# Microbiology Research Journal International



**30(10): 18-49, 2020; Article no.MRJI.63726 ISSN: 2456-7043** (Past name: British Microbiology Research Journal, Past ISSN: 2231-0886, NLM ID: 101608140)

# The Rise of Fungi: Evidence on the Global Scale. Old Known Silences or Mysterious Threats to the Planet

Diniz Pereira Leite Júnior<sup>1,2\*</sup>, Gisela Lara da Costa<sup>3</sup>, Elisangela Santana de Oliveira Dantas<sup>4</sup>, Diana Costa Nascimento<sup>1</sup>, Debora Moreira<sup>1</sup>, Ronaldo Sousa Pereira<sup>2</sup>, Regina Teixeira Barbieri Ramos<sup>1</sup>, Mário Mendes Bonci<sup>1</sup>, Margareth Léa da Silva Maia<sup>1</sup>, Rinaldo Ferreira Gandra<sup>5</sup>, Marcos Ereno Auler<sup>6</sup>, Marcia de Souza Carvalho Melhem<sup>7,8</sup> and Claudete Rodrigues Paula<sup>1</sup>

<sup>1</sup>School of Dentistry, University of São Paulo (USP), São Paulo, SP, Brazil.
<sup>2</sup>Specialized Medical Mycology Center, Laboratory Investigation, Medicine School, Federal University of Mato Grosso (UFMT), Cuiabá, MT, Brazil.
<sup>3</sup>Taxonomy, Biochemistry and Fungal Bioprospecting Laboratory, Oswaldo Cruz Institute (FIOCRUZ), Rio de Janeiro, RJ, Brazil.
<sup>4</sup>Institute of Biosciences, Federal University of Mato Grosso (UFMT), Cuiabá, MT, Brazil.
<sup>5</sup>University Hospital, State University of West Paraná (UNIOESTE), Cascavel, PR, Brazil.
<sup>6</sup>Faculty of Pharmacy, University of the Western Center of Paraná (UNICENTRO), Campus CEDETEG, Guarapuava, PR, Brazil.
<sup>7</sup>Federal University of Mato Grosso do Sul (UFMS), Campo Grande, MS, Brazil.

### Authors' contributions

This work was carried out in collaboration among all authors. The first author DPLJ conceived and designed or scope of the review. All other authors contributed to the improvement of the article, carrying out a careful review. All authors read and approved the final manuscript.

### Article Information

DOI: 10.9734/MRJI/2020/v30i1030272 <u>Editor(s)</u>: (1) Dr. Laleh Naraghi, Iranian Research Institute of Plant Protection, Iran. (2) Dr. Mehdi Razzaghi-Abyaneh, Pasteur Institute of Iran, Iran. (3) Dr. Ana Cláudia Coelho, University of Trás-os-Montes and Alto Douro, Portugal. (4) Dr. Hung-Jen Liu, National Chung Hsing University, Taiwan. <u>Reviewers:</u> (1) Bianca Guzmán Condarco, Universidad Técnica Federico Santa María, Chile. (2) S. Kumar, India. (3) Marcelo Henrique Otenio, Brazil. Complete Peer review History: <u>http://www.sdiarticle4.com/review-history/63726</u>

> Received 25 November 2020 Accepted 18 December 2020 Published 31 December 2020

**Review Article** 

\*Corresponding author: E-mail: djbiologico@gmail.com;

### ABSTRACT

**Introduction:** Fungi are organisms that present themselves in multicellular macroscopic and unicellular microscopic forms. They are eukaryotic, heterotrophic, reproduce asexually/sexually, cosmopolitan, achlorophyllates and are present in various climatic conditions and found in a variety of species and forms in nature.

**Aims:** Present the emerging evolution of fungi, their underreporting, scale and parameters that show their potential as a heterotrophic organism, decomposer and pathogen.

**Methodology:** In this review, we conducted a search emphasizing themes about fungi using the available databases and based on the scientific literature, we discussed a series of recent issues involving this wide realm and the constant controversies and expectations that guide the existence of fungi on the planet.

**Results:** The results presented show an analysis of the action of these eukaryotic organisms and their interaction with other living beings, the constant changes in taxonomy, their pathogenic potential in plants and animals, issues related to the intrinsic resistance of some species to drugs and also the potential biotechnological for which these organisms demonstrate high plasticity.

**Conclusion:** The expansion of fungal diseases to the fauna and flora of the planet; leads us to believe that, unless measures are taken to reinforce biosafety issues, it will be increasingly necessary to take care of the health conditions of the planet to avoid a global collapse caused by microscopic beings.

Keywords: Mycology; pathogens; fungi kingdom; tropical diseases; fauna and flora.

### **1. INTRODUCTION**

The recent events that have occurred around the world in the face of the fatal threat of the COVID-19 pandemic have caused humanity to rethink its way of being and act before the world in which it lives and the environment around it. Emerging Infectious Diseases (EIDs) are considered a significant burden for global economies and public health [1].

Divergent from the animal kingdom for more than 1.3 billion years, distinguishable from animals by their extracorporeal and non-internal digestion; not comparable to plants by their heterotrophic nature, capable of competing with each other and with other microorganisms, fungi have developed numerous strategies [2].

Fungi are organisms that present in a macroscopic and multicellular (filamentous) and microscopic and unicellular (yeasts) form are eukaryotic, heterotrophic nutrition, can reproduce in an asexual and/or sexual form, most of the eukaryotic group are cosmopolitan, achlorophilate, presenting rarely cellulosic cell wall, usually chitinous, aerobic par excellence, with glycogen storage and are present under various climatic conditions and found in an abundant variety of species by nature [2,3].

These macros and microorganisms have a vast colonization capacity of living organic substrates,

relating to the various environmental, taxonomic, morphological, physiological characteristics, as an ability to degrade substrates that are difficult to digest, such as cellulose, lignin and pollen, as well as nutritional and biochemical capacities; while fighting competitors using an arsenal of bioactive metabolites such as antibiotics, organic acids, ethanol and antigenicity while behaving in their lives saprophytes, decomposers and parasites, becoming pathogenic organisms that attack plantations, wildlife, domestic animals and even humans [2-6].

The diversity of life is one of the most striking aspects of our planet; therefore, knowing how many species inhabit the Earth is among the most fundamental questions of science. Recent improvements in researchers' ability to detect uncultured microbial species have made it possible to document the enormous diversity of microorganisms in animals and vegetables and reporting that when we treat the human species, we Homo sapiens, 90% of all cells are microbial [7].

For decades estimates of the number of fungi on the planet were evaluated, first by Bisby and Ainsworth [8] who estimated about 100,000, then Martin [9] estimated that this fungal biodiversity was 250,000 and reaching a magnitude of 1.5 million by Hawksworth [10], the latter being accepted for about two decades. In 2011, a new hypothesis came into question by Blackwell [11], this estimate of 3.5 to 5.1 million worldwide. An updated estimate of fungal diversity showed that fungal species ranged from 2.2 to 3.8 million worldwide [12] with insertion of species that can infect humans and animals, especially in tropical and temperate countries. Based on more recent data generated by Chinese researchers [13] from research, the fungal species on Earth have been estimated at 12 to 13.2 million species, and it seems that these estimates will change with the new daily discoveries of the existence of these organisms on the planet.

When addressing the clustering characteristics of these fungal organisms, we cannot ignore infectious diseases, including those caused by fungal organisms, which are associated with considerable morbidity and consequent worldwide mortality, caused by pathogens in this eukaryotic group.

Human activity and global warming are intensifying behavioral changes, creating new adaptations of the species and contributing to the spread of various diseases, including fungal diseases. The action of man has modified natural environments and created new opportunities for the evolution of species.

Although human, financial, substantial and time resources are limited, in the case of infections by fungal organisms, it is not yet clear whether the resources applied to elucidate fungal diseases are effectively used in research to manage these diseases [14].

# 2. METHODS

In this review, we conducted a search in the literature emphasizing topics about fungi using the available databases. We examined the landscape and evolution of fungi and mycoses, discussing the current state of some such Cryptococcus. fungi as Candida, Aspergillus, dermatophytes and other fungi, and the future challenges facing these microorganisms, with a focus on understanding the main problems related to fungal infections, taxonomy and the current situation in which these beings are, providing a critical and rational discussion on the available knowledge to obtain a clear vision of the future on the action of these eukaryotic organisms and their importance on the planet in the global challenge of species.

## 3. RESULTS

After consultation and evaluation, 148 scientific papers that were available were used as relevant results for the discussion of the review. The results presented show an analysis of the action of these eukaryotic organisms and their interaction with other living beings, the constant changes in taxonomy, their pathogenic potential in plants and animals, issues related to the intrinsic resistance of some species to drugs and also the potential biotechnological for which these organisms demonstrate high plasticity. The results were grouped by themes and are presented below.

### 4. DISCUSSION

### 4.1 Fungi: Environmental Contamination?

Until recently, many fungi were considered merely contaminants of surfaces and laboratory plates due to their presence dispersed by aerial sources, many of these fungi once considered "contaminants"; currently has been modifying its "status quo". The premise that there was a division of pathogenic fungi and environmental fungi has fallen apart and some of these eukaryotic microorganisms are leaving their mark and showing themselves to what they came for and why they exist.

Changes in the taxonomy of these eukaryotic organisms have changed in recent decades and fungal phylums have taken a leap in nature from recent reports. The classification of fungi kingdom has been continuously updated, with the frequent inclusion of DNA sequence data in recent studies [15]. A new classification for the Fungi kingdom was created by Tedersoo et al. [16] based on phylogenetic studies and the time of divergence of certain taxons, establishing 18 phylums:

Ascomycota, Aphelidiomycota, Basidiomycota Basidiobolomycota, Blastocladiomycota, Calcarisporiellomycota, Caulochytriomycota, Chytridiomycota, Entomophthoromycota, Glomeromycota, Kickxellomycota, Monoblepharomycota, Mortierellomycota, Mucoromycota, Neocallimastigomycota, Olpidiomycota, Rozellomycota and Zoopagomycota.

