Antifungal Resistance in Aspergillus fumigatus: **Environmental Conditions & Clinical Implications**

Context

Air is the most common medium of fungal spore dispersal and is the main route of infection for respiratory fungal infections (1).

Increasing levels of antifungal resistance have been reported in several European countries. In 2022 the WHO launched the Fungal Priority Pathogens List in which A. fumigatus was included in the critical group partly due to its emergence of environment-related resistance (2).

AIM

nalyze the presence of filamentous fungi of clinical atterest in ambient air samples.

- terest in ambient air samples. Study of the annual seasonal variation and influence of environmental factors. Characterization and distribution of fungal species isolated in ambient air.

- **halyze and characterize antifungal susceptibility in wironmental isolates of** *A. fumigatus.* **Characterization of antifungal susceptibility to azoles, echinocandins and amphotericin B. Analyze the processor of Cyn51A mutations in resistant**

Methods

A comprehensive monitoring of fungal presence in the air was conducted at two locations (urban and semiurban environment) in Madrid-Spain.



Figure 1. A) Location of the 2 sampling zones in the region of Madrid. B) Study period.

Ambient air total suspended particles were collected monthly by filtering air according to UNE CEN/TS 16115-1:2013 Technical Specification (3). During each sampling campaign, ambient air temperature (°C), relative humidity (%) and atmospheric pressure (hPa) data were collected minutely by means of a calibrated sensor in the sampler and subsequently averaged.

Each isolate was grown, subcultured and confirmed to species level by sequencing the ITS1-5.8S-ITS2 regions and benA gene (4).



Figure 2. Framework of the environmental sampling process.

A. fumigatus was screened for azole resistance using EUCAST E.Def 10.1 (5) and confirmed by EUCAST E.Def 9.4. (6) Resistance mechanisms were studied by sequencing the gene cyp51A including its promoter (1).

All resistant and a portion of the susceptible A. fumigatus isolates were typed by TRESPERG method (7).

Table 1. Panel of 4 genes used for characterization using the TRESPERG typing method

Afu3g08990	cspA for cell surface protein A				
Afu2g05150	MP2 antigenic galactomannan protein				
Afu6g14090	Hypothetical protein with CFEM domain				
Afu1g07140	erg4B formed by 12-mer repeats				



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Figure 3. A) Major fungal genera identified in environmental samples. B) Identification to species level of the genus Aspergillus C) Susceptibility profile of A. fumigatus. D) Resistance mechanisms associated with resistant A. fumigatus.



Figure 4. Number of CFU of Aspergillus spp. (pink) and the rest of the genus obtained (green) throughout the study period. mperature and humidity variations are represented by the pink and green dashed lines, respectively

		Nº SP	Nº Be	INUS CEU	Asper	gillus of fur	nigotu-	umigut	naria	Illium Stop	IUS SPT
The study of annual	Nº sp	1	0,79	0,52*	0,02	-0,03	-0,16	0,42*	0,67	0,14	1
seasonal variation	Nº genus	0,79		0,52*	-0,06	-0,07	-0,22	0,60*	0,72	0,05	
and the influence of	CFU	0,52*	0,52*		0,65	0,52	0,06	0,30*	0,59*	0,15	
environmental factors	Aspergillus spp.	0,02	-0,06	0,65		0,73	0,15	-0,22	-0,05	0,16	0.5
did not viold significant	A. fumigatus	-0,03	-0,07	0,52	0,73		0,33*	-0,18	-0,06	-0,09	0.5
	R-A. fumigatus	-0,16	-0,22	0,06	0,15	0,33*		-0,04	-0,19	-0,20	
results relevant to	Alternaria spp.	0,42*	0,60*	0,30*	-0,22	-0,18	-0,04		0,41*	-0,20	
the prevalence of	Penicillium spp.	0,67	0,72	0,59*	-0,05	-0,06	-0,19	0,41*		0,02	-0.5
filamentous funci in	Rhizopus spp.	0,14	0,05	0,15	0,16	-0,09	-0,20	-0,20	0,02		-0,5
	Temperature	0,01	0,02	-0,02	0,05	-0,23	0,14	0,09	-0,14	0,12	
environmentai air.	Relative humidity	0,01	-0,08	0,06	-0,14	0,10	-0,06	0,14	0,16	-0,21	
	Atmospheric pressure	0,10	-0,03	0,08	0,02	0,04	0,07	-0,10	0,16	0,14	-1
Figure 5. Correlation between environmental factors and the presence of fungal species in											

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A total of 133 A. fumigatus were genotyped, with 43 TRESPERG types detected. Among the 76 resistant ones, 10 types were identified.

Table 2. TRESPERG genotypes of resistant strains

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CONCLUSIONS

TRESPERG type (Nº isolates)	cyp51A	cyp51B	hmg1
t02m1.1c09e05 (55)	TR ₃₄ /L98H	-	-
t02m1.1c09e16 (2)	TR ₃₄ /L98H	-	-
t02m1.1c09e22 (1)	TR ₃₄ /L98H	-	-
t03m1.1c05Ae07 (6)	WT	WT	WT
t03m1.1c08Ae08 (3)	WT	WT	WT
t03m1.1c10e06 (2)	WT	WT	WT
t04Am1.3c08Be07 (1)	WT	WT	WT
t04Bm1.2c08Ae07 (1)	TR ₃₄ /L98H	-	-
t04Bm1.2c20e06 (1)	TR ₃₄ /L98H	-	-
t09m1.1c04e13 (4)	WT	WT	WT

1 There were no observed seasonal variations and environmental factors such as humidity, temperature, and atmospheric pressure did not significantly impact the presence of filamentous fungi in the air.

2 Azole resistant *A. fumigatus* strains were found in air samples from two different locations in Madrid.

3 The $TR_{34}/L98H$ mutation in the *cyp51A* gene was the sole mechanism associated with the observed azole resistance found in *cyp51A*.

A Resistant strains without mutations associated with the analyzed gene were also isolated, comprising 21% of the total resistant strains.



 Table 3. TRESPERG genotypes identified in both environmental

 (E) and clinical (C) background, and its susceptibility profile

 (susceptible framed in blue and resistant in red).

 E
 C

	t02m1.1c09e05	55	2 1
nmental	t02m6.1c08Ae11	1	1
PERG	t03m1.1c05Ae07	6	4
types	t03m1.1c05Ae09	1	7
also	t03m1.1c08Ae07	2	1 13
lentified	t03m1.1c08Ae08	3 1	1
clinical	t03m1.1c08Ae09	1	2
ples.	t03m1.1c09e07	1	2
	t03m1.3c08Ae07	2	1
	t03m1.3c09e02	1	3
	t04Am1.3c08Ae07	1	1
	t04Am1.3c08Be07	1 5	1
	t04Am3.4c17e11	1	1
	t26m1.1c08Be07	2	7

5 The presence of resistant A. fumigatus strains in the environment underscores the portance of monitoring to understand w resistance develops and spreads. 5

A greater diversity of genotypes was served among susceptible *A. fumigatus* ains compared to the resistant ones.

The prevalence of specific resistant genotypes in the environment, which closely resemble clinical isolates, should be explored in depth for a better understanding of the risks and transmission routes. Furthermore, it emphasizes the need for implementing surveillance programs, control strategies, and assessment of clinical implications.



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