

Not all fungi are the same

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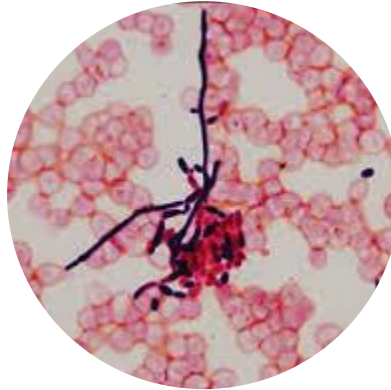
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@okurzai

Candidemia yesterday...

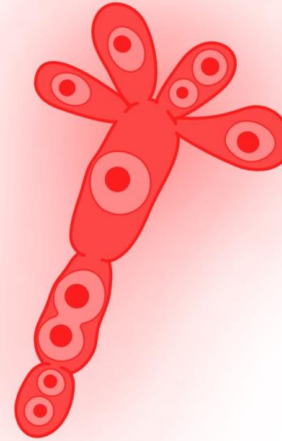


> 50% *Candida albicans*

- well known optimum treatment
- established source management
- hardly any resistance
- no IPC measures

Issues for Clinical Management

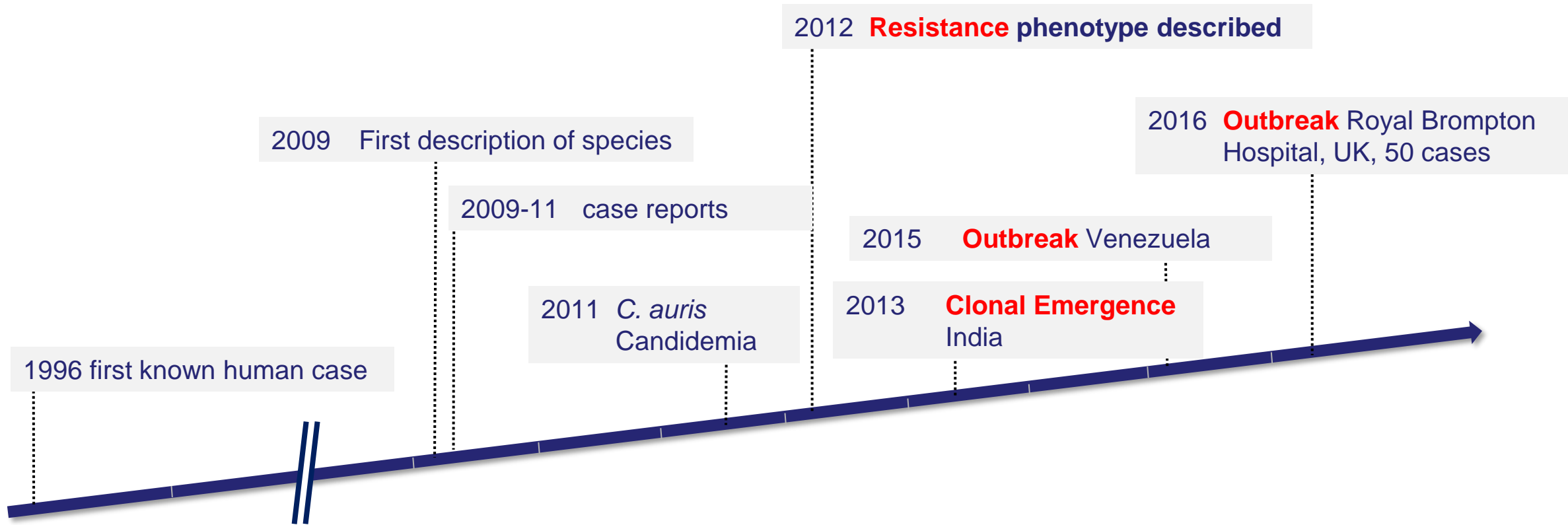
- Novel & emerging pathogens
- Acquired drug resistance
- Hospital transmission



Fungal „Superbug“

**WHO fungal priority
pathogens list to guide
research, development and
public health action**

Candida auris



Antifungal Drug Resistance & Patient to Patient Transmission

Candida auris – phylogeographic Clades

Clade IV
South America

Clade V
Iran (2018)

„oldest“ known
isolate (1996)

species
description (2009)