That same year, Wijayawardene et al. [17] provided a more detailed classification system of phylums and genera for the most specific clades

of fungi, in agreement with the specifications elaborated by Tedersoo et al. [16], closing its ranking in 16 taxons, leaving out the phylum ascomycota and Basidiomycota, from the previous list.

Most currently mycologists and scholars of the Fungi kingdom have established a new classification in 12 taxons:

Ascomycota, Basidiomycota, Microsporidia, Chytridiomycota, Zoopagomycota, Mucoromycota, Cryptomycota, Neocallimastigomycota, Entorhizomycota, Aphelidiomycota, Monoblepharidomycota, Blastoclamydiocota [18].

In the same year, a large group of researchers led by Wijayawardene et al. [15] updated the classification in class, order and families by establishing 19 fungal taxons:

Aphelidiomycota, Ascomycota, Basidiobolomycota, Basidiomycota, Blastocladiomycota, Calcarisporiellomycota, Caulochytriomycota, Chytridiomycota, Entomophthoromycota, Entorrhizomycota, Glomeromycota, Kickxellomycota, Monoblepharomycota, Mortierellomycota, Mucoromycota, Neocallimastigomycota, Olpidiomycota, Rozellomycota and Zoopagocotamy.

We observed that the "dance of the chairs" in fungal taxonomy becomes constant, and often difficult to understand, this conception often leads young researchers to give up the area due to the difficulty and complexity of this group of living beings. From the moment new studies and analyses of the various groups are evaluated, we find out whether these created fiscals will be accepted or will remain established as new and more fiscal are analyzed and new discoveries being included.

Given these facts, this reality demonstrates the hidden, silent and microscopic nature of many fungi and also means that their diversity is underreported with a much higher number of species that have been formally described [11,12]. In the same decades, fungal outbreaks have appeared caused by previously rare genotypes or even new species affecting humans, mammals, amphibians [19].

Human activity is intensifying the spread of fungal diseases, modifying natural environments

and creating new opportunities for evolution. An unprecedented number of fungal diseases have recently resulted in some of the most serious deaths and extinctions ever seen in wild species [3].

Currently, emerging fungal diseases are becoming increasing all over the world, and showing themselves to be on the rise threatening to wildlife species as we can mention the *Batrachochytrium dendrobatidis* (Bd) a fungus of the order Chytridiales, phylum Chytridiomycota parasite of skin cells of wild amphibians (frogs, salamanders, caecilians) [20], which decimated populations of global amphibious biodiversity, being widely distributed in the Americas and detected in Africa, Asia and Europe [3].

A second species *B. salamandrivorans* (Bsal), discovered in 2013 [21] was considered the etiological agent for causing chytridiomycosis in salamanders in Asia and Europe. According to Ossiboff [22], morphologically the strains of these chytridiomycosis are indistinct in the tissues of the affected amphibians, being differentiated only by molecular methods. Amphibian chytridiomycosis is the "worst infectious disease ever seen among vertebrates, in terms of the number of species affected and are prone to extinction.

Because of this ability to host various forms of microorganisms, the epidemic of white nose syndrome (WNS) in bats has as a catastrophic example and incriminated agent; the fungus *Pseudogymnoascus destructans* (Eurotiales, Ascomycota) [23]. This fungus, lover of the cold responsible for white nose syndrome, zoonosis that has gained the name of white ring that forms around the snouts of these winged mammals while hibernating. Affected animals are no longer able to control their body temperature during hibernation periods, deplete their reserves and starve to death [24].

The capacity of fungal pathogens such as *P. destructans* to persist outside the host, probably increases their impact on populations and increases the risk of species extinction [3]. It is known from the literature that bats are hosts of a rich diversity of microorganisms and some records point to this link between the chiropterans and fungi. Among the fungal agents stand out *Cryptococcus* spp., Paracoccidioides spp., Pneumocystis spp. and Histoplasma spp. [25-27].

Most emerging wildlife pathogens are of viral origin, but fungal infections have also been recognized at a wide range of taxa, including plants and still pecilothermal animals [3].

The list of fungal infections affecting wildlife, not by far is it to be finished, we can mention outbreaks and diseases by Emerging Infections Diseasis (EID's) in reports in the literature, occurred in recent decades, caused in bee species Apis mellifera decimated by a microsporide fungus of the genus Nosema, causing collapse and the decline of the colonies of these hymenenopters [28], nests of sea turtles Caretta caretta, attacked by ascomyiceto fungus Fusarium solani [29] causing poor development of future turtles and another ascomyte, causing aspergillosis by Aspergillus sydowii, an epizootic that affected Gorgonia ventalina marine corals, probably derived from global climate change and ocean warming [30].

The Lethargic Crab Disease (LCD) that has been decimated native populations since 1997 of the crab-uçá *Ucides cordatus* (Decapoda: Ocypodidae) in the Brazilian mangroves. Phylogenetic analyses confirm the diagnosis of the fungus LCD in crab tissues as an ascomycete, presenting a close relationship with members of the subphylum Pezizomycotin [31].

In Brazil, a fungal disease has worried health agencies in the South and Southeast regions of the country, where its occurrence is restricted. In the urban area, *Sporotrix brasiliensis* (the most virulent species of the complex) has been considered the predominant agent in cats (rarely observed in other mammalian hosts). The fungus is capable of producing a large amount of infectious material in feline tissues, nails and oral cavity [32], currently being considered an epidemic in the city of Rio de Janeiro/Brazil, southeast region of the country, provided by this species.

More presently, a study conducted in Belo Horizonte/Brazil associated the presence of felines and humans who have been suffering from sporotrichosis since 2015, reporting that human cases are closely linked to feline infections. The authors warned that actions include the control of the disease in cats and the search for cases of felines, focusing on diagnosis and control, close to the human cases reported [33]. Registration of another infectious agent in cats have been reported in cases of infections caused by *Aspergillus felis* in felines in Australia. This fungal entity causes fungal rinosinusitis, invasive sino-orbital and pulmonary aspergillosis, and may be an invasive infectious agent for other mammals; dogs and humans [34]. Often these cryptic species, highly contaminating and that can cause outbreaks, have a variable degree of susceptibility and antifungal resistance, which is worrisome because they end up making their treatment difficult.

Also in this context, we can mention the various fungal organisms that attack plant species, decimating plantations promoting great losses in agricultural production, such as those reported by Fisher et al. [3], as phytopathogens with intrinsic resistance such as *Zymoseptoria tritici*, which affects wheat crop; pathogen of banana *Mycosphaerella fijiensis; Blumeria graminis* mold powder fungus; the emerging barley pathogen *Ramularia collo-cygni* and the apple shell fungus *Venturia equequis* and *Botrytis cinerea*, a generalist fungus that affects several crops.

When we then move to the human sphere, we consider dermatomycosis, also called cutaneous mycoses that affect skin, nails and scalp, cause esthetics problems and less serious to human health. However, the act of scratching causes injuries and may be the gateway to a group of fungi, more specialized, reaching deeper tissues and causing serious problems [35].

Other mycoses such as histoplasmosis, paracoccidioidomycosis, chromoblastomycosis, sporotrichosis and mucormycosis are associated with high mortality rates or generation of conditions that prevent the performance of professional functions and social integration. In this group are subcutaneous and systemic mycoses, where their spores or mycelial fragments are inoculated causing diseases and fungal infections predominant in people who work with the land or have contact with animals and them excretes. It is these systemic mycoses, which lead to infection throughout the human organism, and cause the greatest damage to the body system causing manifestations in the nervous, respiratory, digestive, circulatory and osteoarticular system [35].

### 4.2 Fungi: Neglect how Long?

Until recently fungi, they were considered harmless environmental beings, even friends,

because they were recognized as decomposers; currently this image, have been gaining importance, and become a highlight in the scientific environment and especially in medicine. Common inhabitants of the environment, present in the soil, in the air, in water, in caves, in homes and even hosts in our own bodies; these eukaryotic beings, gradually have been spreading and becoming aggressive causing serious infections, resistant to antifungals and becoming deadly to humans and animals with weakened natural defenses.

The use of the term "neglected diseases" is relatively recent and often considered controversial in its employment. According to the World Health Organization, some diseases are well known around the world, such as dengue, leishmaniasis. American trypanosomiasis, leprosy, zika, chikungunya, schistosomiasis and rabies [36]. Although they have been present on our planet for thousands of years, they still remain a challenging factor for the medical and scientific community. According to the GAFFI (Global Action Fund for Fungal Infections) fungal diseases are neglected worldwide by public health authorities, estimating that the global burden of severe fungal infections reaches 80% of the world population [37].

diseases are diseases and/or Neglected infections, which at the same time are consequences and causes of economic and social underdevelopment present in several international reports and studies such as those organized by the World Health Organization (WHO) [36] and Medecins Sans Frontieres (MSF) [38], which will propose dividing diseases into Global, Neglected and more Neglected; in this same parameter, who introduced a similar classification, dividing the diseases into Type I, II and III [39], respectively the ones proposed by the MSF.

Woolhouse et al. [40], classify these manifestations of these prokaryotic and eukaryotic microbiological agents that often present their emergence motivated largely; in addition to the socioeconomic factors already mentioned, also framing them in environmental and ecological factors.

The threats of emerging and re-emerging infectious diseases have increased globally. When we approach the themes of emerging diseases, neglected diseases, we observe how important this process is called health/disease and the extent to which we can determine who it is; or who can be considered neglected.

Neglected Tropical Diseases (NTD), such as schistosomiasis (popularly known as water belly) or American trypanosomiasis, in Brazil called Chagas disease, attract especially low attention. In a recent enlightening paper on the subject, Furuse [14] emphasized the lack of consensus among scientific publications, demonstrating that some neglected diseases are delegated for a second, or a third plan by the researchers themselves, leaving as an example the verminosis known as hookworm (Ancylostoma duodenale or Necator americanus) and ascaridiasis (Ascaris lumbricoides); while other diseases are objects of so many studies making their research paradoxical as are the case, leprosy, Chagas disease and leishmaniasis.

