Fungal susceptibility

The following table provides a general guide to clinical fungal susceptibility. The table is intended to assist empirical selection of antifungals in the absence of laboratory confirmation of susceptibility; it is not a substitute for management advice from clinical microbiologists or infectious diseases specialists. Consider these data in conjunction with the clinical condition of the patient, site of infection, knowledge of local susceptibility patterns (which may vary) and evidence-based guidelines. When in doubt seek specialist advice.

The designation of susceptibility used in the table is 75%, ie an organism is deemed susceptible if at least 3 out of 4 cultures tested are susceptible to that antifungal. Data are based on accepted treatment regimens and have been derived from the medical literature and the National Mycology Reference Centre (SA Pathology, Adelaide).

Interpret in vitro studies with caution due to marked influences of methodology on minimum inhibitory concentration (MIC) values and lack of correlation between in vitro and in vivo results. The most reliable data are for echinocandins, fluconazole and voriconazole against *Candida* infections; the least reliable are for moulds.

Organism	Azoles					Echinocandins			Other antifungals			
	fluconazole	isavuconazole	itraconazole	posaconazole	voriconazole	anidulafungin	caspofungin	micafungin	amphotericin B	flucytosine[1]	griseofulvin	terbinafine
Yeasts												
Candida albicans												v
Candida auris		v	v	v	v	v	v	v	v	v		
Candida parapsilosis												
Candida tropicalis												v
Clavispora (Candida) lusitaniae									v			
Cryptococcus neoformans-gattii complex												
Kluyveromyces marxianus (Candida kefyr)												
Malassezia furfur												2
Meyerozyma (Candida) guilliermondii												v
Nakaseomyces glabratus (Candida glabrata)												
Pichia kudriavzevii (Candida krusei)			v							v		
Rhodotorula spp.		v	v	v	v							
Trichosporon spp.									v			
Dermatophytes												
Epidermophyton floccosum												
Microsporum spp.												
Nannizzia spp.												
Trichophyton indotineae (*T. mentagrophytes* genotype VIII)			v									v
Trichophyton spp.												
Dimorphic moulds												
Histoplasma capsulatum complex												
Sporothrix schenckii complex					v							

1 do not use as monotherapy as resistance can develop rapidly
2 topical use
3 may have synergistic effect with terbinafine

Legend

	susceptible
	susceptibility dependent on achieving maximal blood concentration of antifungal agent
v	variable susceptibility
	resistant
	no data available

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Organism	Azoles					Echinocandins			Other antifungals			
	fluconazole	isavuconazole	itraconazole	posaconazole	voriconazole	anidulafungin	caspofungin	micafungin	amphotericin B	flucytosine[1]	griseofulvin	terbinafine
Moulds												
Aspergillus flavus complex												
Aspergillus fumigatus complex												
Aspergillus terreus complex												
Bipolaris spp.	v											
Cladophialophora spp.									v	v		
Curvularia spp.	v											
Exophiala spp.										v		
Fusarium spp.				v	v				v			
Lomentospora (Scedosporium) prolificans					3				v			
Paecilomyces variotii												
Penicillium spp.	v									v		
Phialophora spp.												
Purpureocillium lilacinum (Paecilomyces lilacinus)			v									
Scedosporium apiospermum complex		v	v						v			
Mucorales												
Absidia, Apophysomyces spp.												
Lichtheimia (Absidia) corymbifera			v									
Mucor spp.		v		v								
Rhizomucor, Rhizopus spp.				v								
Saksenaea spp.												

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[2] topical use
[3] may have synergistic effect with terbinafine

Legend

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