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OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

CRYPTOCOCCUS GATTII: THE FUNGUS AMONG US

new strain of a tropical fungal interloper has been discovered in the United States...but no matter how it arose, this party crasher looks like "it's going to stick around..."

INTRODUCTION

Cryptococcus gattii is an encapsulated, pathogenic yeast, closely related to Cryptococcus neoformans.* Until 1999, it had been thought limited to tropical and subtropical climates; but in that year it emerged on Vancouver Island, resulting in one of the highest incidences of C. gattii infection reported anywhere in the world. Human illnesses caused by C. gattii were subsequently confirmed on the British Columbia mainland, in Washington State, and, since 2004, in Oregon.

THE PATHOGEN

Cryptococcus gattii is most easily distinguished from *C. neoformans* by the blue color it produces when plated on differential CGB[†] agar. The natural reservoir of *C. gattii* seems to be soil and plant debris; the fungus has been associated with numerous tree species including eucalyptus, fir, Garry oak, etc. When inhaled, it may infect humans and a variety of mammals such as dogs, cats, goats, elk, ferrets, etc.

Multilocus sequence typing subcategorizes the organism into four genotypes: VGI, VGII, VGIII, and VGIV. Further genetic analysis divides the VGII genotype into three subtypes: VGIIa, VGIIb, and VGIIc.⁸⁻⁹ Although VGII is the genotype most commonly found recently in the Pacific Northwest and in British Columbia, it is uncommon in other *C. gattii*-endemic parts of the world, where VGI is isolated most frequently.¹⁰ Interestingly, VGIIc has been isolated only from humans, animals in Washington and Oregon and so far only from Oregon soil.

EPIDEMIOLOGY

In the wake of the Vancouver Island outbreak, in November 2004 the <a href="Oregon Public H</u>ealth Division began">Oregon Public H</u>ealth Division began

to solicit cryptococcal isolates from Oregon clinical laboratories for testing at the Oregon State Public Health Laboratory (OSPHL). C. gattii infections were soon confirmed among Oregonians, including some who had never traveled to British Columbia. 11 Of 91 Cryptococcus isolates processed by the OSPHL sixty cases (66%) of *C. gattii* infection were reported in Oregon between November 2004 and October 2011; most cases were identified after September 2008 when we began to solicit cases more actively (Figure 1). Thirty-three (55%) of the cases were female. The median age was 57 years (range, 10 months – 96 years; Figure 2).

HUMAN ILLNESS

Cryptococcus gattii appears to differ from its sibling species C. neoformans, both in its clinical manifestations and in its ecologic niche. C. gattii may be more likely to cause cryptococcomas and less susceptible to antifungal drugs. 12,13 In addition, whereas the primary risk factor for C. neoformans cryptococcosis is severe immunosuppression (e.g., from HIV infection), both immunocompromised and previously healthy individuals seem to be at risk for *C. gattii* infection. ^{12–14} *Cryptococcus* gattii causes life-threatening infection of the pulmonary and central nervous systems in all hosts.

Through November 2010, 46 of the Oregon cases have been reviewed thoroughly. Of these, 21 (46%) were primarily pulmonary, 12 (26%) primarily CNS, 9 (20%) CNS and pulmonary, 1 (2%) bloodstream alone and 3 (6%) were other (nail bed infection, thrush, urinary tract infection).

Of those, 34 (74%) had an underlying chronic medical condition. Twenty-four (52%) patients had an immunosuppressing condition, including nine with solid organ transplants and 11 with a variety of autoimmune diseases. This is a bit at odds with the pictures of *C. gattii* infection as reported from British Columbia, where only 41 (39%) of 124 confirmed cases during 1999–2007 were immunocom-

promised; and Victoria, Australia, where 0 of 20 cases identified during 1980–1990 were immunocompromised.^{2, 14} Perhaps cases in immunocompetent patients in Oregon were missed, given that reporting was voluntary. N.B.: as of August 19, 2011, cryptococcal infection is now reportable in Oregon; and laboratories will be required to forward the isolates to OSPHL for speciation.[‡]

Figure 1. *C. gattii* human cases reported, Oregon 2004–2011

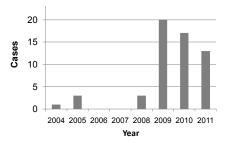
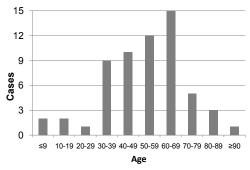


Figure 2. *C. gattii* by age group, Oregon, 2004–2011



EPIZOOTIOLOGY

Oregon veterinarians and veterinary laboratories have reported *C. gattii* cases since 2008. Through October 2011, the Oregon State University's Veterinary Diagnostics Laboratory (VDL) has identified 40 cases: 15 cats, 9 dogs, 5 alpaca, 5 goats, two elk, a ferret, a horse, a dolphin and a sheep (Figure 3, *verso*). Of the *C. gattii* isolated at VDL, 10 were isolated from lungs, 10 from nasal cavities, 9 from skin abscesses, 7 from the brain or CSF, 2 from kidneys, and one each from an oral lesion and a rectal sample. Of the 40 isolates, 39 were serotyped: 23 were VGIIa, 6 VGIIb, 9 VGIIc and 2 VGIII.