In Brazil, human fungal infections are predominant, however, these conditions are not officially reportable diseases [41]. When we turn our vision and attention to fungi, we revert this questioning to the statements of Molloy et al. [42] that alerts us to cryptococcal meningitis, a deadly systemic fungal disease, of the tropics and subtropics, so neglected that it is even part of the WHO list. According to Fisher et al. [3] fungal infections were largely neglected in relation to other classes of infectious diseases, although these infections are quite ubiquitous.

In 2017, the journal Nature Microbiology published an alert on neglected fungal diseases, showing that despite being a significant threat to public health, biosecurity, ecosystem resilience and biodiversity on the planet; the funding agencies, the press, the public authorities of the countries and even the scientific community, should pay more attention, as they aim to mitigate a problem that afflicts several regions of the globe, including Brazil, inserted in this context [43].

Although many fungal diseases are neglected by public health authorities and poorly addressed, some fit the World Health Organization's (WHO) definition of Neglected Tropical Diseases (NTD). Brazilian Ministry of Health [44] in its list reports that diseases considered as neglected. We observed that no fungal organism is mentioned in this list. However, recently the World Health Organization has included mycetomas, chromoblastomycosis and "other deep mycoses" in the list of neglected tropical diseases [45]. According to GAFFI [37], among fungal diseases, mycetoma was adopted as NTD by the WHO in 2013 and chromoblastomycosis in 2017 with 'other deep mycoses'. This is a major step forward in the perspective of improving the outcomes of patients with these serious diseases, and they hope that other diseases such as sporotrichosis, paracoccidioidomycosis and fungal ceratitis will be included in the World Health Organization's Portfolio of Neglected Tropical Diseases (NTD).

Despite their alarming impact on human health, fungal diseases have been continuously neglected over the years [35]. In Brazil, estimates from the Ministry of Health suggest almost 4 million individuals suffer from some fungal disease [41]. It is estimated that cases of allergic aspergillosis, candidemias and meningitis caused by *Cryptococcus* are the main causes of death in the brazilian population. This leads us to believe that it may be the fact that the alternatives for treating fungal infections available on the market are expensive, ineffective and often associated with undesirable side effects [46].

According to records conducted by GAFFI, global estimates suggest an annual occurrence of approximately more than 223,000 cases of cryptococcal meningitis, 750,000 cases of invasive candidiasis, 3,000,000 cases of chronic affecting pulmonary aspergillosis mainly HIV/AIDS 100.000 patients, cases of disseminated histoplasmosis infection, 500,000 cases of Pneumocystis pneumonia, 300,000 cases of invasive aspergillosis and even more than 6,500,000 cases of fungal asthma [37].

### 4.3 Dermatophytes: New Taxonomy, Old Etiological Agents

Since the studies on the identification of dermatophytes with the contributions of David Gruby (1840-1875) were recommended, who discovered the nature of skin infections to the advances proposed by Sabourraud (1870-1920), where morphological characters and clinical characteristics were requirements for the identification of keratinophilic fungi in the last decades of the twentieth century [47].

Dermatophytosis comprises an extensive variety of distinct clinical conditions. The most common were included in cutaneous mycoses under the generic name of "tinhas" (from Latin tinea = worm), and classified according to location: tinea capitis, tinea corporis (ringworm), tinea barbae, tinea unguium (onychomycosis), tinea pedis (athlete's foot), tinea manuum and tinea cruris (jock itch) [5], an item richly addressed in the classical work of mycology – Les Teignes, by Raymond Jacques Andrien Sabouraud [6].

Dermatophytes is a highly specialized group of filamentous fungi capable of extracting nutrients from the hard-to-obtain keratin protein, the most abundant substance present in the epithelial cells of the upper vertebrates (mammals, birds and reptiles) is the basic component of human or animal skin, hair, hair, hooves, nails, scales, horns, feathers, including wool.

Tissues that have the ability to produce keratin, such as keratinized layers of skin, hair and nails are highly selective for the growth of dermatophytes, which explains the fact that these fungi infect only the superficial and cutaneous tissues rich in keratin, with no invasive power [48,49]. However, records in the scientific show rare cases literature of deep dermatophytosis described in association with patients with human immunodeficiency virus (HIV) and immunosuppressed patients [50,51].

These keratinophilic agents, affect corneal extract of the skin or nail plate of normal hosts. but other forms of skin and nail mycoses can also be caused by dermatophyte fungi and/or caused by other genera that called "nondermatophytic fungi", causing a diversity of clinical pictures. Among these fungi stand out the genera: Fusarium, Aspergillus, Penicicllium Chrysosporium, Scopulariopsis, Microascus, Aphanoascus. Chaetomium, Alternaria. Curvularia and Scytalidium that are related to superficial mycoses in nail lesions and interdigital foot spacings demonstrating the pathogenic capacity of these microorganisms [6,48].

These non-fungal etiologies that mimic the typical dermatophytic lesion on the skin, and produce manifestations equal to dermatophytic agents and their differential diagnosis were detailed by researchers from Belgium [52].

Traditionally, dermatophytes are classified in division, ascomycota, class, upper tons; Eurotiomycetes; Order, Onygenales, and family, Arthrodermataceae, remaining until recently a limited taxonomy and belonged there are three distinct genera: *Microsporum, Trichophyton* and *Epidermophyton* and their respective species.

Species belonging to these genera that reproduce sexually [5], presented according to the primary habitat and affinity for hosts, to be classified into three ecological groups: geophilic, zoophilic and anthropophilic species [6] saprophytes by nature, have the ability to colonize keratinized tissues [5,6].

The importance of recognizing, a certain species of dermatophyte, to which microecosystem it belongs is related to the response it can trigger in the human host; thus, it is believed that the more phylogenetically distant a dermatophyte of the it parasitized, the greater species the inflammatory response [53], that is, the farther from the human host the degree of infection becomes more aggressive and evident, this can be observed in more aggressive and exuberant infections caused by geophilic species, than by zoophilic and anthropophilic species, the latter, the latter can coexist with the human host and often produce manifestations without many tissue changes.

Anthropophilic species naturally colonize the human host, are easily transmitted and spread through contact between humans (schools, prisons, barracks, swimming pools and families), presenting mild and chronic skin infections, without severe inflammation. Zoophilic species are closely related to the animal reservoir, causing infections in animals mostlv asymptomatically, colonizing the skin and attachments, and can be transmitted to humans. The reservoir geophilic of dermatophytes is the land itself, this type of fungal agent is especially around mammalian habitats, contributing to its dissemination [5,6,47,53] (Table 1).

The distributions of these fungi vary considerably, depending on epidemiological factors and geographic area. According to ancient and current records, the species *Trichophyton rubrum* is the most predominantly isolated etiological agent of humans followed by *T. mentagrophytes* [5,6,54,55].

These days, based on advanced molecular studies (ITS, rDNA and partial LSU sequencing, ribosomal subunit 60S,  $\beta$ -tubulin fragments and translation 3 stretching factor), American researchers phylogenetically analyzed trees from dermatophyte groups and showed a degree of correspondence between phylogenic groups reaching an acceptable level of stability [47].

In the work developed by de Hoog et al. [47], six new genera were suggested for this fungal group (Nannizia. Paraphyton, Lophophyton, Arthroderma, Ctenomyces and Guarromyces) to the three genera (Trichophyton, Microsporum and Epidermophyton) already existing emerging new dermatophytic classification. The genus Epidermophyton remained an original restricted clate, as well as the genus Trichophyton, classifying some zoophilic and anthropophilic species. In relation to the geophilic and zoophilic species of the genus Microsporum were divided into the genera Arthroderma, Lophophyton, Nannizzia and Guarromyces.

In the recently proposed taxonomy, 56 species are now classified as dermatophytic. The genus Arthroderma now contains 21 species. Microsporum three species, Ctenomyces, Epidermophyton, Lophophyton one species, respectively, Nannizzia nine species and Trichophyton 16 species. In addition, two new genera were introduced: Guarromvces containing one species and Paraphyton three species (Table 1).

The preponderant observations were detected that the genera *Arthroderma* and *Nannizzia*, which previously denoted sexual states of dermatophytes, are now considered regular genera. Although the molecular approach has been able to address the main characteristics of the evolution of dermatophytes, it may still suffer flaws in some details. The phylogenetic tree created based on the kinship evaluation contains 7 representative clades (A-G) and two unmarked clades (Table 1).

According to Lacaz et al. [6] of healthy skin, several dermatophytes can be isolated, referring to *Trichophyton rubrum, T. mentagrophytes, T. tonsurans, Epidermophyton floccosum, Microsporum canis* and *M. gypseum* (currently *Nannizia gypsea*) [47].