Clade II
East Asia

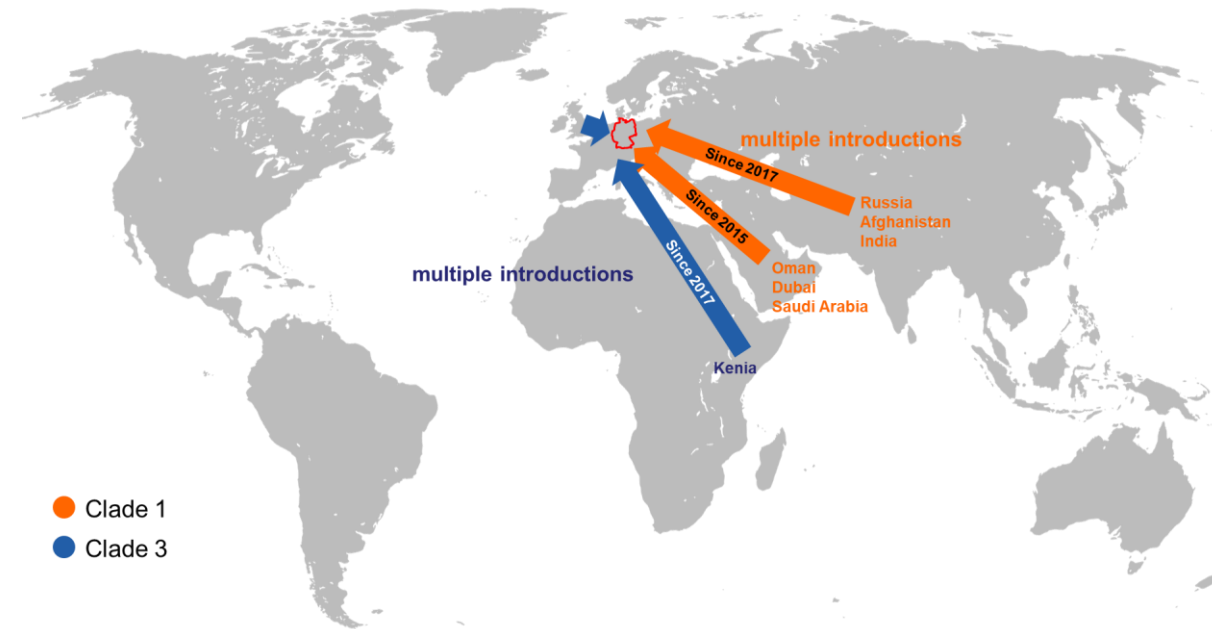
Clade I
South-East Asia

Clade VI (2023)
Singapur, 3 Isolate

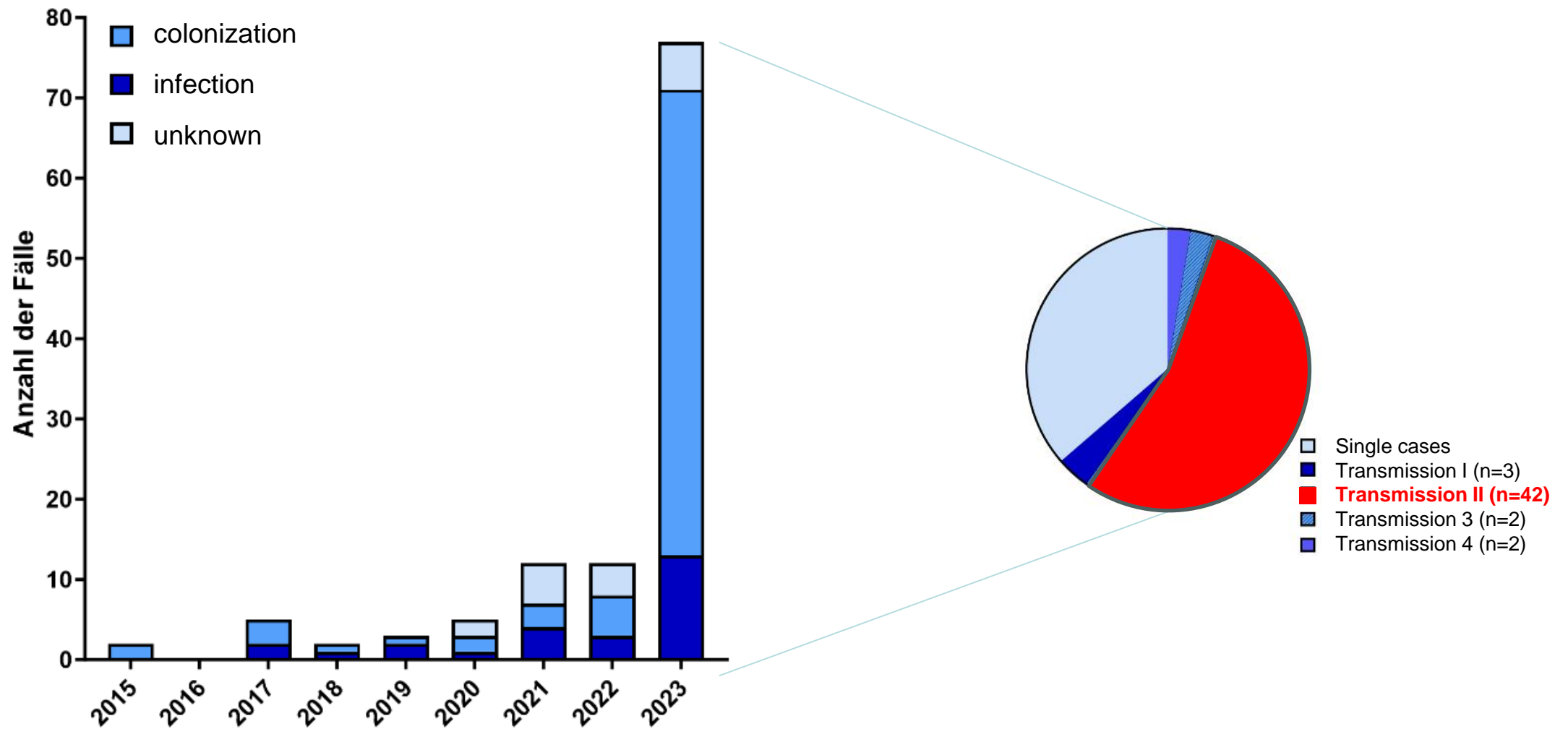
Clade III
Africa

C. auris in D – Invasion into Germany

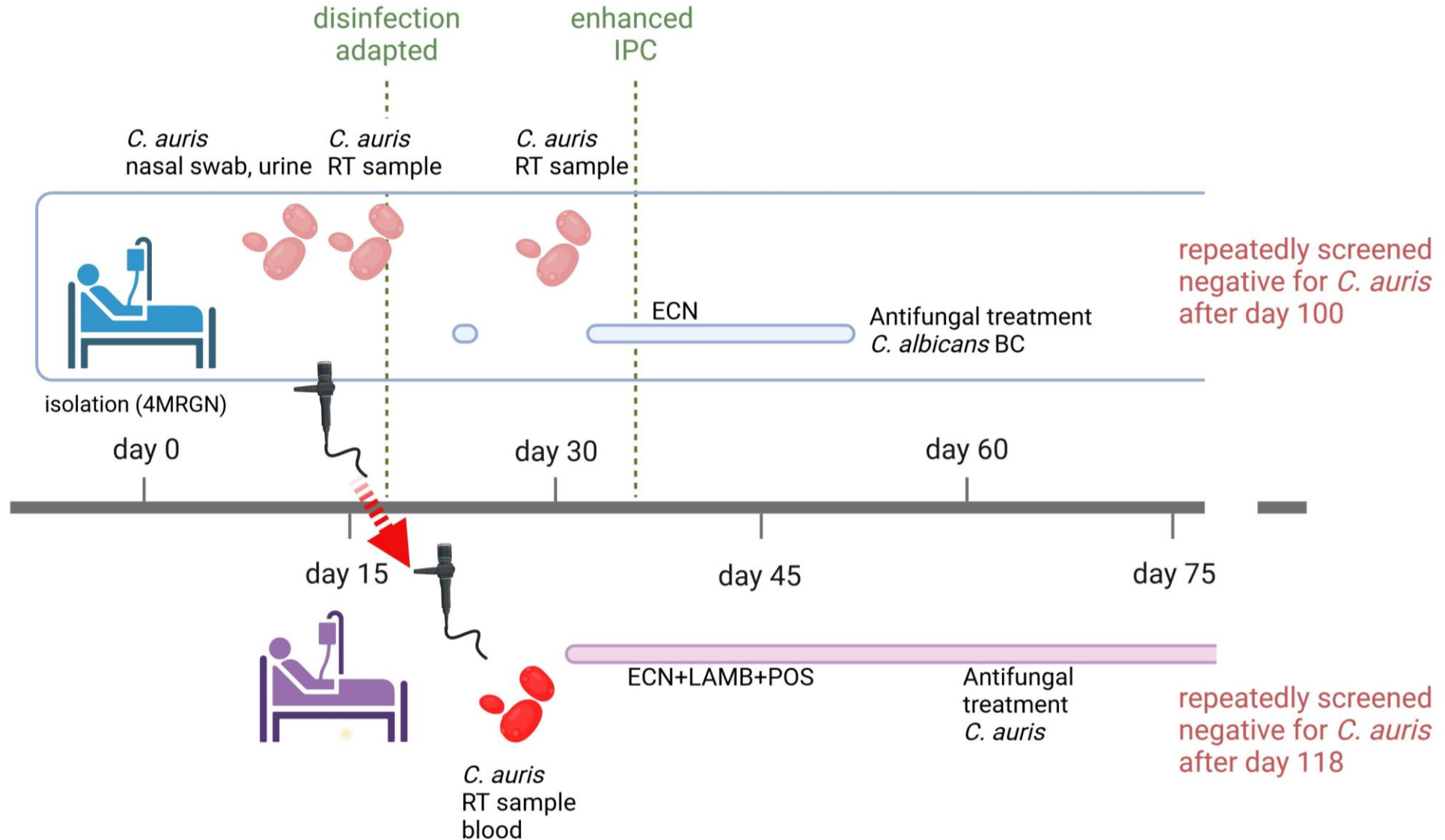
- 2015 First known case in D
- 2016-20 <10 cases per yr, often „medical imports“
- 2021 First documented transmission
- 2022 **National IPC Recommendations** published
- 2023 **Mandatory reporting** for *C. auris* detection in primary sterile samples (§7IfSG)



Candida auris in Germany, current situation



Candida auris Transmission event @Charité 2021



Candida auris transmission



Wiese-Posselt, Hinrichs *et al.*, Mycoses 2022

Candida auris transmission



Wiese-Posselt, Hinrichs *et al.*, Mycoses 2022



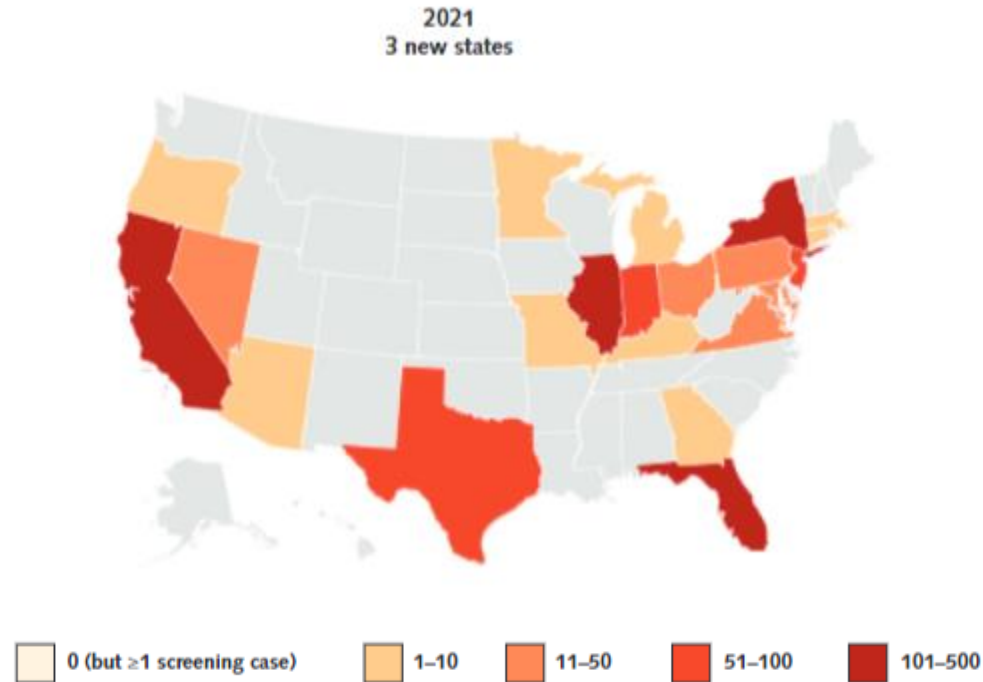
Eyre *et al.*, New Engl J Med 2018



Nobrega de Almeida *et al.*, Mycoses 2021
(image not from publication - example only)

EU & US – aktuelle Situation

Clinical cases only - US

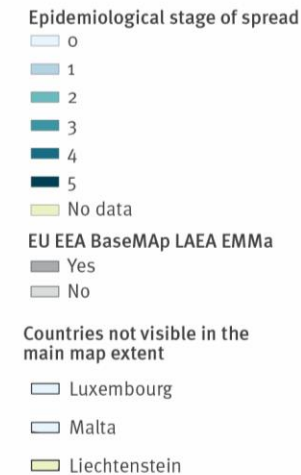


Worsening Spread of *C. auris* in the US,
2019 to 2021.

