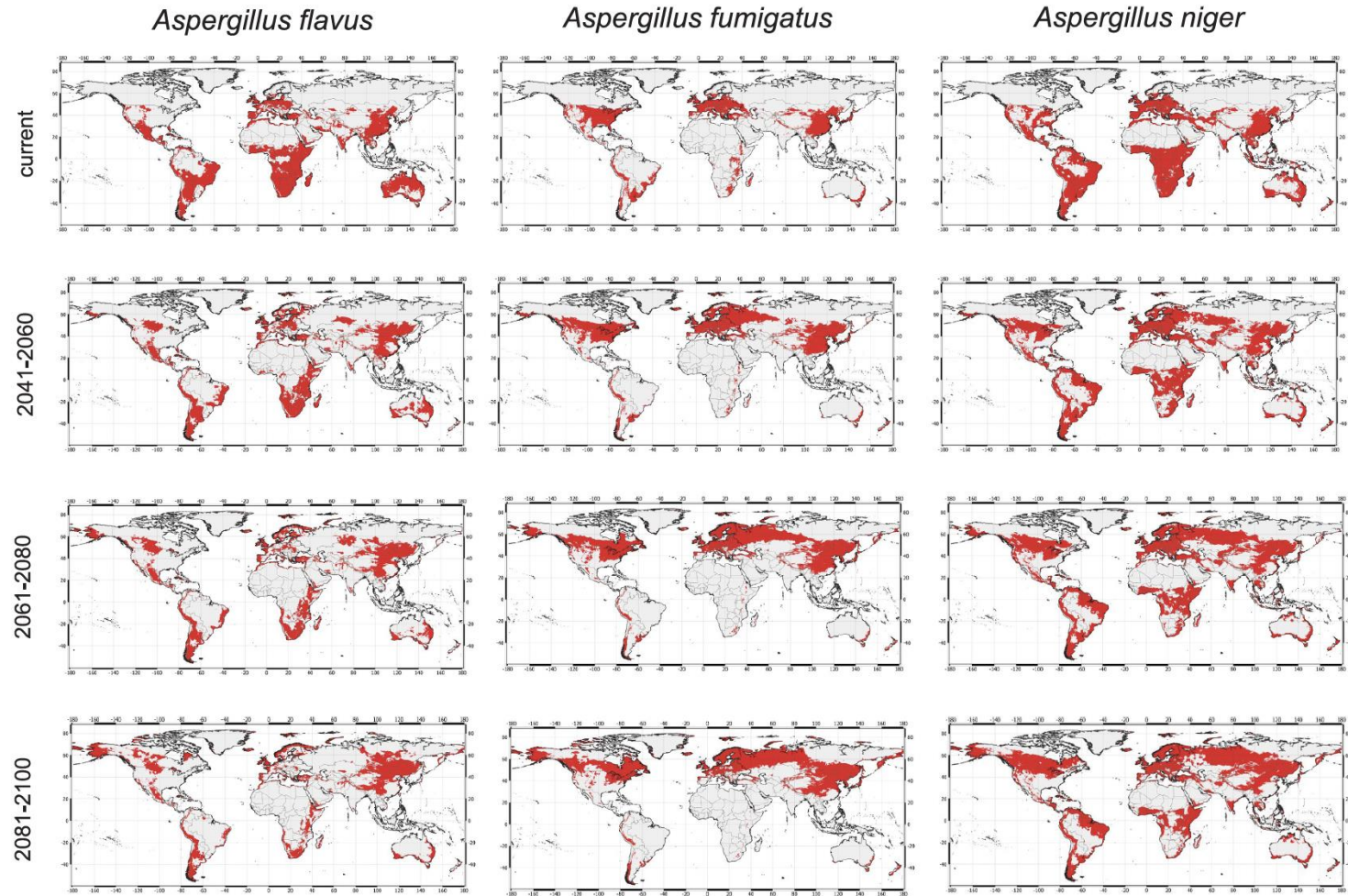
Norman van Rhijn¹, James Coleman^{2,3}, Lisa Collier^{2,3}, Caroline Moore^{3,4}, Malcolm D. Richardson^{1,4}, Rowland J. Bright-Thomas^{2,3} and Andrew M. Innes^{2,3,4*}



Air CFUs Peak from May to October, (outdoor and indoor) samples.
Correlates with elevated temperatures and low wind speeds

Climate change-driven geographical shifts in *Aspergillus* species and the implications for plant and human health