In 2018, Sharma and Shoushe [56] added a new species of the genus Nannizzia called *Nannizzia graeserae* and Borman et al. [57], isolated another species in the United Kingdom. named *Nannizzia perplicata*. More recently Dukik et al. [58], two new species were inserted in the taxonomy of the genus *Nannizzia*. With the new proposals the genus *Nannizzia* currently comprises thirteen species: *Nannizzia aenigmatica*, *N. corniculata*, *N. duboisii*, *N. fulva*, *N. gypsea*, *N. nana*, *N. incurvata*, *N. persicolor*, *N. praecox* [47] and the three new species

Ecological	Taxonomic clades								
criteria/degree of infection	Clade A Trichophyton	Clade B Epidermophyton	Clade C Nannizzia	Clade D Paraphyton	Clade E Lophophyton	Clade F <i>Microsporum</i>	Clade G Arthroderma	Ctenomyces	Guarromyces
Anthropophilic (mild inflammation)	T. concentricum T. interdigitale T. rubrum T. schoenleinii T. soudanense T. tonsurans T. violaceum	E. floccosum	N. aenygmaticum N. duboisii N. perplicata N. persicolor N. polimorpha N. praecox			M. audouinii M. ferrugineum	A. eboreum A. onychocola		G. ceretanicus
Geophilic (severe inflammation)			N. corniculata N. fulva N. gypsea N. graeserae N. gipsita N. incurvata	P. cookei P. cookiellum			A. ciferrii A. cuniculi A. curreyi A. gertleri A. gloriae A. insingulare A. insingulare A. lenticulare A. melis A. multifidum A. phaseoliforme A. quadrifidum A. tuberculatum A. uncinatum	C. serratus C. albus C. obovatus C. peltricolor C. vellereus	
Zoophilic (moderate inflammation)	T. eriothephon T. benhamiae T. bullosum T. equinum T. erinacei T. mentagrophytes T. quinckeanum T. simii T. verrucosum		N. lorica N. nana N. persicolor	P. mirabile	L. gallinae	M. canis	A. amazonicum A. flavescens A. redellii A. silverae ? A. thuringiensis A. vespertilii		

Table 1. Classification of fungal agent species (dermatophytes) causing Tineas and/or dermatophytosis and the relationship with their ecological types (microecosystems)

Species reported in taxonomic characteristics in research conducted by de Hoog et al. [47], Sharma and Shoushe [56], Borman et al. [57], Dukik et al. [58] and Zhang et al. [59]. The question in A. silverae (?) Indicates rarity of the species, due to its unknown ecology and little described in literature.

*N.* graeserae (India) [56], *Nannizia* perplicata (U.K.) [57] and *Nannizzia* polymorpha (French Guiana) and the *Nannizzia* lorica strain in place of *Microsporum* racemosum [58] (Table 1).

In 2019, Chinese researchers [59] presented new morphological evidence to delimit species, circumscribing five species of the genus Ctenomyces, *C. serratus* type species [47], and described three new species: *C. albus, C. obovatus, C. peltricolor* and confirming *C. vallereus* as a distinct species. The five species were established and distinct from each other, based on morphological, biochemical and phylogenetic sequences (Table 1).

The new taxonomic classification proposed by Hoog et al. [47], presupposes that in this new classification the criteria for identification of species, are simplified, although the number of genera has increased, the number of related species in a given genus has decreased, which should facilitate the proposals for identification of these keratinolytic fungi.

Using the newest identification tool, through MALDI-TOF MS, L'Ollivier and Ranque [60] analyses suggest that the mass spectrometry technique has the potential to become the gold standard in the identification of dermatophytes, showing satisfactory results.

The enormous survivability of fungi in different substrates and ecosystems result in a morphological diversity, with great capacity to adapt to the constant changes in environmental conditions, often proposed by man himself. Even with taxonomic changes, and adoption of different molecular techniques, to be used as a support in the identification of dermatophytes, we observed that the diagnosis in the laboratory routine for the identification of dermatophyte infections can still be performed using traditional methods, and in the identification of species cultivated based on their morphology, but for a more effective epidemiological action, studies are further studied.

The understanding of new studies and facts related to the biology and ecology of these pathogens, the mechanisms of pathogenesis, and the pathogen-host interaction, will allow the development of new strategies for the detection and control of dermatophytosis. As we can observe the reports of the most varied researchers there is still a lot of work ahead when it comes to dermatophytes.

# 4.4 *Cryptococcus*: A Fungus, Biodiversity and Host Sources

In fact, when we talk about systemic fungal infections, fungi of the genus *Cryptococcus* (Tremellales, Basidiomycota) are implicated and incriminated in most human mortality and, in Brazil, the main cause of death in immunodepressed patients affected by systemic mycoses [41].

Although *Cryptococcus neoformans* mainly infects immunocompromised patients, *C. gattii* may cause disease in immunocompetent patients. Currently, meningitis by *C. neoformans* is the second cause of morbidity and mortality in individuals with AIDS. Worldwide, the number of reported cases of meningitis caused by *C. neoformans* and *C. gattii* has increased from a few hundred to about 1 million cases per year, mainly in people with HIV/AIDS [61].

At least 70 species of Cryptococcus have been described for practical purposes, however, C. neoformans and C. gattii were considered pathogenic. However, other species are being considered emerging pathogens for humans and animals, isolated from human and environmental samples and considered as saprophytes. In any case, emerging pathogens were considered in immunosuppressed patients, C. laurentii. C. adeliensis, C. macerans, C. albidus. C. uniguttulatus, C. humicola, C. luteolus, C. terreus and C. curvatus [62]. Within the nonneoformans and non-gattii cryptococcal species, C. laurentii and C. albidus are responsible for 80% of pathogenic, non-neoformans and nongattii infections [63].

Historically, the most prominent report of these outbreaks of this fungal entity was the one that occurred on the island of Vancouver (British Columbia, Canada), caused by *C. gattii*, which expanded from the island to the continent of British Columbia and the Pacific Northwest [64,65]. Autochthonous infections caused by this basidiomycetic yeast initially occurred almost exclusively in the Mediterranean region. Several clinical and veterinary cases of this region have been described and involved *C. gattii* infections in human and animal mammals [66-69].

The primary ecological niche of *C. neoformans* was determined in bird droppings, especially pigeon droppings and after plant species [70], but in recent decades' initial hypotheses, the advent of *C. gatti* indicated eucalyptus trees

(*E. camaldulensis* and *E. tereticornis*) [70] as the initial host of capsulated yeast and that the export of eucalyptus seeds and trees has contributed to the dispersion of the agent around the planet [71].

Researchers have discovered the capsulated fungal species, isolated in the Amazon rainforest of Brazil. However, the discovery *C. gattii* in the hollow of a native *Guettarda acreana* tree in an unaffected area in the Amazon rainforest of northern Brazil, indicated that it probably would not be eucalyptus, the host of the fungal agent but the plant material (decomposition) the niche for *C.* gattii [64,71,72].

More recently it was confirmed in the reports of African researchers [73] were recovered from rocks and hollow trees, showing that the fungal lineage can occupy trees, manure and environments both associated with the activity of mammals of the African region (*Dendrohyrax arboreus*, in trees and *Procavia capensis*, in rocks) because *Cryptococcus* has a pronounced tropism for urea as a nutritive substrate.

Modern evolutionary and virulent lines of *C. gattii* outbreaks derive from mating events of strains in South America, dispersing through temperate regions of the globe, causing severe infections in humans and animals [19] contributing to the Brazilian strains presenting an endemic character.

Phylogenetic analyses in several studies indicated that the virulence strains of *C. gattii*, is not restricted to the so-called main genotype of the Vancouver Island outbreak, other strains found in the outbreak of the Pacific Northwest present with high virulence and infection power in different hosts, but other strains found in smaller islands near vancouver island, showed low or no virulence [64,65].

Several studies reveal that *C. neoformans* in immunocompromised individuals causes meningoencephalitis, which can lead to death. *C. gattii* affects immunocompromised and immunocompetent patients [74]. During the last two decades, considerable genetic heterogeneity of these two fungal strains has been shown to occur.

Several molecular genotyping techniques have been used for the genetic identification of *C. neoformans* and *C. gattii* complexes, especially digital printing by polymerase chain reaction (PCR) [75], Amplified Fragment Length Polymorphism (AFLP), microsatellite type [76]; study of the restriction fragment length polymorphism (PCR-RFLP) [75] and whole genome sequencing (WGS) [77]; more recently, the use of matrix-assisted laser desorption ionization-time of flight mass spectrometry (MALDI-TOF MS) can reliably identify the recognized species of *Cryptococcus* [78,79] with the objective of comparing the groups, formed by 13 different genotypes proposed for *C. neoformans* and *C. gattii.* 

Previously, Cryptococcus strains were classified in serotypes B and C isolates for C. gattii; while C. neoformans includes all strains of serotypes A and D and hybrid AD, according to mucopolysaccharide components (MPS), glucuronoxylomanana (GXM) and galactoxylomone (GalXM) [62]. New recognition proposals proposed by Hagen et al. [78,80] within the genotypes and serotypes of C gattii, this fungal group underwent a new classification passing to five genotypes: Clado A, presented the genotype AFLP6/VGII called C. deuterogattii; Clado В. AFLP10/VGIV/VGIIIc called C. decagatii: Clado C AFLP5/VGIII proposed name C. bacillisporus; Clado D, AFLP4/VGI with name C. gattii; and finally Clado E, AFLP7/VGIV called C. tetragatii (Fig. 1).

Within the genotypes and serotypes of C. neoformans var. grubii three genotypes were determined that can be discerned: Clado F, AFLP1/VNI; Clado G, AFLP1A/VNB and Clado AFLP1B/VNII currently recognized as H. C. neoformans, still genotype C. neoformans var. neoformans presents a genotype considered AFLP2/VNIV Clado Ι. currently named C. deneoformans. The intervariety considered hybrid (former serotype AD) AFLP3/VNIII proposed C. neoformans x C. deneoformans hybrid, because it presents indistinct genotypic characteristics [78,80] (Fig. 1).

Other hybrids identified interspecies were described as: *C. neoformans* var. *neoformans* x *C. gattii* AFLP4/VGI currently called *C. deneoformans* x *C. gattii* hybrid; still *C. neoformans* var. *grubii* x *C. gattii* AFLP4/VGI designated AFLP9 called *C. neoformans* x *C. gattii* hybrid and finally *C. neoformans* var. *grubii* x *C. gattii* AFLP6/VGII currently designated AFLP11 with proposed name for species *C. neoformans* x *C. deuterogattii* hybrid [78,80] (Fig. 1).

