Tertiary care medical centres representing 8 of 10 Canadian provinces submitted candida isolates from patients attending to hospital clinics, emergency rooms, medical/surgical wards, and intensive care units.

Susceptibility testing was performed using CLSI M27-S3 broth microdilution method and the new provisional species-specific breakpoints (BP) for triazoles and echinocandins. Data is presented only for species with ≥10 isolates collected. Results: In total, 170 and 134 candida isolates from 2007 and 2010, respectively, were collected. C. albicans (CALB) was the predominant species, followed by C. glabrata (CGLA) and C. parapsilosis (CPA). MICs and susceptibility rates (%) are shown below. Notably, C. glabrata resistance rates to caspofungin (Cas) and voriconazole (Vor) using provisional BP of ≤0.125 and ≤0.25, respectively, were 61% and 11% in 2007 and 59% and 20% in 2010. In 2010, Caspofungin MICs greater than the ECV of 0.125 mg/L was observed in more than half of C. glabrata isolates in both study periods. In 2007, MICs ≥0.125 mg/L of the 39 isolates tested, 13 and 16 had an MIC of 0.125 mg/L and 0.25 mg/L, respectively. In 2010, the MIC range was 0.12 to 2.0 mg/L. C. glabrata isolates each for C. dublinensis, C. krusei, C. lypiotica, and C. lusitaniae. Susceptibility data is shown in Table 1.

Caspofungin resistance for C. albicans was 5% in 2010 with an MIC of 0.03 and MIC range ≤0.15 to 2.0 mg/L. In 2007, the MIC was 0.12 mg/L, MIC range of 0.06 to 0.25 mg/L.

REFERENCES

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