Lyman *et al.*, Ann Intern Med. 2023

Endemic in „some regions“

Epidemiological stage of spread - EU



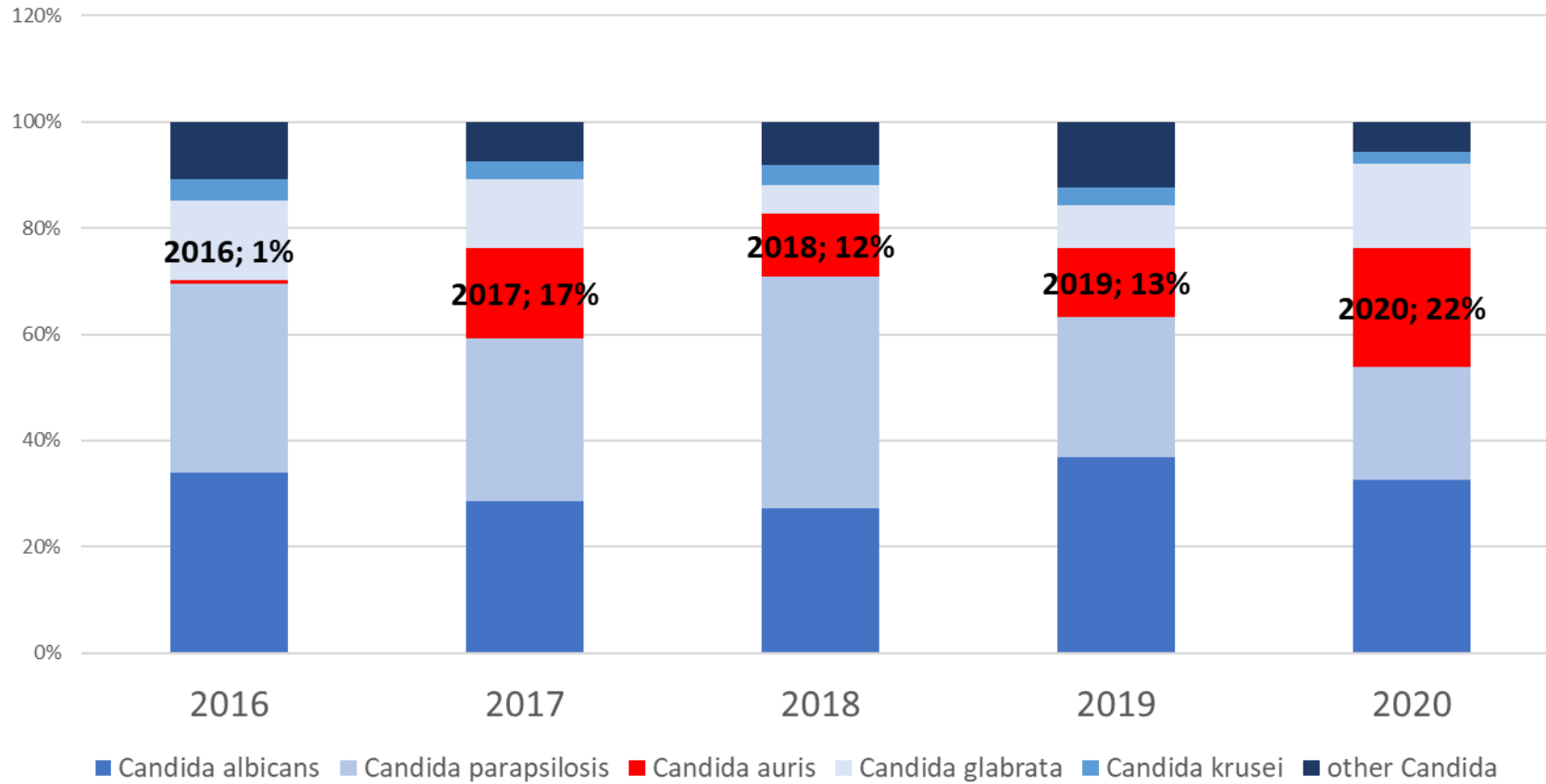
Increasing number of cases and outbreaks caused
by *C. auris* in the EU/EEA, 2020 to 2021.

Kohlenberg *et al.*, Euro Surveill. 2022

Endemic „in some regions in Spain“

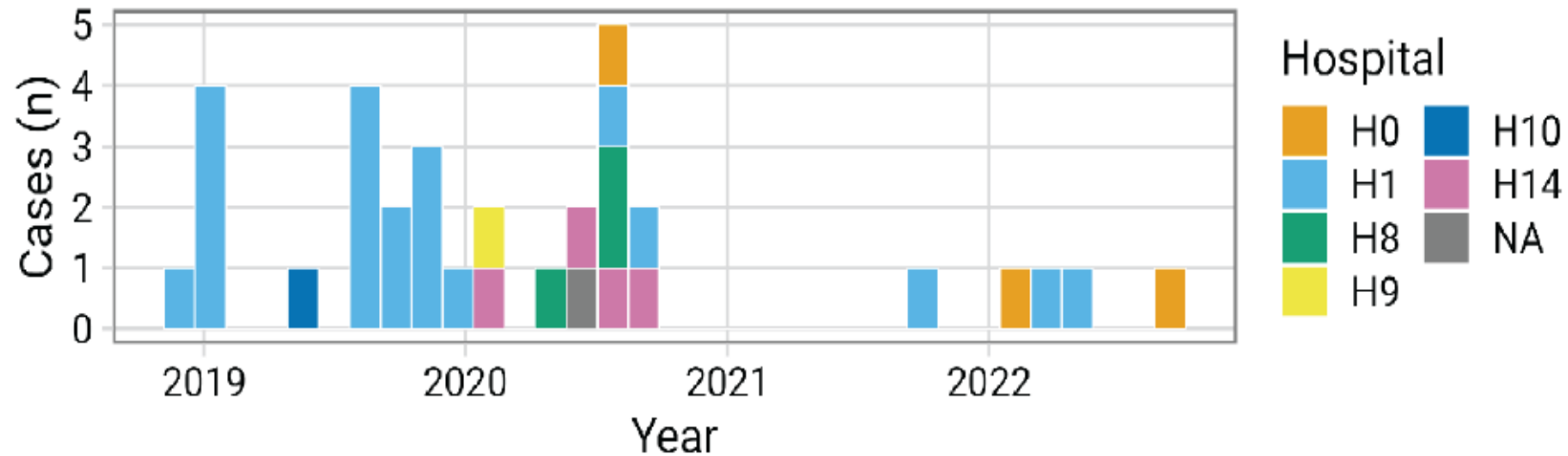
Where will we go?

Candidemia - species distribution



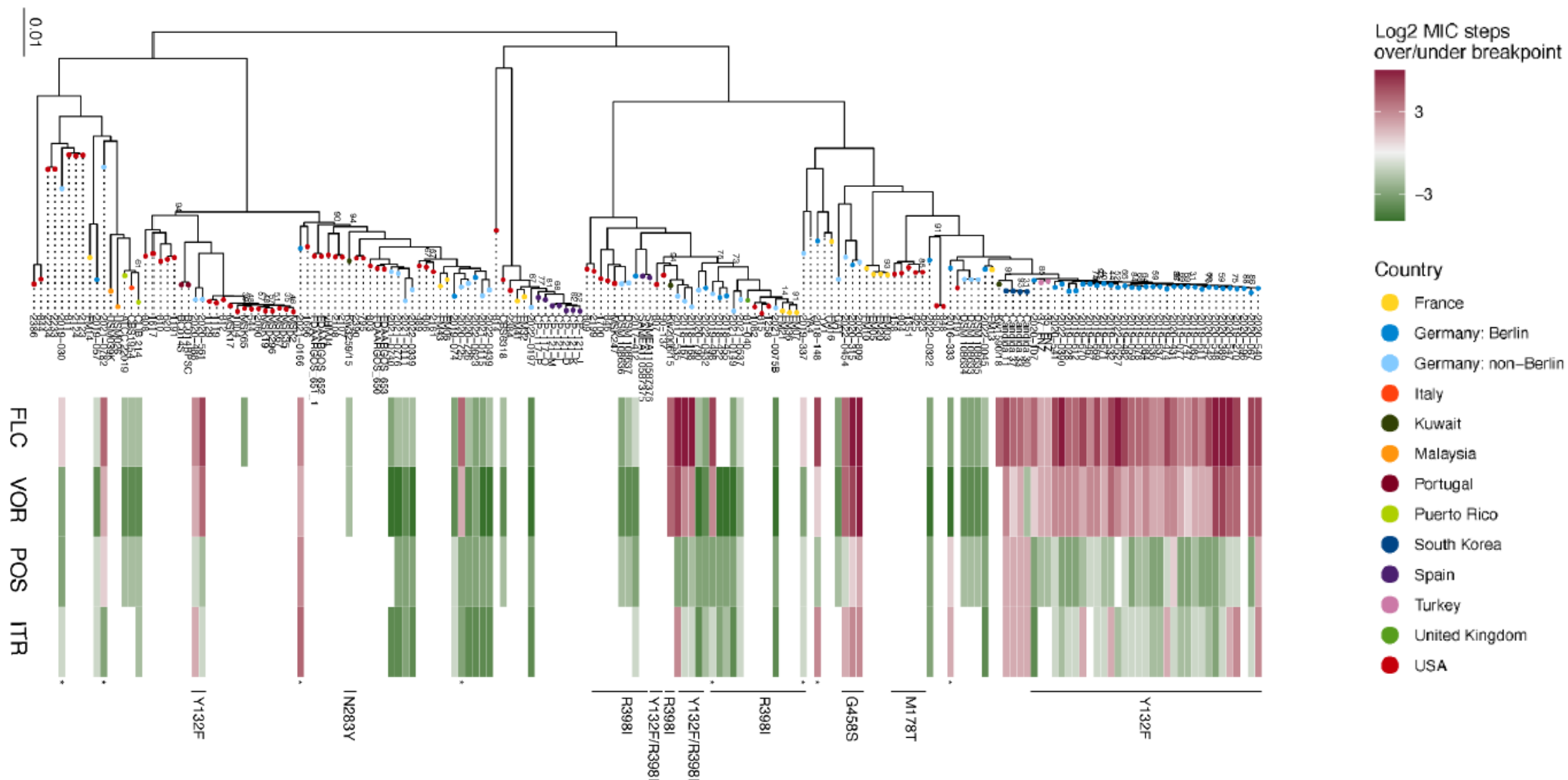
Chibabhai, S Afr J Infect Dis. 2022 (Johannesburg, tertiary care hospital)