#### Leite-Jr et al.; MRJI, 30(10): 18-49, 2020; Article no.MRJI.63726

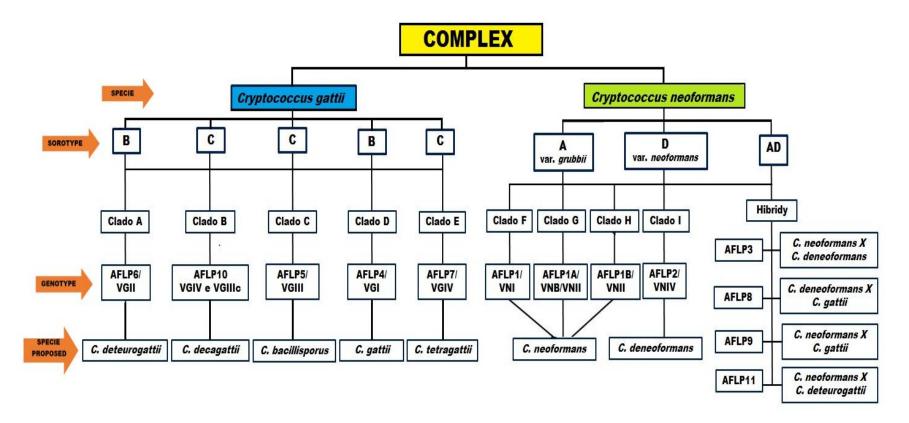


Fig. 1. Organogram of the species proposed in the *C. gattii* and *C. neoformans* species complex. Source: Hagen et al, [78,80]. Adapted Leite-Jr, D.P.

Leite-Jr et al.; MRJI, 30(10): 18-49, 2020; Article no.MRJI.63726

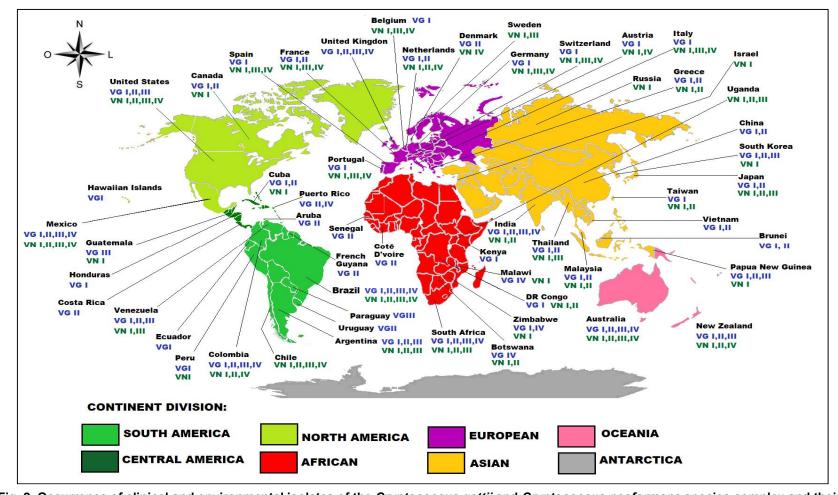


Fig. 2. Occurrence of clinical and environmental isolates of the *Cryptococcus gattii* and *Cryptococcus neoformans* species complex and their various genotypes distributed across the globe

VG genotypes of Cryptococcus gattii (in blue), VN genotypes of Cryptococcus neoformans (in green). Sources: Cogliati [147], Chen et al. [148]. Image Adapted Leite-Jr, D.P.

Strains of *Cryptococcus gattii* and *Cryptoccus neoformans* gained worldwide distribution and their genotypes spread throughout the planet and have been identified and recognized since the historic event, which occurred on Vancouver Island (Fig. 2).

However, the taxonomy proposed by Hagen et al. [80] can currently be controversial, leading to continued nomenclatural instability. Recent discoveries of new strains of *C. gattii* provide evidence within the complex for new species divisions of the *Cryptococcus* species complex. Botswana samples revealed the existence of the strain of *C. neoformans* VNB [81], which recently proved to be deeply divided into two genetically isolated strains, VNBI and VNBII [82].

More recently, Vanhove et al. [83] isolated samples of plant substrates and animal excreta in the Zambia region, identifying the isolates as a new type of strain called VGV, however phylogenetic and genetic population analyses led to the conclusion that they were distinct and deeply divergent strains, confirming this VGV lineage (Gattii variety five). All VGV isolates were identified as serotype B, which also includes vgi, VGII, VGIIIa subgroup and rare isolates between VGIV strains [73].

Hybridization is increasingly recognized as an important motrix key that affects adaptation and evolution in many fungal strains and this characterization often, are gathered in the same cell, potentiating the adaptation and increasing genomic plasticity of many species, and this fact is very common found among the species of basidiomycotic yeasts of the genus *Cryptococcus* that potentiate these mechanisms rapidly generating genotypic and phenotypic diversity [84].

A recent study on the arsenal of antifungal drugs with action on this group of fungi was proposed by Aaron et al. [85] to combat anti-virulence therapy against cryptococcal meningitis, using lead compounds, which ruptured and blocked the action and dissemination by the blood brain barrier; since these infections maintain an intimate relationship with human cells by fungi, because they are also eukaryotes.

Another study using zinc metabolism was also characterized against this fungus, where the

authors presented the effects of gene deletion on cryptococcal virulence [86]. But recently, the synergistic effect of lactoferrin, an iron-ligating glycoprotein, showed antimicrobial activity in combination with amphottericin B, increasing the efficacy of antifungal strains and showing promising results in the action against yeasts of the genus *Cryptococcus* and *Candida* [87] and also the results presented in the physiology of *C. gatti*, which had its glucuronoxilomanan capsular component decreased in the face of toxic manganese concentrations and had unbalanced stress and virulence expression [88].

The renaming of each lineage in species remains controversial and the current system increasingly needs standardization for the occurrences of hybridization, a common characteristic of the identified strains [62] applying metagenomic methods to environmental or zoonotic reservoirs with geographical scopes. Hypermuting strains of the genus *Cryptococcus*, with the potential to evolve rapidly in response to the selection of hosts and medications, have been recently reported [83].

As names are chosen and applied to recognize species in a complex this taxonomic technique requires a balance and recognition of the usefulness of names to be adopted, but also the need to clarify pathogenesis and differences when there are genetically distinct microorganisms.

Just as the changes with the genus Cryptococcus occurred; in 2017, another study recognized at least four species among what was complex. the Histoplasma capsulatum Histoplasmosis is endemic in much of Central, South America and throughout Latin America, with differences in its regional variability. Fungal disease acquired mainly by inhalation of Histoplasma capsulatum var. capsulatum or Histoplasma capsulatum var. duboisii. There is an additional variety, H. capsulatum var. farciminosum, described as an equine pathogen, but based on molecular analyses, may include infections in humans [89].

More recently, after phylogenetic analyses researchers evaluated phylogenetic and geographic patterns among isolates, and arguments for naming species, proposing a taxonomic rearrangement. The genus maintained the name *Histoplasma capsulatum* for the original strain, *Histoplasma mississippiense*, Histoplasma ohiense, Histoplasma suramenicanum were the new taxonomic proposals and the African Strain *H. capsulatum* 

Decades of studies of the *Cryptococcus* neoformans and *Cryptococcus* gattii species complex, as well as other fungal species, have resulted in a huge accumulation of biological, geographical, morphological, clinical and fundamental knowledge and applied to the knowledge of this fungi.

The constant investigations and reports on this capsulated fungal organism, called *Cryptococcus*, demonstrate that the fungal species is still far from being elucidated and still needs understanding, until the whole concept of its global ecology and biodiversity is fully deciphered and known. What will be the next questions?

### 4.5 *Candida auris:* The Mysterious Fungal Infection Adapted to Global Warming

Candidiasis or candidosis is a form of mycosis caused by yeasts of the genus *Candida*, opportunistic, saprobes; which are ubiquitous in the environment, and from exogenous sources, found in several substrates: in soil, marine environments, inanimate objects, plants and animals [6].

The clinical manifestations of the disease can be presented in a mucocutaneous, cutaneous and or severe systemic form and may involve multiple organs, after hematogenous dissemination of the agent [6] in the case of immunodepressed and immunosuppressed patients. Lesions by *Candida albicans*, a species most commonly isolated in clinical studies [91,92], being an important member of the endogenous microbiota of the human body, oral mucosa, gastrointestinal tract, being responsible for vaginal candidiasis (or vulvovaginal) originating erythema, intense rashes and genital discomfort.

These infections are common often during pregnancy, diabetes, hormone therapy, immunosuppressive therapy, cancer patients and exceptionally in individuals infected with human immunodeficiency virus (HIV) [6].

In addition to *Candida albicans*, the most commonly isolated species clinically isolated are: *C. parapsilosis, C. tropicalis, C. guilliermondii, C. glabrata* and *C. krusei*, being part of var. *duboisii*, still awaits confirmation to become the fifth species, as it is probably a separate species of *H. capsulatum* [90].

components of the human microbiota [91,92]. However, other emerging species have been described as etiological agents of candidiasis and still causing fungemia, namely: *C. lusitaniae*, *C. lipolytica*, *C. kefyr*, *C. inconspicua*, *C. norvergensis*, *C. catenulata*, *C. ciferrii*, *C. inconspicua*, *C. fermentati*, *C. famata*, *C. haemullonii*, *C. lipolitica*, *C. viswanathii* among others [93-95].

With the fall of immunity, yeasts of the genus *Candida* begin to invade the corneal layer of the skin or nail lamina of normal hosts, but there are other forms of skin and nail mycoses [6].

As well as phenotypic and genotypic characteristics similar to those of C. albicans. The species C. dubliniensis differs from C. albicans in terms of isolation frequency, pathogenic characteristics and resistance to antifungals, besides presenting greater capacity for adherence to oral mucosal cells [96]. The similarities between these two species hinder their rapid differentiation and may lead to results that underestimate their prevalence. Since the discovery of C. dubliniensis by Sullivan et al. [97] this species attracted considerable attention from researchers, due to its almost exclusive association with individuals with HIV/AIDS and oral manifestations, showing that this is an adaptive factor.