‡ Oregon Administrative Rules 333-018-0015 and 333-018-0017

^{*} In fact, its former moniker was

[&]quot;Cryptococcus neoformans var. gattii."

[†] L-canavanine glycine bromothymol blue

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Because human beings are wont to travel, and the incubation period for *C. gattii* infection is long (median, 6–7 months; range of 2–13 months),¹¹ it's difficult to know where a given human case acquired his or her infection. Figure 3 shows where the non-human cases resided — probably indicating more reliably where the fungus abides.

the better to define the ecology of this fungal pathogen in Oregon.

CD SUMMARY

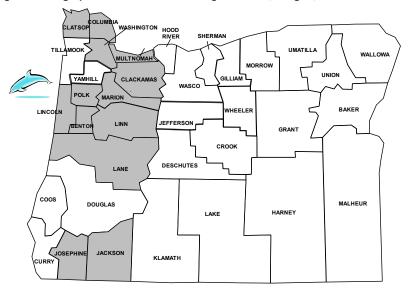
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CONCLUSION

Cryptococcus gattii appears to be established in Oregon, and case counts may be rising. Both immunosuppressed and previously healthy persons appear to be at risk. More information is needed about the effective-





ECOLOGY

To zero in on environmental niches, we collected samples from around the residence of a 9-month-old dog (with no travel history!) from which *C. gattii* VGIIa was cultured. The soil and tree bark samples of a *Pseudotsuga menziesii* var. *menziesii*§ collected a year apart yielded *C. gattii* VGI, VGIIa, VGIIb and VGIIc. We hope to collect more environmental samples around the homes of animal cases without travel history,

ness of azole antifungal agents in treating it. All cryptococcal infections are now reportable in Oregon; we hope that the data bolster our understanding of *C. gattii* risk factors, treatment and prognosis.

REFERENCES

- Kidd SE, Hagen F, Tscharke RL, et al. A rare genotype of *Cryptococcus gattii* caused the cryptococcosis outbreak on Vancouver Island (British Columbia, Canada). PNAS 2004;101:17258–63.
- CDC. Emergence of Cryptococcus gattii--- Pacific Northwest, 2004--2010-. MMWR 2010 59;865-8
- 3. Fyfe M, MacDougall L, Romney M, et al. *Cryptococcus gattii* infections on Vancouver Island,

PERIODICALS POSTAGE

PAID

Portland, Oregon

- British Columbia, Canada: emergence of a tropical fungus in a temperate environment. Can Commun Dis Rep 2008;34:1–12.
- Kwon-Chung KJ, Polacheck I, Bennett JE. Improved diagnostic medium for separation of *Cryptococcus neoformans* var. *neoformans* (serotypes A and D) and *Cryptococcus neoformans* var. *gattii* (serotypes B and C). J Clin Microbiol 1982;15:535–7.
- Ellis DH, Pfeiffer TJ. Natural habitat of Cryptococcus neoformans var. gattii. J Clin Microbiol 1990;28:1642–4.
- Kidd SE, Chow Y, Mak S, et al. Characterization of environmental sources of the human and animal pathogen *Cryptococcus gattii* in British Columbia, Canada, and the Pacific Northwest of the United States. Appl Environ Microbiol 2007;73:1433–43.
- Bartlett KH, Kidd SE, Kronstad JW. The emergence of *Cryptococcus gattii* in British Columbia and the Pacific Northwest. Curr Infect Dis Rep 2008;10:58–65.
- Iqbal N, DeBess EE, Wohrle R, et al. Correlation of genotype and in vitro susceptibilities of *Cryptococcus gattii* strains from the Pacific Northwest of the United States. J Clin Microbiol 2010;48:539–44.
- Meyer W, Aanensen DM, Boekhout T, et al. Consensus multi-locus sequence typing scheme for *Cryptococcus neoformans* and *Cryptococcus gattii*. Med Mycol 2009;47:561–70
- 10. Byrnes EJ, 3rd, Bildfell RJ, Frank SA, et al. Molecular evidence that the range of the Vancouver Island outbreak of *Cryptococcus* gattii infection has expanded into the Pacific Northwest in the United States. J Infect Dis 2009;199:1081–6
- 11. MacDougall L, Kidd SE, Galanis E, et al. Spread of *Cryptococcus gattii* in British Columbia, Canada, and detection in the Pacific Northwest, USA. Emerg Infect Dis 2007;13:42–50..
- 12. Datta K, Bartlett KH, Baer R, et al. Spread of *Cryptococcus gattii* into Pacific Northwest region of the United States. Emerg Infect Dis 2009;15:1185–91.
- 13. Sorrell TC. *Cryptococcus neoformans* variety *gattii*. Med Mycol 2001;39:155–68.
- 14. Speed B, Dunt D. Clinical and host differences between infections with the two varieties of *Cryptococcus neoformans*. Clin Infect Dis 1995;21:28–34.