What else? – Emerging resistant *Candida parapsilosis*

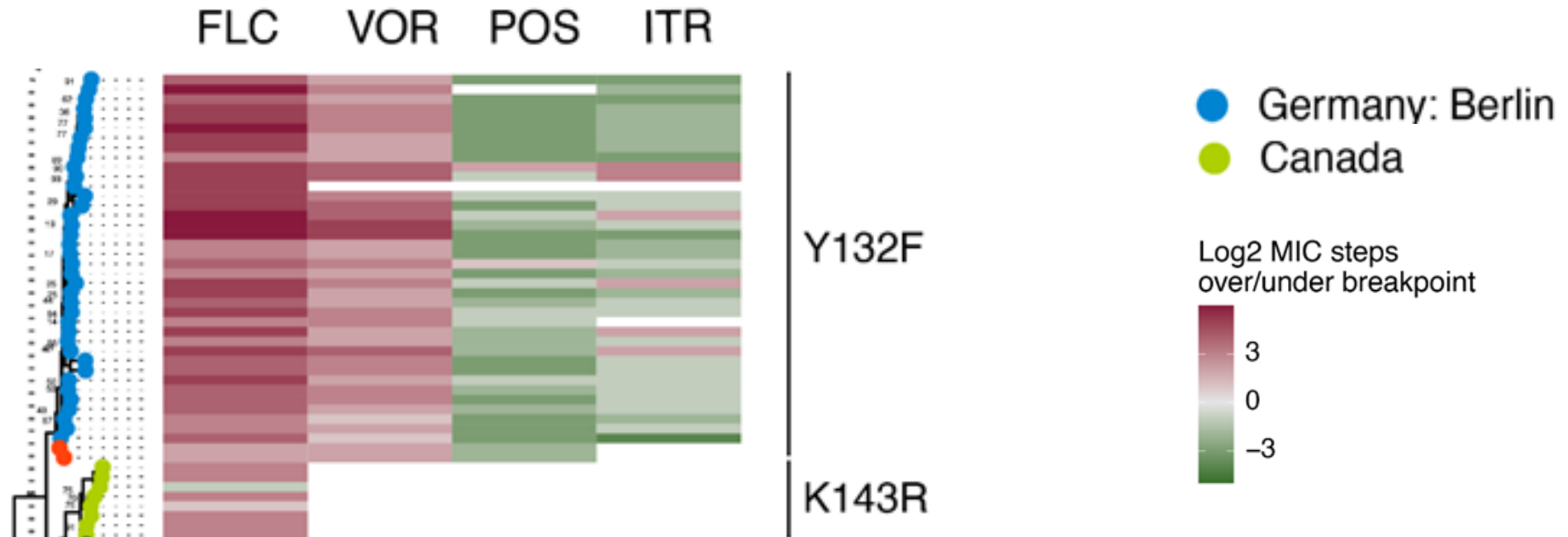


- Clonal Outbreak with FLU^R *C. parapsilosis*
- Several years, several hospitals

Candida parapsilosis - Outbreak



Fluconazole Resistance *versus* Transmissive Capacity?



Aspergillosis yesterday...



Aspergillus fumigatus

- **Neutropenic patient:** invasive infection, that mostly is already treated
- **other patient:** contamination

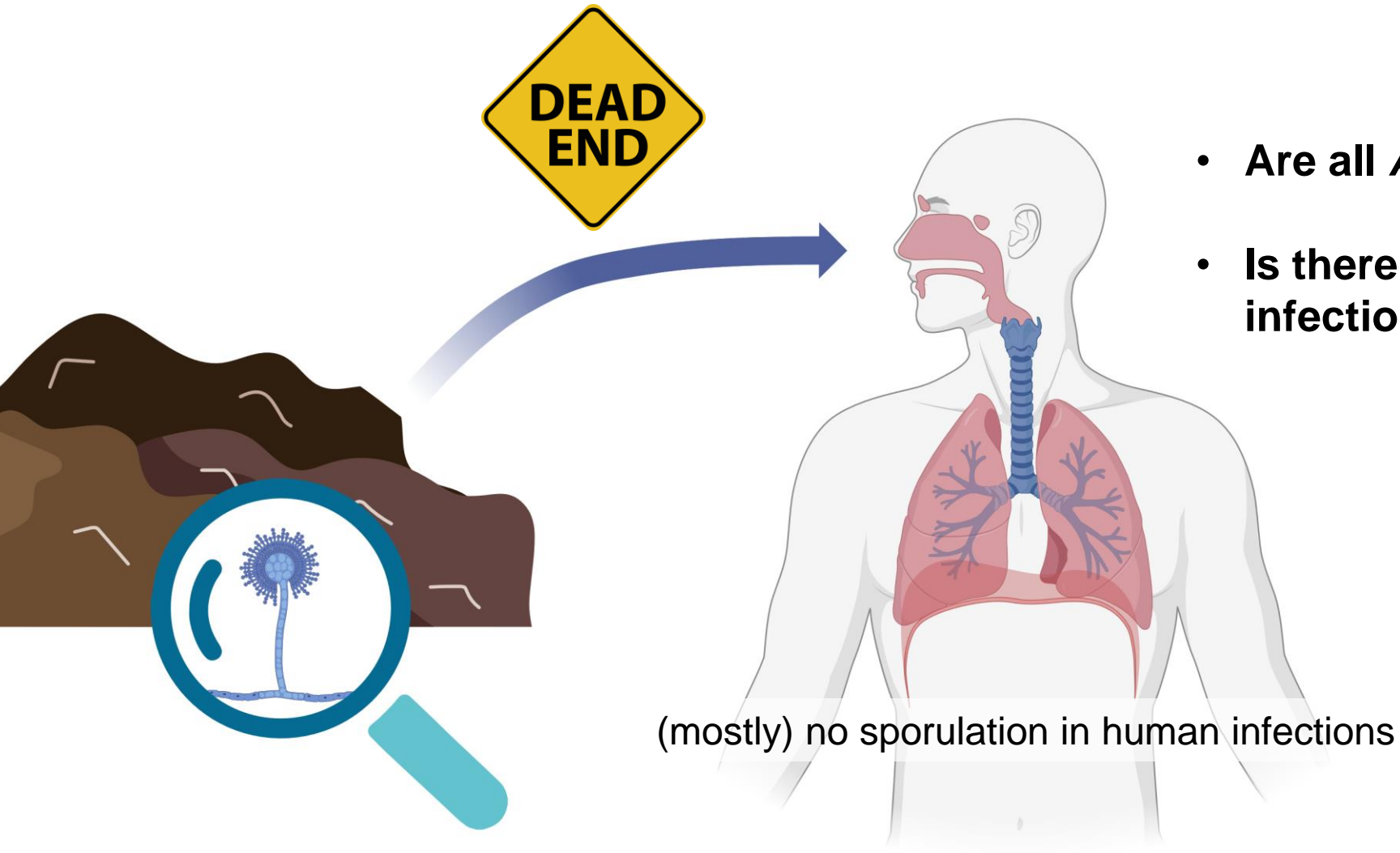
Aspergillosis today...



Aspergillus fumigatus

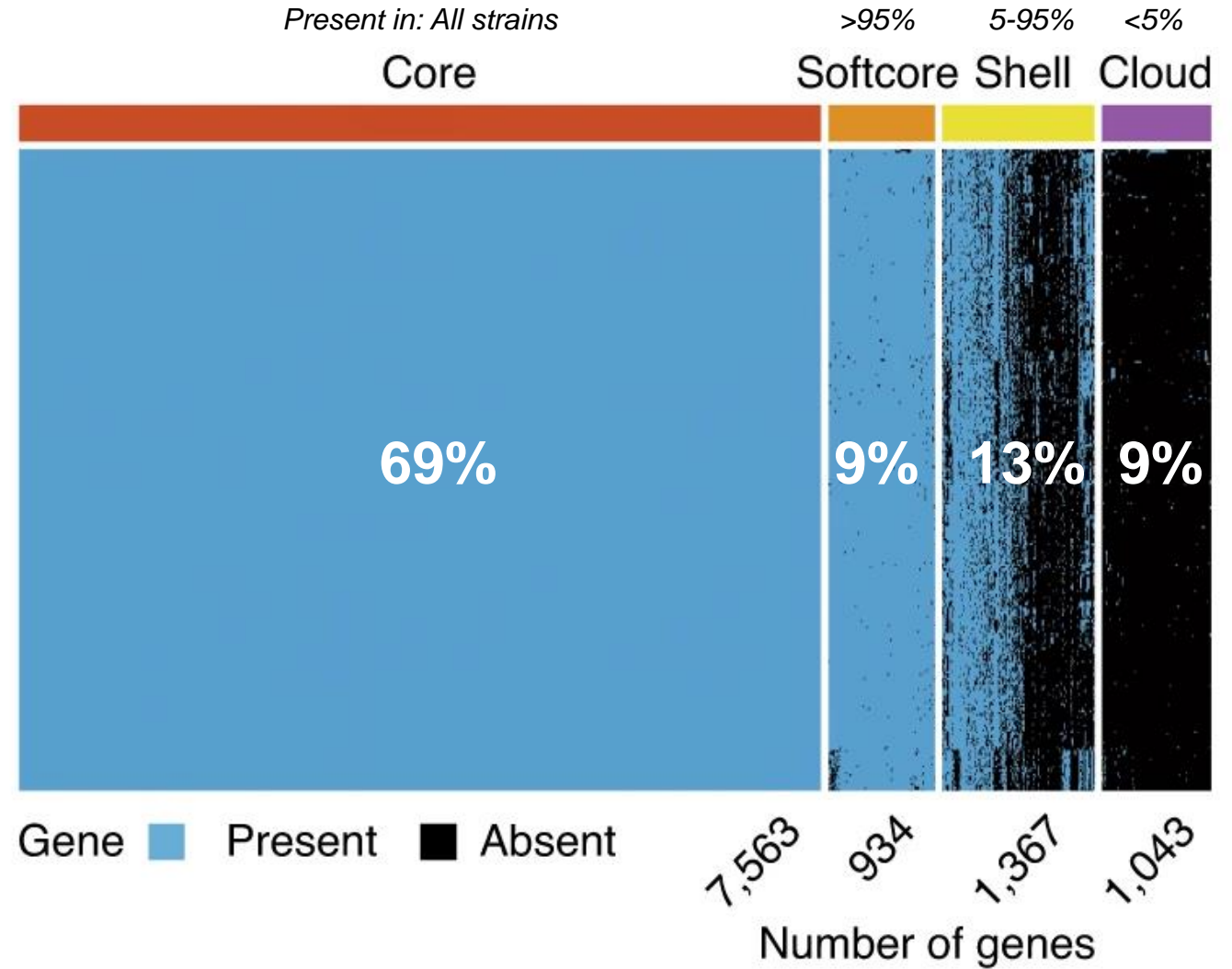
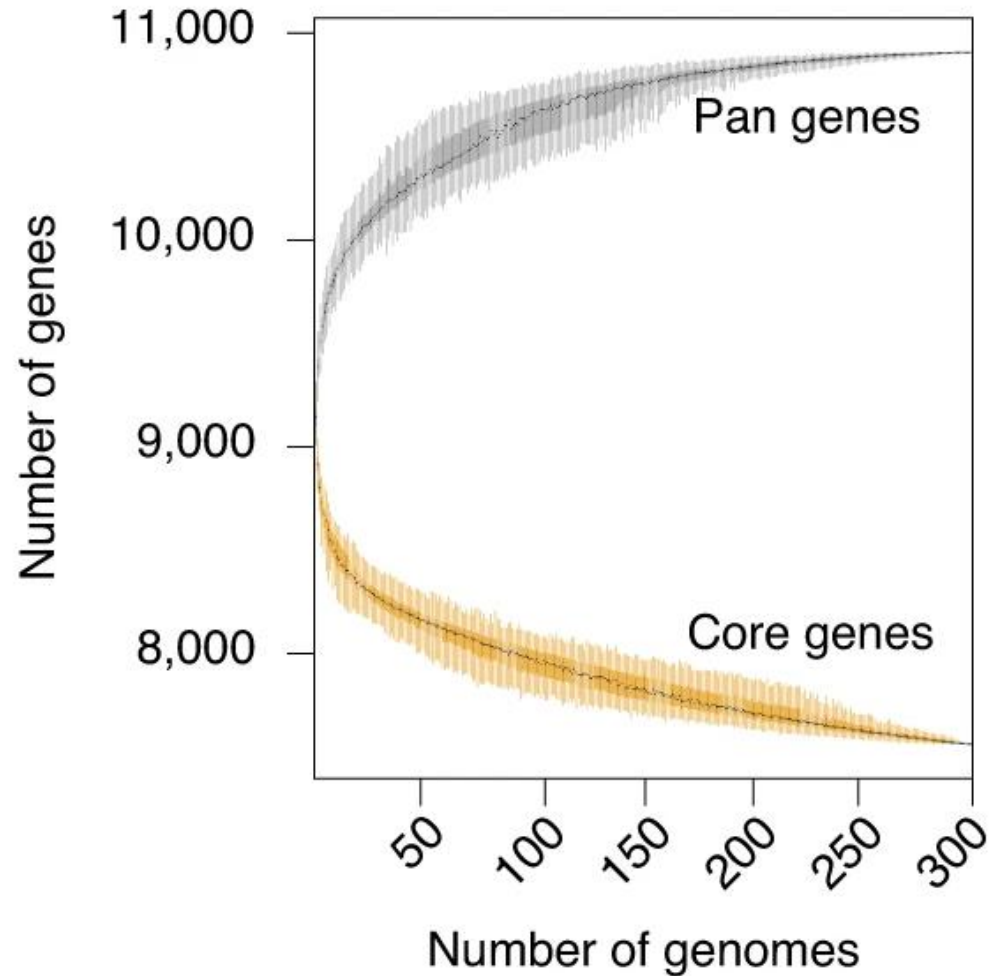
- **Neutropenic patient:** invasive infection, that mostly is already treated
- **other patient:** ~~con~~mination
 - IAPA
 - CAPA
 - chronic pulmonary aspergillosis
 - IA in COPD
 - IA in end-stage liver dysfunction