With the advent of genetic analyses, sample species believed to be a single species became distinct species with different levels of drug resistance. This is the case of *Candida parapsilosis*, reclassified into three species: *C. parapsilosis* senso stricto, *C. orthopsilosis* and *C. metapsilosis* [98].

In the clado Nakaseomyces, which belongs to *Candida glabrata* (Sensu Stricto), two new species, *C. nivariensis* and *C. bracarensis*, were reported as emerging pathogens. The differentiation of these species of *C. glabrata* is of great importance to understand their clinical and epidemiological role in candidiasis [99].

The *Candida haemulonii* species complex is currently known as groups *C. haemulonii* I and II. Phenotypic, chemotaxonomic and phylogenetic analyses indicated an affiliation to the genus

*Candida*, with a close relationship with other unusual species, such as *C. haemulonii*, *C. pseudohaemulonii*, *C. duobushaemulonii*. *C. haemulonii* var. *vunera* [100]. In recent years, two species related to *C. haemulonii* have been described receiving highlights, *C. pseudohaemulonii* and *C. auris*, which are phylogenetically closely related to *C. haemulonii* in the clate Metschnikowiaceae [62].

Given this large group of species and complex, we will use *C. auris* to illustrate these leveduriform agents. *Candida* spp. infections are one of the main causes of morbidity and mortality in critically ill patients. *C. auris* is an emerging multidrug resistant fungus that is spreading rapidly worldwide [101].

*C. auris* is a new species of drug-resistant yeast fungus that was first isolated in 2009 from the auditory canal of a female patient at the Metropolitan Geriatric Hospital in Tokyo, therefore, called "auris" that comes from the Latin meaning ear [102]. This fungal species colonizes the skin and not the gastrointestinal tract and is extremely resistant to the environment. This resilience led the fungus to be associated with health outbreaks, which were extremely difficult to control due to the remarkable difficulty in eradicating the fungus from both patients and the environment [103].

Now, this fungal entity is being considered an emerging multidrug-resistant nosocomial pathogen and has since spread to other countries around the world, including east and south Asia, southern Africa and South America [104]. In recent years, this infectious agent has reached a neonatal unit in Venezuela, committed a hospital in Spain, reached the ICU of a British medical center and left a trace of its trace in Pakistan, India, and South Africa [103,104].

These records revealed that the isolates recovered from these continents constituted genetically different clades, which led to researchers being questioned and unexplained facts of how *C. auris* manifested itself in three geographically distant regions [103].

Outbreaks have been reported in various parts of the world, and recent research suggests that higher temperatures caused by global warming may have led to an increase in the number of cases [104]. This yeast has been responsible for rapidly increasing invasive infections in hospitals and considered a fungus resistant to all existing clinical antifungals, representing a global threat to intensive care units, as yeast can survive disinfection and decontamination protocols [104,105].

*Candida auris* is a yeast that belongs to the class of ascomycetes and a close relative of the *C*. *haemulonii* species complex, which includes occasionally pathogenic species in humans and animals and demonstrates a high level of resistance to antifungal drugs at baseline, conferring pathogenic potential and virulence attributes [100]. Because it belongs to the group of ascomytes is, therefore, a characteristic that this group can grow at higher environmental temperatures [106].

Based on the principle of adaptation as mentioned in *C. albicans/C. dubliniensis* in response to temperature, researchers support the hypothesis that *C. auris* was the first pathogenic fungus emerging from man-induced global warming, that this species of *Candida* was an environmental fungus and that it recently suffered thermal tolerance breaking the thermal barrier of mammals forcing *C. auris* to adapt to climatic and human conditions [107-109].

Another line of reasoning refers to the fact that if there is any evidence that *C. auris* or close relatives in these environments, have jumped from avian hosts to humans following mechanisms similar to those operating for influenza viruses [105,107] because fungi that grow at a temperature between 40 or 42°C can infect avian fauna, especially seabirds, direct or indirect contact with migratory birds and from wildlife trafficking [110].

Following this premise, this may have facilitated the development of this species of fungus for the human body, which is hot, with temperatures around 36°C and 37°C. These observations are in line with current events and reports on conditions transmission similarities of COVID-19, which may be associated with seasonality (temperature, humidity, climate, etc.), suggesting that climate may be an important factor for the spread of the virus and that bats are likely primary reservoirs, recognized by several studies.

These probable genetic modifications in yeasts of the genus *Candida* may have favored the mechanism of resistance to antifungal drugs such as polyenos, azoles and echinocandins have been described mainly in *C. glabrata*  and, more recently, in *C. auris* [101,105, 107,110].

The selective pressure exerted on fungi by antifungals (fungistatic and fungicide) that inhibit certain action on their metabolism, may result in adaptations that over the years has contributed to the selection of fungal species. The parallel evolution of resistance extends to clinical and pathogenic fungi, with the same key resistance mechanisms occurring independently in both [3]. More recently, this selective pressure of candida species and their resistance mechanisms presented combined antifungal action for biofilmrelated infections produced by these fungal entities in the oral and vulvovaginal mucosas, reported by Tits et al. [111] who associated Miconazole and domyphene bromide resulting in the control and reduction of biofilm cells of isolates C. auris, C. albicans and C. glabrata resistant mainly to azoles.

In 2017; report described by Graham et al. [112] showed the efficiency of a protein produced by *Enterococcus faecalis* as a potent inhibitor of the ability of *C. albicans* to form biofilms, reducing fungal virulence and raising the hypothesis of becoming an antifungal agent. More recently, in vitro clinical trials have shown promising results against *C. auris*, where Barreto et al. [113] used the drug miltefosine, used in the treatment of leishmaniasis and infections by amebas, exhibiting inhibitory effects in the formation of biofilm of this emerging species.

According to the Centers for Disease Control and Prevention (CDC); Reported cases were recorded with unique isolates of C. auris in Austria, Belgium, Chile, Costa Rica, Egypt, Greece, Italy, Iran, Norway, Poland, Switzerland, Taiwan, Thailand and the United Arab Emirates. Records of several cases of C. auris reported in Australia. Bangladesh, Canada, China. Colombia, France, Germany, India, Israel, Japan, Kenya, Kuwait, Malaysia, Netherlands, Oman, Pakistan, Panama, Russia, Saudi Arabia, Singapore, South Africa, South Korea, Spain, Sudan, United Kingdom, United States and Venezuela; in some of these countries, extensive transmission of C. auris has been documented in more than one hospital. And yet the records of cases of infections caused by this fungal entity found in patients who have had recent stays in health units in India, Kenya, Kuwait, Pakistan, South Africa, South Korea, the United Arab Emirates and Venezuela. Other countries not highlighted on the map (Fig. 3) may have

occurred *C. auris* cases, but so far not detected or have not yet been reported [104].

According to the reports observed, there are several records of the occurrence of this fungal species of yeast emerging worldwide. Previous reports of *C. auris* in Brazil may not be accurate, since yeast can be easily confused with other species of yeast, such as *Candida haemulonii* and *Saccharomyces cerevisiae*, as reported by ANVISA [114].

Recently, in Brazil, a possible registration of this eukaryotic organism in a catheter tip sample and urine sample from patients admitted to the ICU (Intensive Care Unit) and a hospital in the State of Bahia/Brazil, for the treatment of complications COVID-19 [ 114] (Fig. 3).

Given the current situation in which they are a veast species, we observe that it will be standards and techniques necessary, recommended for the health system to be prepared, with emergency actions, creating a based surveillance system, mainly on epidemiological control and actions in sentinel hospitals, in each region of the planet to face this new villain called C. auris, otherwise we will be caught by surprise again, as was the case with the SARS-Cov-2 pandemic (COVID-19).

# 4.6 Fungal Infections X SARCoV-2

The changes that occur on the planet often end up modifying the behavior of microorganisms, and often causing them to share their form of manifestation associated with other microorganisms of different taxons, interacting clinically presenting evidence in which they often culminate in death of the host.

COVID-19, respiratory disease caused by the SARS-Cov-2 virus, a virus belonging to the Coronaviridae family, is characterized by mild symptoms, many asymptomatic and in some cases presenting similar to common influenza and has been an emergency event of global public health [115,116]; however, secondary infections may be associated with severe respiratory manifestations such as invasive aspergillosis (IA), caused by fungal species of the genus Aspergillus, is considered a disease that mainly affects immunocompromised individuals with neutropenia, presenting a difficult and challenging diagnosis in Intensive Care Units (ICU) [117,118].

About 20% of patients may progress to severe pneumonia and sepsis, requiring intensive support, and are prone to complications caused by Severe Acute Respiratory Syndrome (SARS) [115,116,117]. In addition to damage to the bronchial tree and diffuse alveolar structures with the presence of severe inflammatory exudation, patients affected by COVID-19 always have immunosuppression, with high levels of proinflammatory cytokines (IL-1, IL-2, IL-6), alpha and anti-inflammatory tumor necrosis (IL-4, IL-10) with decreased TCD4 + and TCD8 + cells [116-119] and are the most likely to develop severe fungal co-infections, such as invasive pulmonary aspergillosis, invasive candidiasis or pneumonia caused bv Pneumocystis jirovecii.

In a multicenter study conducted by Chinese researchers [115] comorbidities by COVID-19 were 48% hypertension being the most common among those surveyed, followed by 30% by patients with diabetes mellitus and 8% with heart disease. Lu et al. [118] found in their records six comorbidities showing significant associations with the outcome of the disease, with malignancy exhibiting the highest risk of death, followed by chronic kidney diseases, cerebrovascular diseases, hypertension as the most prevalent comorbidity 32.9%, followed by Diabetes Mellitus with 15.6% in his sample.

