Antifungal Susceptibility of Yeast and Mould Isolates: 2001 to 2019
% susceptible or wild-type[1,2,3]

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≥ **90% susceptible** or wild-type; **70-89% susceptible** or wild-type; < **70% susceptible** or wild-type; R = Resistant; - = no MIC/ECV data available

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Species / Complex (n)[4]	Fluconazole	Voriconazole	Posaconazole	Itraconazole	Amphotericin	Micafungin[5]
Candida albicans (1354)	**93**	**94**	90	98	100	**99**
Candida glabrata (656)	**89**[6]	note[7]	81	94	100	**97**
Candida parapsilosis (517)	**87**	**98**	99	100	100	**96**
Candida tropicalis (115)	**77**	**58**	100	95	100	**100**
Clavispora lusitaniae (62) (formerly *Candida lusitaniae*)	66	90	96	100	note[8]	100
Meyerozyma guilliermondii (59) (formerly *Candida guilliermondii*)	90	84	100	100	100	**100**
Pichia kudriavzevii (81) (formerly *Candida krusei*)	R	**91**	97	99	100	**100**
Cryptococcus neoformans (130)	85	99	99	100	72	-
Aspergillus flavus (22)	R	95	100	100	100	100[9]
Aspergillus fumigatus (232)	R	99	99	99	99	100[9]
Aspergillus niger (20)	R	100	100	100	100	100[9]
Aspergillus terreus (15)	R	100	100	100	100	100[9]

The treatment of invasive fungal infection requires expert advice from specialists experienced in this area.

[1] Susceptibility results derived from local and referred clinical isolates from other New Zealand laboratories. Isolates recovered from wide range of clinical specimens.

[2] Susceptible category defined by breakpoint minimal inhibitory concentrations (MICs). Susceptible implies that the isolate is inhibited by the usual achievable concentration when the antifungal is used at the recommended dosage to treat the site of infection. **Percent susceptible are in bold**.

[3] Wild-type isolates, defined by epidemiological cutoff values (ECVs), are isolates without acquired resistance mechanisms. % wild-type are unbolded.

[4] Number of isolates tested. Due to changes in the YeastOne Sensititre panel over time not all isolates have been tested against all antifungal agents.

[5] Micafungin susceptibility predicts susceptibility to caspofungin.

[6] % Susceptible-dose dependent; a category defined by a breakpoint MIC that implies susceptibility depending on the increased dose required to treat. It should be determined if fluconazole is the appropriate antifungal to use. Expert consultation on selecting the maximum dosage regimen is recommended.

[7] Current data insufficient to correlate MIC and clinical outcome.

[8] While not intrinsically resistant to amphotericin B, *C. lusitaniae* may develop resistance to amphotericin B *in vivo* during treatment. Our testing method does not detect resistance.

[9] No YeastOne derived micafungin ECVs exist, CLSI derived caspofungin ECVs used.