Aspergillus fumigatus

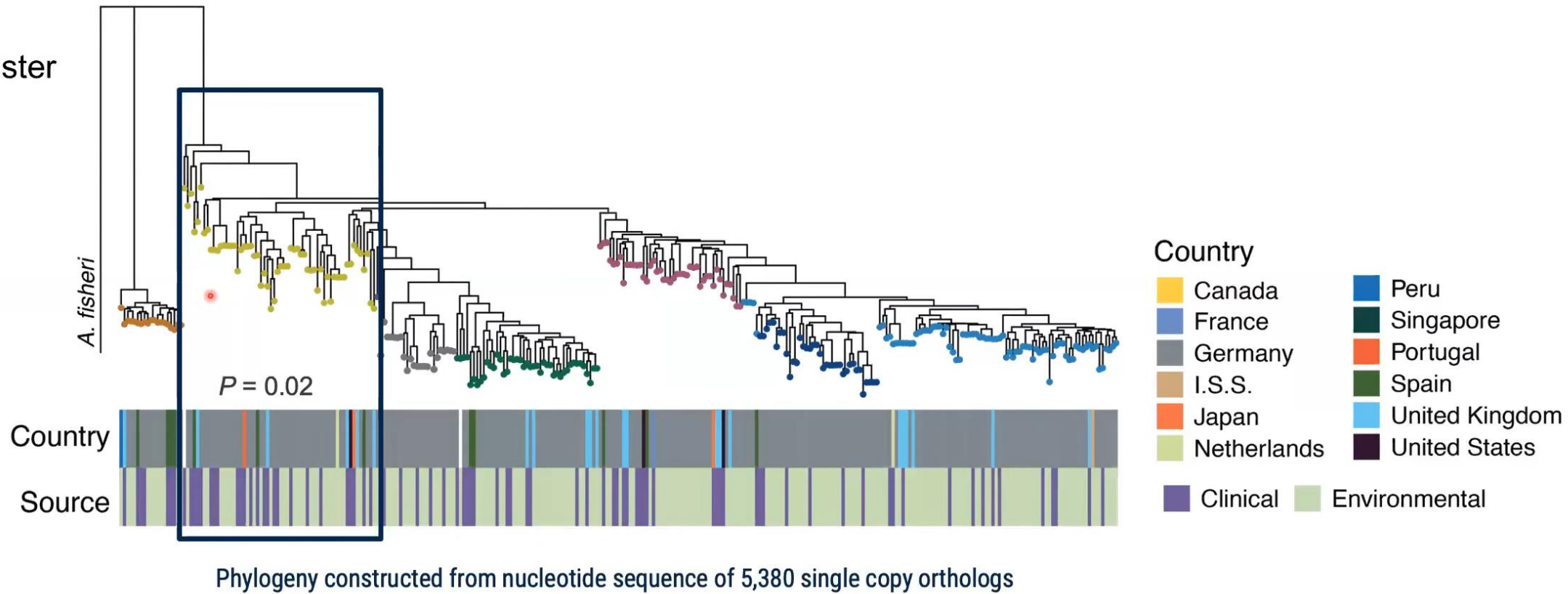


- Are all *A. fumigatus* strains equal?
- Is there adaptation towards human infection?

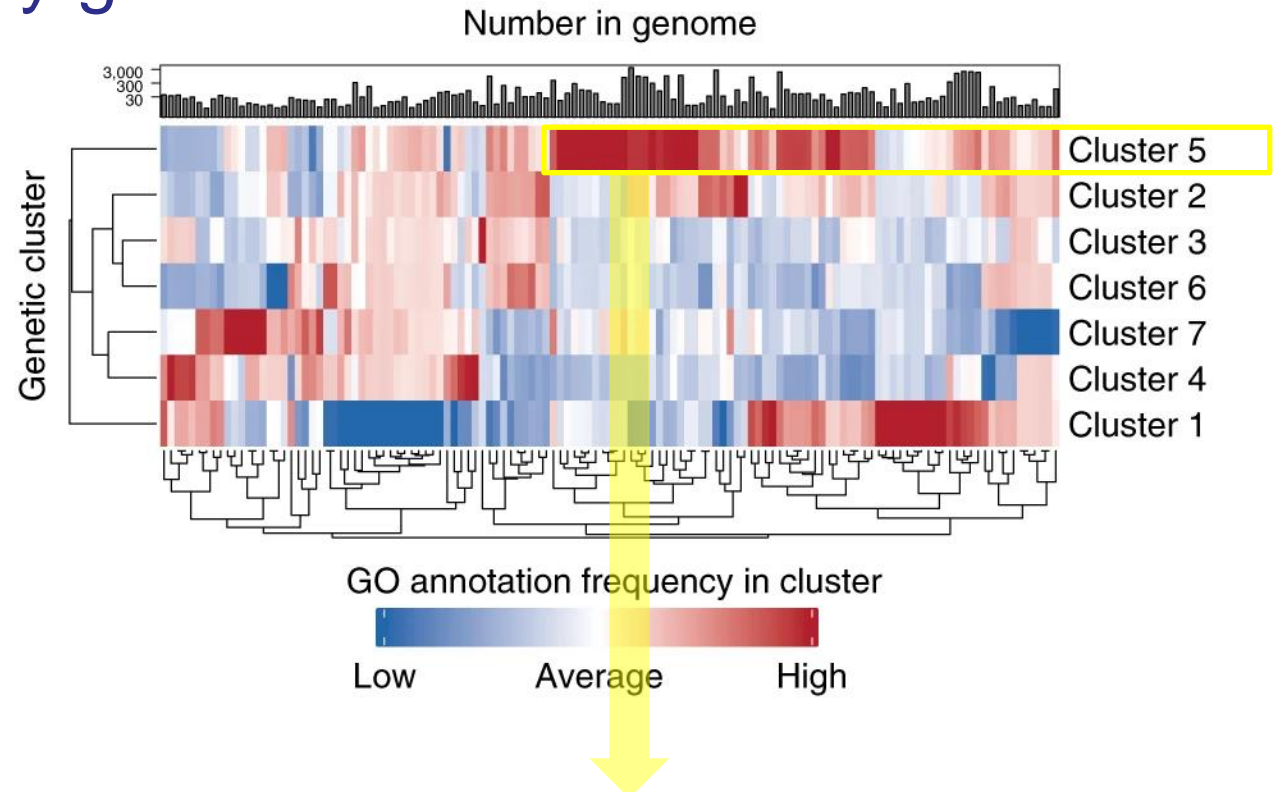
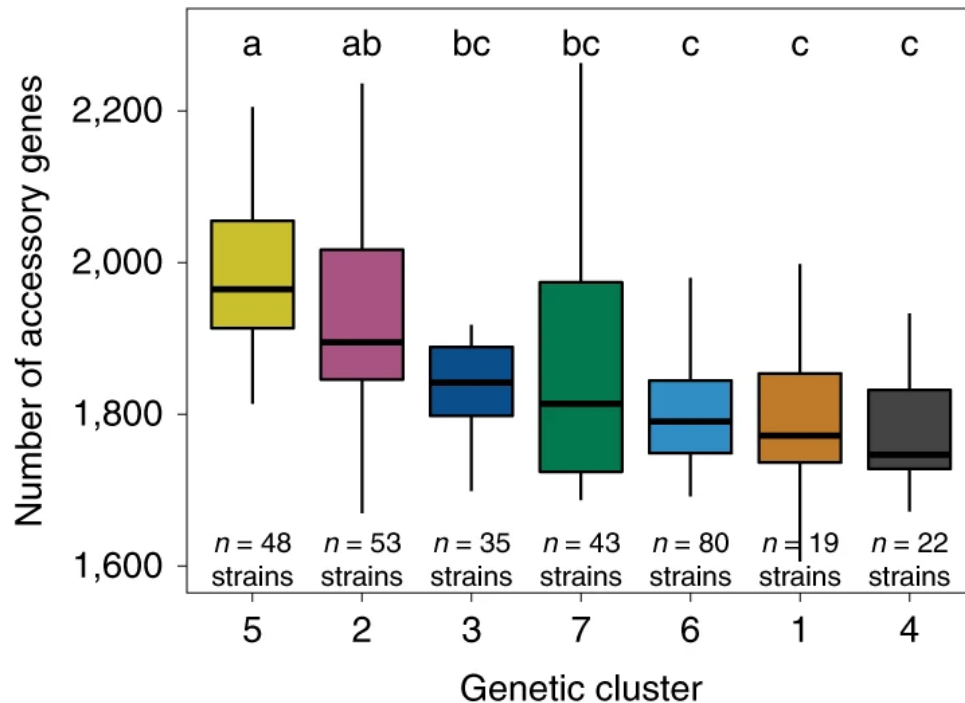
Pangenome Analysis *A. fumigatus*