Also in China, other researchers performed fungal culture tests in patients affected by COVID-19, finding cases of fungal co-infection, including case of *Aspergillus flavus* and cases associated with *Candida albicans, C. glabrata, C. dubliniensis, C. parapsilosis, C. tropicalis, C. krusei* [119] and also co-infections associated with the Mucor and *Cryptococcus* genera [116]. And more recently in Brazil, a case of a patiente interned in the Intensive Care Unit with COVID 19 presented co-infection with *Candida auris* [114].

German researchers [112] found invasive pulmonary aspergillosis associated with COVID-19 in their sample in patients with severe respiratory problems. The most common aspergillus species associated with invasive infections are Aspergillus flavus and Aspergillus fumigatus; however, in a study carried out in Brazil. researchers confirmed invasive aspergillosis associated with COVID-19, isolating as the casuistry agent, Aspergillus penicillioides xerophilic species that occurs in dry habitats and domestic powder; responsible for human and animal allergies [117,120].

The main fungal pathogens for fungal coinfections in critically ill patients with COVID-19 are the genera *Aspergillus* and *Candida*, other less frequent opportunists need to be considered, such as Mucor and *Cryptococcus*. Infections in patients with COVID-19 will require early detection through a comprehensive diagnostic intervention (histopathology, direct microscopic examination, culture, (1.3) -  $\beta$ -Dglucan, galactomannan, assays based on PCR and MALDI-TOF technology, etc.) to ensure effective treatments [116].

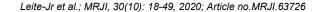
In Brazil, more recently, a case of dimorphic fungus co-infection of the onygenaceae family has been reported. The reported case of nosocomial infection by SARS-CoV-2 in a patient with acute juvenile Paracoccidioidomycosis. These researchers highlight that patients with PCM are considered vulnerable populations suffering from severe endemic mycoses and severe risk for COVID-19, reinforcing the need for more attention to NTD's the context of the pandemic [121].

Interactions and disputes of eukaryotes and prokaryotes, ubiquitous organisms found in many environments and that are part of the human microbiota, were recorded by American researchers [122] in dispute for hosts. The fungus *Aspergillus fumigatus* and the bacterium *Pseudomonas aeruginosa* compete with each other for nutrients and survival in natural environments and have been widely studied because of their intermicrobial interactions in the human microbiome. This record draws attention to concern for immunocompromised patients, especially neutropenic patients.

Deficient treatment through the available antifungals and becoming even more difficult in the face of the COVID-19 pandemic, this synergistic association between virus and fungus, has become a herculean challenge to the medical community in the face of these infections. However, regarding fungal coinfection in patients with COVID-19, few studies report it, which may have been neglected, and it is extremely important to pay attention to the probability of COVID-19 accompanied by fungal infections [116].

### 4.7 Fungal Biotechnology: Yesterday, Today and Tomorrow

Fungi are an understudied group of organisms, with several mechanisms of survival and biotechnologically valuable and incalculable.



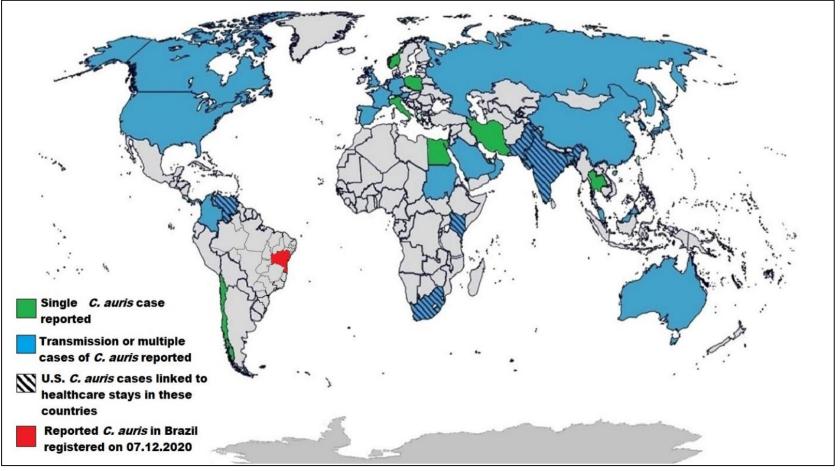


Fig. 3. Geographic map representing the worldwide distribution of the respective countries from which single or multiple infections by the pathogen *Candida auris* were registered, reported until December 2020

Source: Image World map. CDC [104]. Anvisa (map of Brazil, highlighted in red for the State of Bahia) Brasil [114]. Adapted Leite-Jr, D.P.

Leite-Jr et al.; MRJI, 30(10): 18-49, 2020; Article no.MRJI.63726

From the point of view of Ecology, fungi are considered the garbage men of the world, because they degrade all kinds of organic remains, regardless of origin, transforming them into elements assimilated by plants. Although they are often left out or simply relegated to environmental decomposers, or simply "dumpsters" of fauna and flora, they outperform themselves, while they are left there is a background, each day they renew themselves, evidencing or reborn from the ashes, as new phoenixes and showing the world the purpose and why they exist.

Since the discovery of penicillin (Penicillium chrysogenum), by Alexander Fleming [123], which was instrumental during World War II for the control of infection by Staphylococcus aureus and Haemophilus influenzae bacteria, thus marking the beginning of the antibiotic era [124]. From the economic point of view, the biotechnological applications of fungi present implicit actions and several areas: pharmaceutical, nutritional, human and veterinary medicine, phytopathology, among others; with surprising results are being used in the secretion of secondary metabolites, source of new drugs for the pharmaceutical industry, biocontrol, mycoparasitism, production of industrial enzymes and improvement of new species.

Taking an approach to the vast arsenal of antiviral, antibacterial, anti-parasitic, antitumor, anti-hypertensive, anti-atherosclerotic, hepatoprotective, anti-diabetic, anti-inflammatory and immune system modulating substances [125]; fungi in the scientific literature; are referenced due to the action of these heterotrophos in the production of substances that contribute to sporulation or production of mycotoxins, one of the genera most targeted by researchers is *Aspergillus*, being *Aspergillus nidulans*, *A. flavus*, *A parasiticus*, *A. fumigatus* the most mentioned [126].

The genus *Aspergillus*, in particular, has been used very successfully for the production of protein sources such as glycoamylase (starch hydrolysis), chymosin (coagulator), lactoferrin (iron transporter), interleukin (immunosuppression activator) and taumatine (sweetener). *Monascus ruber* and *Aspergillus terreus* produce commercially used substances as a potent hypocholesterolemiante inhibitor, Lovastatin (Mevinoline) and other unsaturated fatty acids. Monascus still has antibiotic and also hypotensive effects, nephrotoxic, teratogenic and suppressor growth of tumors "in vivo" [127-129].

Other fungal genera *Penicillium, Trichoderma, Phoma, Gymnoascus, Hypomyces, Doratomyces* and *Eupenicillium* have been studied in the use for inhibition of biosynthesis of plasma cholesterol levels in humans and animals, with promising results [127-129]. It is also possible to cite as examples as asperlicina (*A. alliaceus*), echinocandine B (*A. nidulans*) and fumagilin (*A. fumigatus*) substances that are used as antifungal, angiogenesis inhibitor and antiparasitic, respectively [130].

In genetic manipulation and metabolism of organisms, in addition to Penicillin, known historically and extracted from *Penicillium chrysogenum*; another antibiotic produced by an important filamentous fungus, cephalosporin, a secondary metabolite produced exclusively by *Acremonium chrysogenum*, which achieves effectiveness against Gram-positive and Gram-negative bacteria [131,132].

But in addition to antibiotics, fungi can be used to produce immunosuppressive drugs, such as cyclosporine studies produced by *Tolypocladium nivenum*, a medicine used to reduce the action of the immune system, to prevent rejection of transplanted organs [133]. Recent studies with other commercially cultivated species in Brazil such as *Pleurotus* spp. (shimeji and hiratake) and *Lentinula edodes* (shiitake), which produce lentinan, polysaccharide with antitumor action and *Agaricus brasiliensis* (=*A. blazei*) that has been highlighted due to the medicinal, antitumor properties that have aroused great interest on the part of the medical and scientific communities [134].

Since the beginning of our existence, we have always sought to overcome the challenges that physical fragility posed to forestry communities. Anthropological reports, which refer to the Indigenous populations of the Brazilian, Colombian and Peruvian Amazons, have been using fungi as folk medicine for decades, especially the Brazilian indigenous tribes [135].

The Indians of the Amazon and Mato Grosso/Brazil use certain species of fungi as remedies for the treatment of their diseases, a practice that is learned, apparently, with the canoe Indians (Rikbaktsa) from the top of the Juruena River [136]. Brazilian indigenous tribes such as the Yanomâmis, Nambiguara, Caiabi, Tucano, Txicão and Txucurramãe who used wood decomposer fungi, *Pycnoporus sanguineus* (red-stilted ear), saprophyte, family Poliporaceae, phylum basidiomycota, common in the most open areas of forests, were used against hemoptysis and for wound healing [135,136].

Another report refers to Australian aboriginal Indians who used this same fungal genus, used in Brazilian indigenous folk medicine, to treat and heal oral wounds, small ulcerations in the oral cavity and also treat oral candidiasis in newborns [137].

Given this great information and prospecting of the use of fungi; it is necessary to emphasize the importance of biotechnology to obtain various substances through the manipulation of fungi and obtaining new technologies for the benefits of human health and environmental balance.

### 4.8 Fungal Miscellany: Monsters or Biological Alternatives

From the ashes of Chernobyl, researchers have discovered new functions for these isolated eukaryotes organisms in the ruins of the Chernobyl nuclear power plant in Ukraine, which suffered an accident in 1986. Historical accounts from the 1980s announce that the Chernobyl nuclear reactor exploded affecting the cities of Ukraine, Belarus and Russia (former Soviet Union/USSR) resulting in the deaths of more than 50,000 people, and still affecting the local ecosystem and food chain, in the region [138]. Many of these evacuated areas remain abandoned to this day.

