

Supplemental Data

Definitions

Primary candidemia was defined as an infection with no apparent origin that did not match any other source criteria after adequate investigation. Central venous catheter-related candidemia was defined as growth of the same species from peripheral blood culture and from a central venous catheter tip culture, or differential time to positivity ≥ 2 hours. We defined differential time to positivity as the difference in time for blood cultures drawn simultaneously through the central venous catheter and from a peripheral vein to become positive [1, 2]. An intraabdominal origin required clinical and radiological evidence of invasive candidiasis or a positive culture with a *Candida* species isolated from adequate samples obtained during surgery or by percutaneous aspiration [3]. Urinary tract origin was established if the same *Candida* species was isolated from a urine culture in a patient with a specific predisposing condition [4]. Other sites of infections, such as empyema and mediastinitis, were identified using the definition of the US Centers for Disease Control and Prevention and National Healthcare Safety Network [5]. Adequate source control was individualized according to the source of infection, including venous catheter with removal, abscess drainage, or surgical correction of underlying disease. Thirty-day mortality was defined as death by all causes within 30 days of the onset of candidemia.

REFERENCES

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