Enrichment for clinical isolates in genetic cluster 5



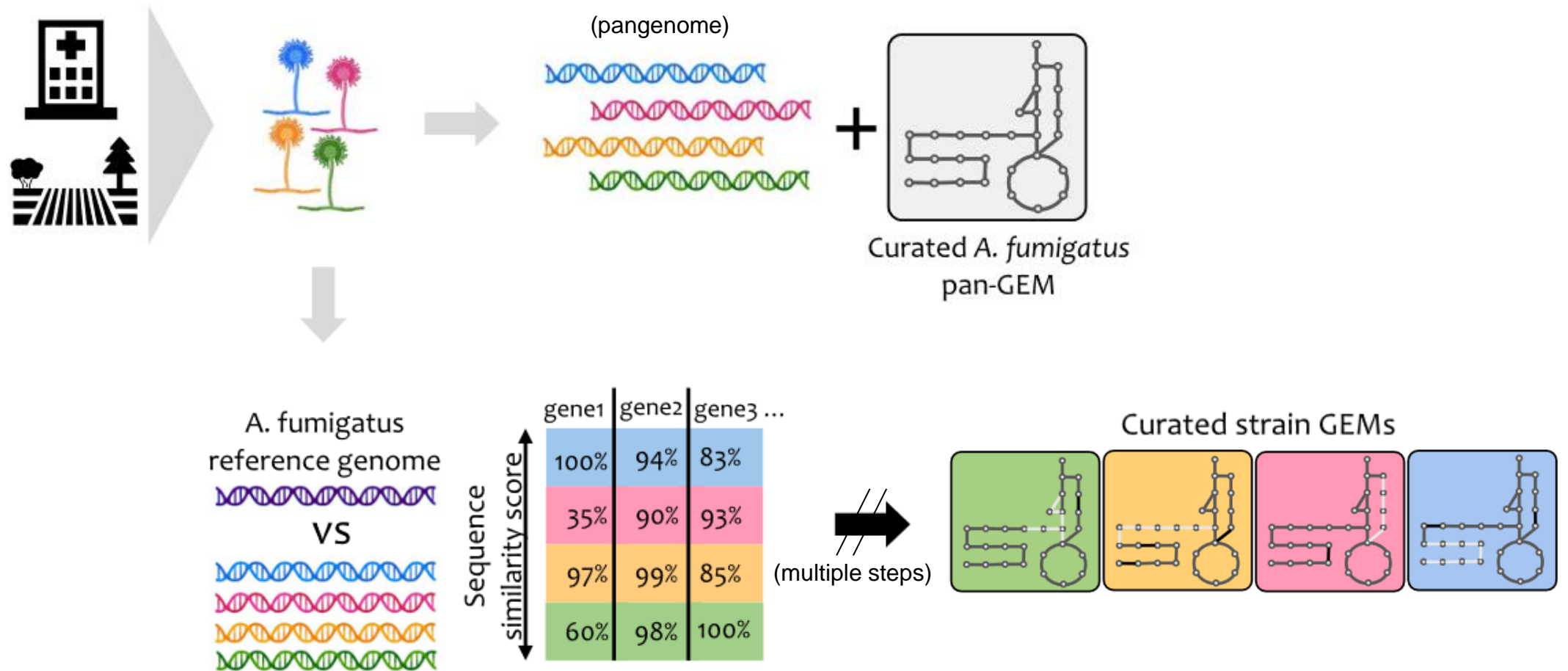
Cluster 5 has more accessory genes



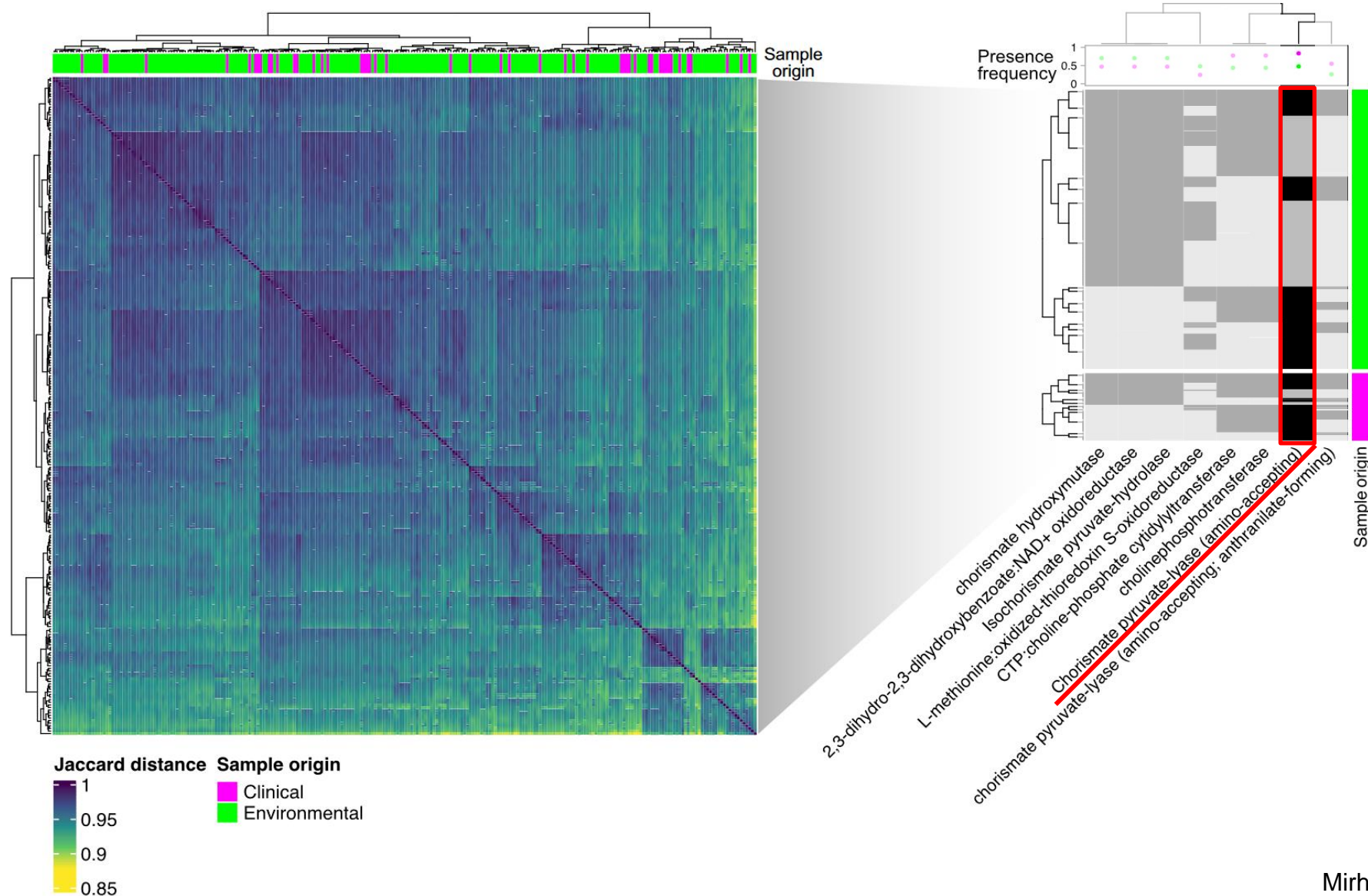
GO annotation

- Oxidation-reduction
- Transmembrane transporters
- Iron binding
- Carbohydrate Metabolism
- Proteolysis
- Nucleotide Binding

