Table 1. Species distribution of isolates in wards and ICU.

Ward/ICU	Department	*Candida albicans*	*Candida tropicalis*	*Candida parapsilosis*	*Candida metapsilosis*	*Candida glabrata*	Total isolates
Ward	Paediatric general ward	11	4	2	-	-	17
	Paediatric cardiology ward	0	2	-	1	-	3
	Neonatal ward	2	-	-	-	-	2
	Total (wards)	13	6	2	1	-	22
ICU	Paediatric ICU	2	3	2	1	-	8
	Paediatric surgery ICU	5	6	-	--	1	12
	Neonatal ICU	4	4	1	1	-	10
	Total (ICU)	11	13	3	2	1	30
	Overall Total	24 (46.2%)	19 (36.54%)	5 (9.6%)	3 (5.76%)	1 (1.9%)	52

Table 2. MIC (in µg/ml) distribution for *Candida* isolates.

Antifungal tested	*Candida albicans* (n=8)		*Candida tropicalis* (n=7)		*Candida metapsilosis*	*Candida parapsilosis*
	Ward(n=3)	ICU(n=5)	Ward(n=3)	ICU(n=4)	ICU(n=1)	ICU(n=1)
Amphotericin B	0.5	0.25–0.5	0.5	0.25–0.5	0.25	0.5
Fluconazole	0.125 – 0.2	0.125 – 0.2	0.125 – 0.2	0.25	0.25	0.125
Caspofungin	0.06	0.015–0.125	0.125-0.25	0.015-0.125	0.125	0.06
Micafungin	0.015	0.015	0.015	0.015	0.015	0.015
Voriconazole	0.03-0.125	0.03	0.03	0.03	0.03	0.03
Itraconazole	0.03-0.125	0.03	0.03	0.03	0.125	0.03

P026

Antifungal activity of a novel triazole and comparators against a large collection of identified *Aspergillus* isolates

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Aspergillus species are capable of causing both invasive disease and chronic infections in immunocompromised patients or those with preexisting lung conditions. Management of superficial aspergillosis is a significant challenge owing to the frequent relapses and treatment failure, which may pose a potential risk, thereby gradually developing resistant species. So, necessitating the development of new antifungals with higher potency should be considered alternative strategies for efficient management of aspergillosis. We investigated the susceptibility patterns of *Aspergillus* isolates toward efinaconazole compared with various antifungal drugs. Antifungal susceptibility testing was performed according to the CLSI (M38) guidelines. Efinaconazole exhibited poor activity against azole-resistant *A. fumigatus* strains, *A. niger sensu stricto*, and *A.* tubingensis with GM MIC values of 3.62, 1.62, and 2 mg/l, respectively; however, surprisingly, it efficiently inhibited the growth of *A.* terreus *sensu stricto*, followed by wild-type *A. fumigatus* and *A. flavus* with GM MIC values of 0.29, 0.42, and 0.52 mg/l, respectively. Presumably, efinaconazole is inefficient in aspergillosis treatment due to the low susceptibility of *A. niger sensu stricto*, *A.* tubingensis, and azole-resistant *A. fumigatus*; however, it may be effective in treating superficial aspergillosis caused by susceptible *A. fumigatus*, *A.* terreus *sensu stricto*, and *A. flavus*. Differences in susceptibility patterns were observed between the gener*A.* Awareness of the epidemiology of *Aspergillus* isolates and differences in antifungal susceptibility patterns around the globe may aid clinicians in choosing antifungal treatment regimens. However, studies are warranted to correlate these findings with clinical outcomes. Therefore, further studies are needed to determine how these findings may translate into *in vivo* efficacy.

P027

Early warning bells: emergence of fluconazole resistance in *Candida parapsilosis*

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Objectives: To study the susceptibility patterns in blood isolates of Candida *parapsilosis* at a tertiary care center.

Methods: This was a retrospective observational study of nine cases of candidemia due to *C. Parapsilosis* over a period of 1 year. Data were collected using the hospital's electronic health records. Species identification was done using Matrix-Assisted Laser Desorption and Ionization-Time of Flight Mass Spectrometry (MALDI-TOF-MS) (Bruker Biotyper Sirius-Bruker Daltonics, Bremen, Germany). Antifungal susceptibility was performed by broth microdilution method using Sensititre™ YeastOne™ YO1O AST Plates (Thermofisher Scientific, USA).

Results: All patients with *C. parapsilosis* bloodstream infection had central venous access and all patients had received broad-spectrum antibiotics at the time of developing candidemia. Four patients developed *C. parapsilosis* candidemia in the post coronavirus disease 2019 (COVID 19) setting. Out of the 9 isolates, 7 (77.7%) were resistant to fluconazole, 2 were resistant to voriconazole and posaconazole, and 1 isolate was resistant to amphotericin. A total of 4/9 patients were started on fluconazole prior to antifungal susceptibility testing; 3 of these needed to be switched to an echinocandin due to fluconazole resistance.