Christopher Uzzell,¹ Jennifer Shelton,² and Norman van Rhijn^{3,4,5,*}



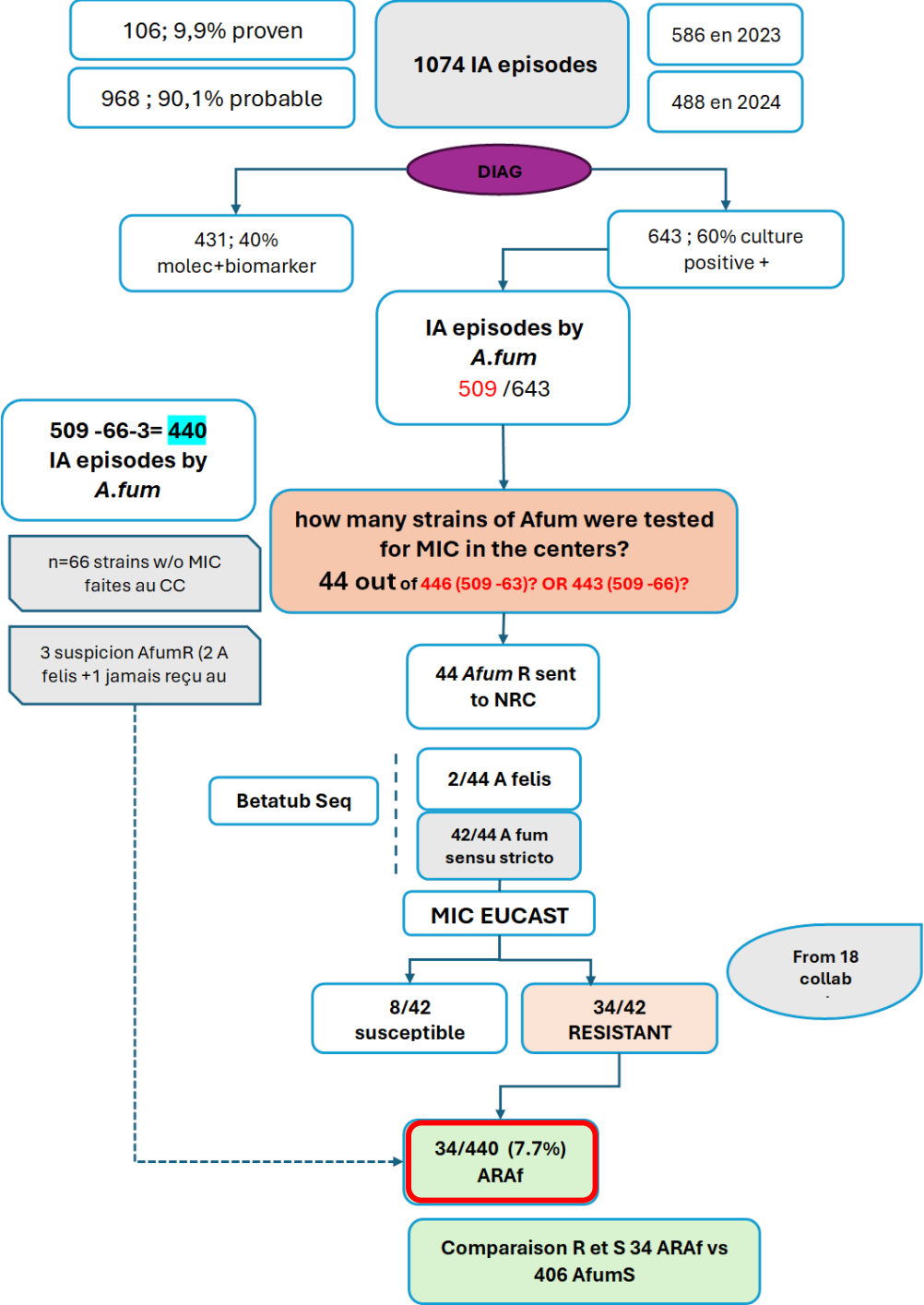
Increasing Prevalence of Triazole Resistance in *Aspergillus fumigatus*: Results from the Two-Year Nationwide SINFONI Surveillance Study in France

Dea Garcia-Hermoso

1074 episodes of invasive aspergillosis (2023-2024)

34/440 (7.7%)

North France >> South France



Discussion/perspective

Modifications de l'épidémiologie des infections fongiques invasives

Population plus à risque (plus âgés, plus sévères, plus ID)

Pression antifongique médicale et environnemental

Modifications des habitats réchauffement climatique et événements climatiques extrêmes

Remerciements

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- Fanny Lanternier: Responsable
- Alexandre Alanio: Adjoint – *Resp. Groupe Recherche*
- Olivier Lortholary: Adjoint
- Dea Garcia-Hermoso: Adjoint
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- Karine Boukris-Sitbon : Médecin étude clinique
- Emilie Fruquière: Technicienne
- Nathalia Arrifana Technicienne
- Aude Sturny-Leclère: Ingénieure *Groupe recherche*
- Eric Dannaoui : Collaborateur
- Laurence Millon : Collaborateur
- Florent Morio: Collaborateur



Hôpital Saint-Louis APHP

Médecins du CTB -> recommandation APHP

SFMM

SF2H

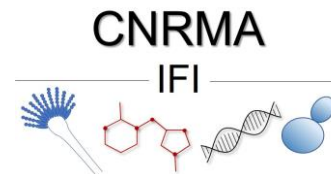
CLIN central APHP

Sandra Fournier -> recommandation APHP



Merci pour votre attention

CNR Mycoses Invasives et Antifongiques, Institut Pasteur
Laboratoire de parasitologie-mycologie de l'Hôpital Saint-Louis
Université Paris Cité



Genotype–Phenotype Relationships in Azole-Resistant *Aspergillus*: Two Sides of the Same Coin

Merlijn H. I. van Haren ¹, Willem J. G. Melchers ¹, Jianhua Zhang ¹, Sarah Dellière ^{2,3}, Christine C. Bii ⁴, Felicia A. Stanford ⁵, Michael Voetz ⁶, P. Lewis White ⁷, Paul S. Dyer ⁵, Suzan D. Pas ¹, Paul E. Verweij ^{1,8} and Jochem B. Buil ^{1,8,*}