Assigning functions to genes: Modeling metabolism of *A. fumigatus*



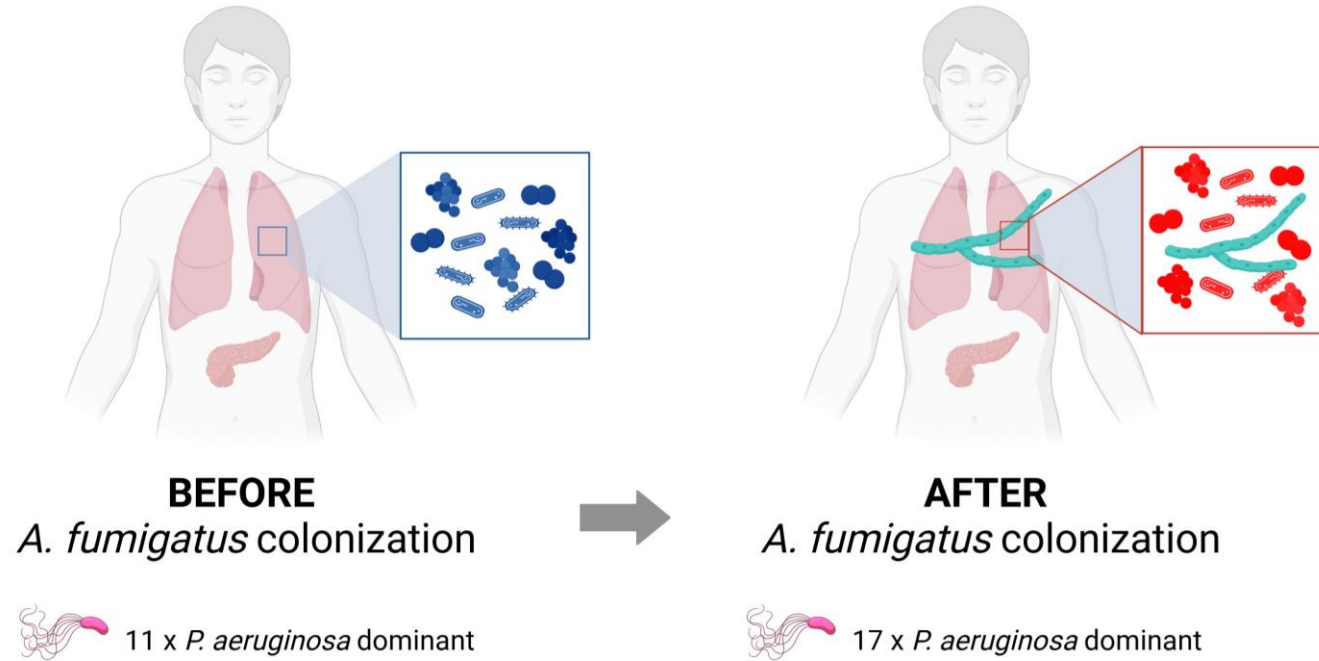
Metabolic differences clinical vs. environmental



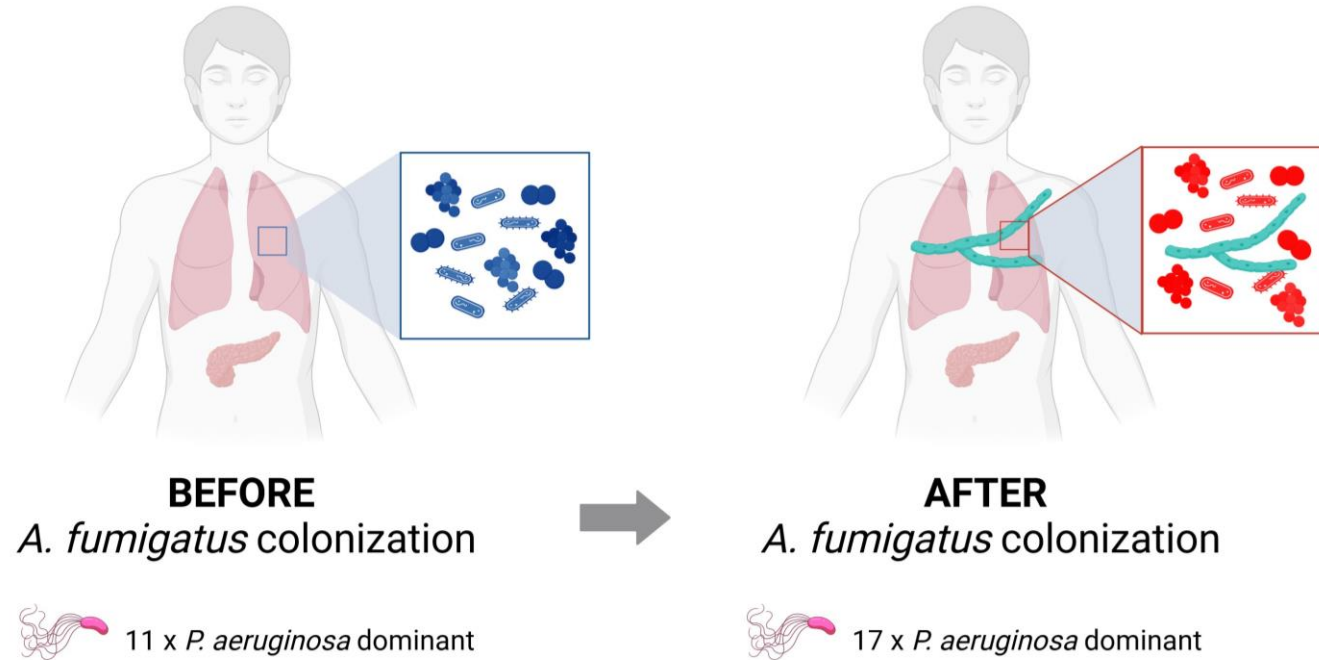
Metabolic differences clinical vs. environmental

- presence of chorismate lyase alone is a first predictor for “clinical”
- Chorismate lyase activity is linked to the shikimate pathway (biosynthesis of aromatic compounds), which has been associated with virulence in *A. fumigatus*.
- ability to add sulfur to methionine and absence of the ability to convert selenocystathione to selenocysteine or tryptamine to Indole-3-acetaldehyde is characteristic of environmental strains

Metabolic features in the host environment

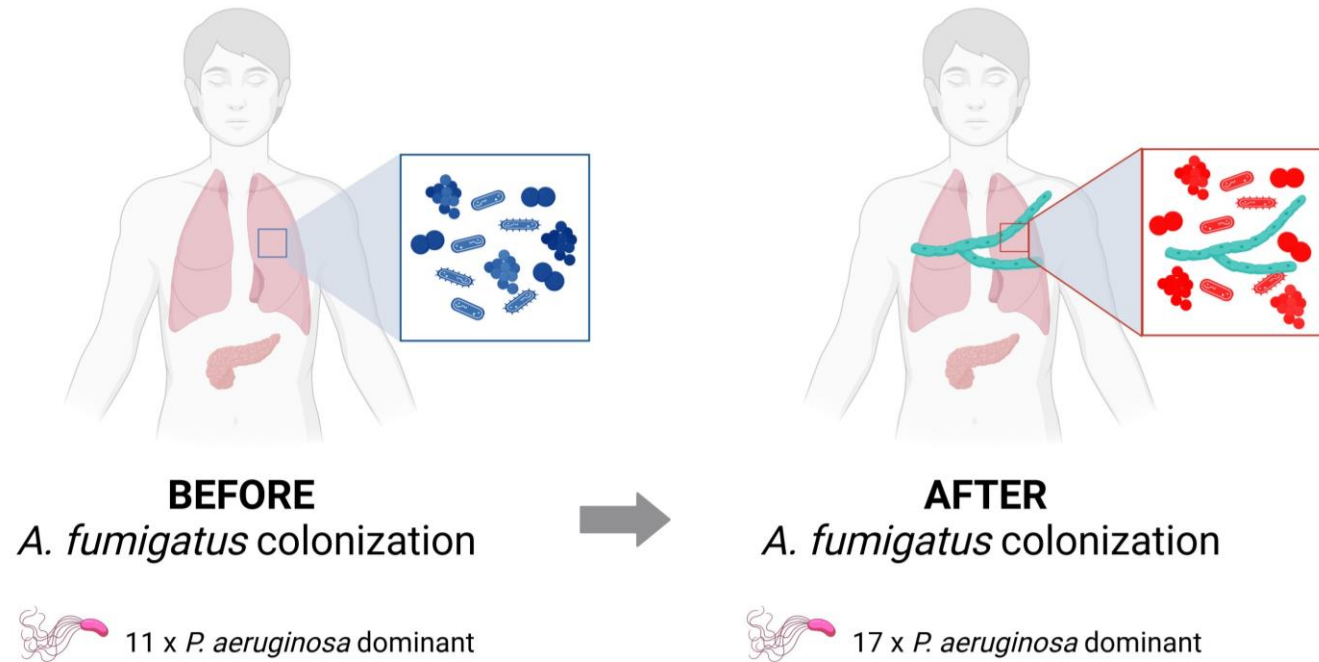


Metabolic features in the host environment

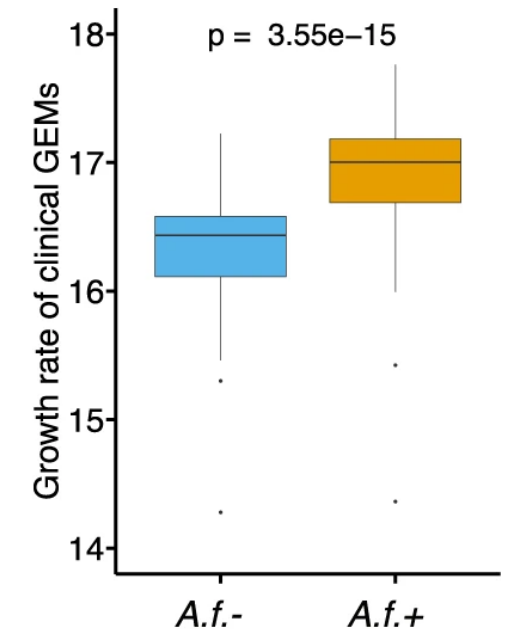


- Lung microbiome changes with *A. fumigatus* colonization
- Metabolic functions change particularly for aromatic amino acids (also fatty acid, nitrogen, sulfur metabolism)

Metabolic features in the host environment



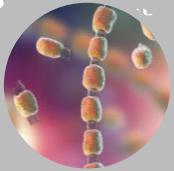
- Lung microbiome changes with *A. fumigatus* colonization
- Metabolic functions change particularly for aromatic amino acids (also fatty acid, nitrogen, sulfur metabolism)
- These changes promote growth of *A. fumigatus* (clinical strain metabolic profile)



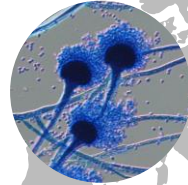
The world of fungal infections is changing

- Acquired resistance
- Newly emerging pathogens
- P2P transmission
- New patient cohorts affects
- Potential adaptation towards interaction with human host

Emergence of fungal infections since ~2000



Geographic expansion
Coccidioides immitis



Azole resistance in *Aspergillus*
Aspergillus fumigatus



From banana to humans
Fusarium musae



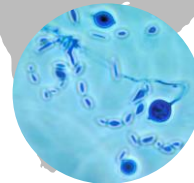
Resistant dermatophytes
Trichophyton indotinae



Outbreak associated *Candida*
Candida auris
FLU^R *Candida parapsilosis*



Zoonotic sporothrichosis
Sporothrix brasiliensis



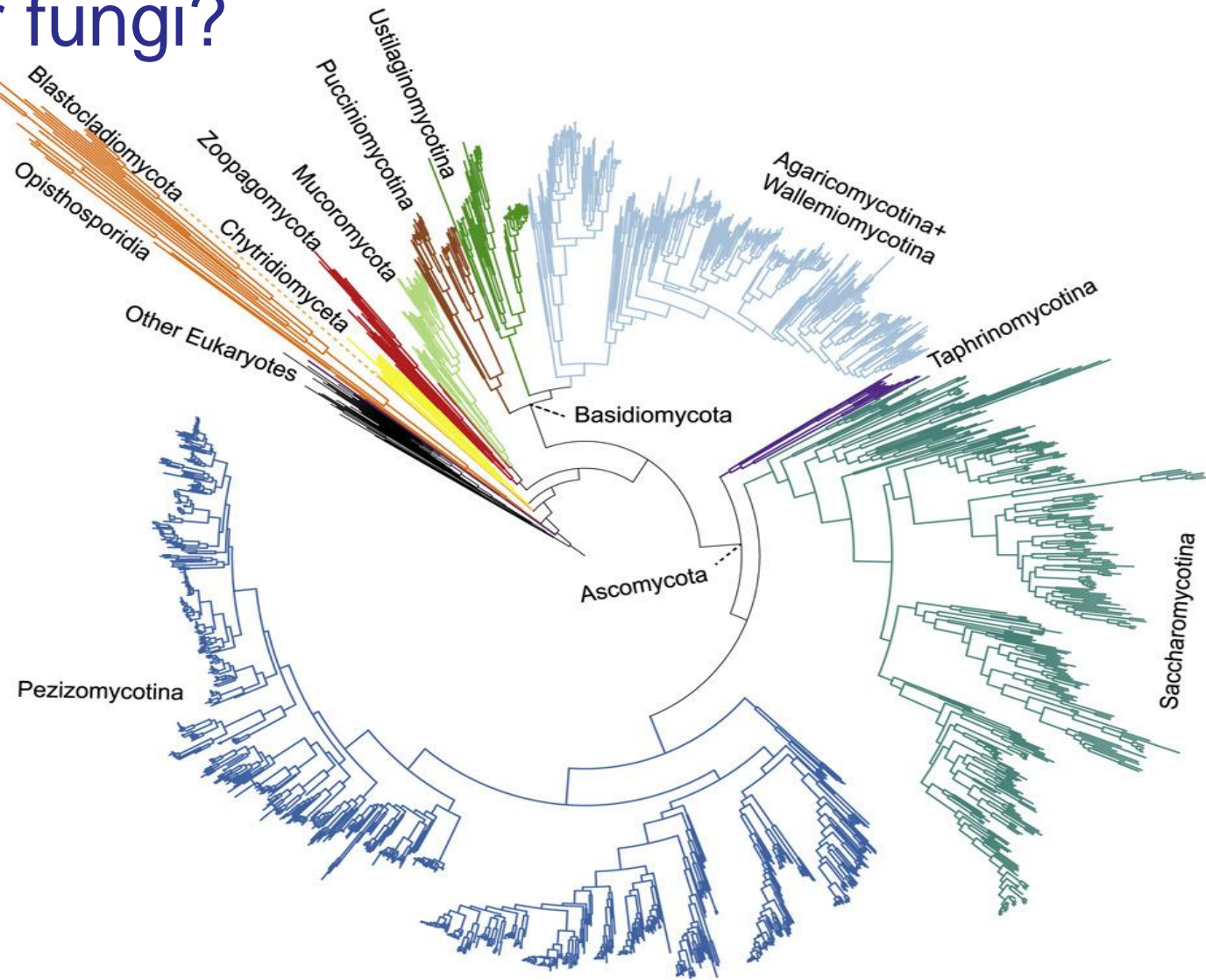
New fungal threats in Africa
***Emergomyces* spp.**
***Histoplasma* spp.**

Dramatic ecology alterations - Triple Planetary Crisis

- Climate change
- Pollution
- Biodiversity loss

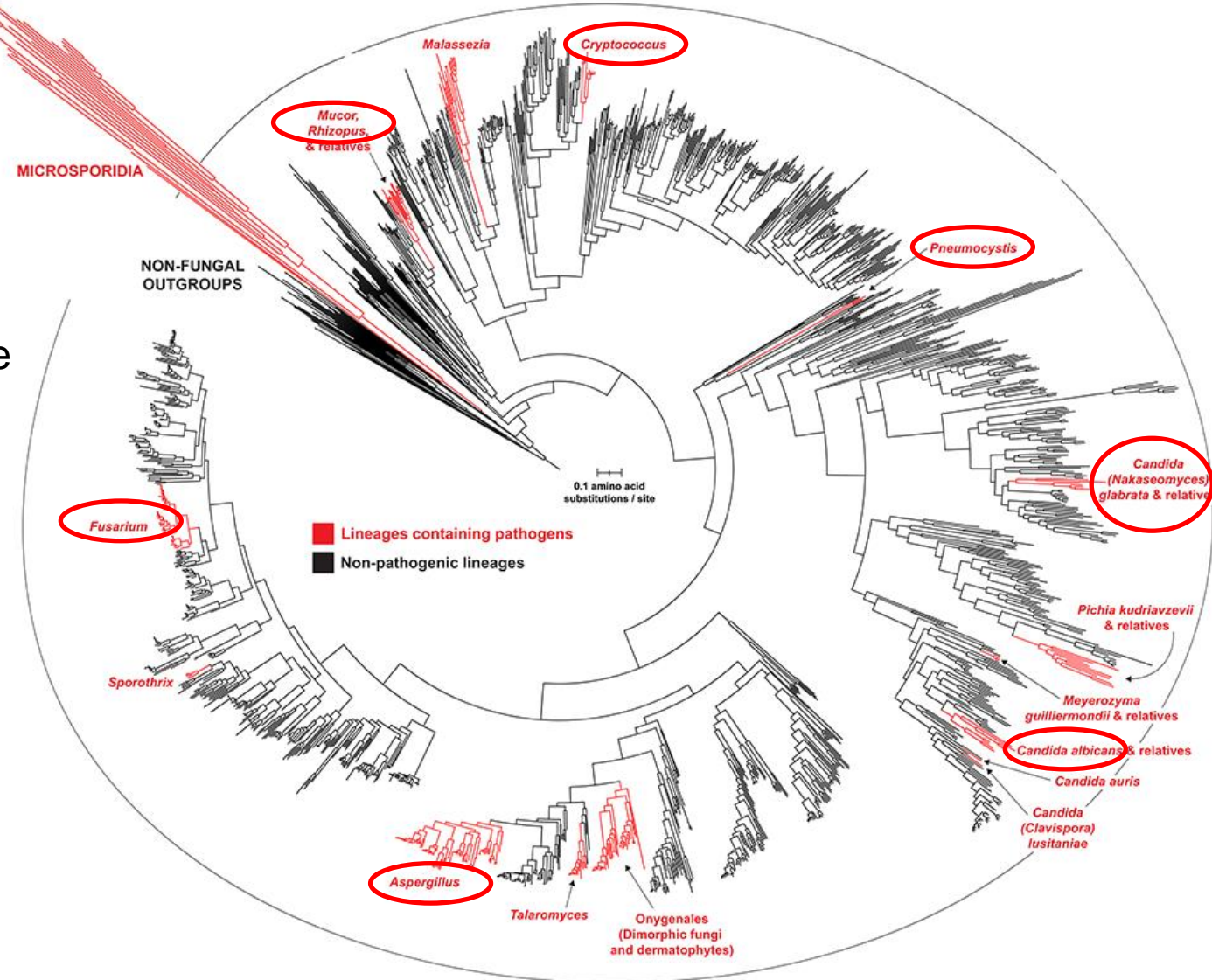
Why is this relevant for fungi?

- Estimated 1-5 Mio. species



Why is this relevant for fungi?

- Estimated 1-5 Mio. species
- Virulence has evolved everywhere in the fungal kingdom
- Association to warm-blooded hosts is rare in fungi compared to bacteria / viruses



A changing world of fungal infections –

What can we do?

- Epidemiology (ID, susceptibility testing, typing)
- New antifungal drugs, new drug targets
- Rational use of antifungals
- Novel therapeutic concepts (personalized medicine, immunotherapy)

Acknowledgements

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- **Aspergillus:** Amelia Barber, Tongta Sae-Ong, Grit Walther, Mohammed Mirhakkak, Sascha Schäuble, Gianni Panagiotou & team
- Images on slides 3, 8, 16-18, 25-27 have been created using BioRender (biorender.com)