Fungi are organisms of extreme skill produce a wide range of remarkable natural products, which we call secondary metabolites, some deleterious (mycotoxins) and others extremely beneficial (antibiotics) [126]. The Chernobyl accident led to a major resurgence of radioecological studies for post-accident analyses [138]. Based on this premise, many studies have emerged to evaluate local radioecology and the consequences of the Chernobyl accident.

Studies proposed by Blachowicz et al. [139] and Dadachova et al. [140] analyzed the chemical properties of the melanin of fungi identified in chernobyl reactors. The fungi that grew around the reactor were analyzed *Cryptococcus neoformans*, *Cladosporium sphaerospermum* and *Wangiela dermatitidis*, showed increased metabolic activity of melanized cells, raising intriguing questions about the potential role of melanin in the capture and use of energy by these eukaryotic organisms.

Studies conducted today, researchers believe that these discovered extremophile organisms, which survive radiation exposure (radiosynthesis), could be used to benefit cancer patients undergoing chemotherapy and still be used as protectors for people who expose themselves to radiation, such as engineers at nuclear power plants and astronauts [139].

Investigative analyses on fungal properties in absorbing radioactive components had already been studied by Zhdanova et al. [141] where these Ukrainian researchers analyzed about 200 species from 98 genera of fungi isolated around the Chernobyl Atomic Energy Station. These researchers have proven that the melanotic fungus C. cladosporioides manifests radiotropism by growing in the direction of radioactive particles (positive radiotropism) becomina widelv distributed in the radioactive region. More presently, Blachowicz et al. [139] found this phenomenon of radiotropism in fungal strains of Cladosporium herbarum, C. sphaerospermum, C. cladosporioides and Acremonium murorum.

Melanin biosynthesis has also been well studied in pathogenic fungi, where the pigment not only contributes to the survival of the fungus spore by protecting against harmful ultraviolet light, but is also an important virulence factor [126] *Cladosporium sphaerospermum* has recently been the focus of space studies, where researchers from NASA [142] have evaluated the fungus's ability to attenuate the ionizing radiation tested aboard the International Space Station (ISS) on the surface of Mars. These initiatives show the strength, genomic plasticity and adaptive evolution with which these organisms present themselves, no more than being mere decomposers.

Here on planet Earth, research conducted by Brazilian and Chilean researchers also found responses to radioactive effects in yeast species. Research developed in the Atacama Desert, Chile conducted by Gonçalves et al. [143] found the filamentous fungi *Cladosporium halotolerans, Penicillium chrysogenum* and *Penicillium citrinum* more often and two species of light fungi *Exophiala* spp. (melanin) and *Rhodosporidium toruloides* (carotenoids) evaluating the ability to resist ultraviolet radiation from the sun in these fungi, as a model of studies of the possibility of life on the planet Mars, since the desert presents an environment similar to that of the red planet.

Other species, isolated from a volcano named Sairecabur, located between Bolivia and Chile, found *Exophiala* sp., *Rhodosporidium toruloides*, *Cryptococcus friedmanii* and *Holtermanniella watticus* species that presented high resistance to UV radiation. Even though they were whitecolored yeasts (*C. friedmanii and H. watticus*), devoid of pigments, these characteristics left the researchers puzzled, with their multiplying power in the face of excessive heat, desert adaptation and resistance [144].

Not only heat survives the fungi; in the cold they also develop, and go very well, thank you! This is what Gonçalves et al. [145] described when they isolated fungi from the genera *Acremonium*, *Byssochlamys, Cladosporium, Debaryomyces, Penicillium* and *Rhodotorula* from extremely cold and dry Antarctic rocks and environments. These researchers suggested that these cryptic fungi are phylogenetically close to pathogenic and mytoxin opportunistic taxa, which live among living beings and animals, as they have compatible virulence characteristics.

In 2019, in this same Arctic region of the globe, Menezes et al. [146] characterized the fungal community found in the seasonal winter snow of the Antarctic Peninsula. *Phenoliferia glacialis*, was the one that presented wide distribution, also isolating the opportunistic fungi *Debaryomyces hansenii*, *Rhodotorula mucilaginosa*, *Penicillium chrysogenum*. The researchers presented a concern because the isolated environmental specimens showed resistance to agricultural and clinical antifungal tests, showing the virulence potential of these fungi in humans and animals, which evidences that we still have much to know about these eukaryotic beings and that are present in our lives and in our daily lives.

### **5. CONCLUSION**

This review, based on several studies, related to the fungal sphere comes to affirm the enormous capacity of the filamentous and yeast-like fungi to adapt to the most varied environmental conditions, many of them extreme and develop in a wide variety of ecological niches, adapting to the pressures changes imposed by man-made changes.

Due to this immense adaptability, genetic and phenotypic plasticity, fungi are thriving in niches

that until then seemed uninhabitable and impossible to believe would survive in these inhospitable environments. Nature has given these eukaryotic and heterotrophs organisms a capacity for resilience, adaptability and high plasticity power to remain in extreme conditions, and these physiological characteristics were shaped by the varied environmental strains found in every corner of the planet.

General arguments on fungal infections in human populations, or even in animals; are causing a growing wear and tear of the planet's biodiversity, in fact, the direct and indirect effects of climate change induced by exponential growth and with broader implications for human health, ecosystems and biomes are being driving factors of the evolution of fungi, as recent discoveries and updates of these organisms should become an intense area of research for the present day and decades.

The expansion of the geographical distribution of pathogenic fungi and the acquisition of virulence characteristics in non-pathogenic environmental fungi, thermotolerant fungi or not, are reshaping the 21st century, making the expansion of fungal diseases for the fauna and flora of the planet a new era; this leads us to believe that unless measures are taken to strengthen the biosafety and health of the planet in order to avoid a global collapse: it is necessary that more accurate studies in the administration of chemical components and antifungal discoveries that can control with greater efficacy and capacity of fungal infections and their action on environments, because fungi are out there and will continue there.

### ACKNOWLEDGEMENTS

For thank support provided by FAPESP – Fundação de Amparo à Pesquisa do Estado de São Paulo – Brazil and Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) – Brazil.

### **COMPETING INTERESTS**

Authors have declared that no competing interests exist.

### REFERENCES

1. Morens DM, Folkers GK, Fauci AS. The challenge of emerging and reemerging

infectious diseases. Nature. 2004; 430:242–49.

- Berbee ML, James TY, Strullu-Derrien C. Early diverging fungi: Diversity and impact at the dawn of terrestrial life. Annu. Rev. Microbiol. 2017;71:41–60. Available: https://doi.org/10.1146/annurevmicro-030117-020324
- Fisher MC, Henk DA, Briggs CJ, Brownstein JS, Madoff LC, McCraw SL, Gurr SJ. Emerging fungal threats to animal, plant and ecosystem health. Nature. 2012;484(7393):186–194.

Available: https://doi:10.1038/nature10947.

 Rokas A, Mead ME, Steenwyk JL, Raja HA, Oberlies NH. Biosynthetic gene clusters and the evolution of fungal chemodiversity. Nat. Prod. Rep. In Press. 2020;37:868-78.

Available:https://doi:10.1039/C9NP00045C

- 5. Sidrim JJC, Rocha MFG. Medical mycology in the light of contemporary authors. Rio de Janeiro: Guanabara Koogan; 2004.
- Lacaz CS, Porto E, Martins JEC, Heins-Vaccari EM, Mello NT. Treated on Medical Mycology - Lacaz. 9<sup>th</sup> ed. São Paulo: Savier; 2002.
- Turnbaugh PJ, Ley RE, Hamady M, Fraser-Liggett CM, Knight R, Gordon JI. The human microbiome project. Nature. 2007;449(7164):804-10. Available: https://doi.org/10.1038/nature06

Available: https://doi.org/10.1038/nature06 244.

- Bisby GR, Ainsworth GC. The numbers of fungi. T Brit Mycol Soc. 1943;26:16–19.
- Martin GW. The numbers of fungi. Pro lowa Aca Sci. 1951;58(1):175–178. Access in 28 Jul 2020. Available: https://scholarworks.uni.edu/pias /vol58 /iss1/18
- Hawksworth DL. The fungal dimension of biodiversity-magnitude, significance and conservation. Mycol Res. 1991;95:641–55. Available: https://doi.org/10.1016/S0953-7562(09)80810-1
- 11. Blackwell M. The Fungi: 1, 2, 3 ... 5.1 million species? Am J Bot. 2011;98:426– 438.

Available:https://doi:10.3732/ajb.1000298.

- Hawksworth DL, Luecking R. Fungal diversity revisited 2.2 to 3.8 million species. Microbiol Spectr. 2017; 5(4). Available:https://doi:10.1128/microbiolspec .FUNK-0052-2016
- 13. Wu B, Hussain M, Zhang W, Stadler M, Liu X, Xiang M. Current insights into fungal

species diversity and perspective on naming the environmental DNA sequences of fungi. Mycology. 2019;10(3):127-140. Available: https://doi:10.1080/21501203. 2019.1614106.

- Furuse Y. Analysis of research intensity on infectious disease-by-disease burden reveals which infectious diseases are neglected by researchers. PNAS. 2019;116(2):478-483. Available:https://doi.org/10.1073/pnas.181 4484116.
- Wijayawardene NN, Hyde KD, Al-Ani LKT, Tedersoo L, et al. Outline of Fungi and fungus-like taxa. Mycosphere. 2020;11(1):1060–1456. Available:https://doi:10.5943/mycosphere/ 11/1/8
- Tedersoo L, Sánchez–Ramírez S, Koljalg U, Bahram M, Doring M, Schigel D, May T, Ryberg M, Abarenkov K. High–level classification of the Fungi and a tool for evolutionary ecological analyses. Fungal Diversity. 2018;90:135–159. Available:https://doi.org/10.1007/s13225-018-0401-0
- 17. Wijayawardene NN, Pawłowska J, Letcher PM, Kirk PM, Humber RA, et al. Notes for genera: Basal clades of Fungi (including Aphelidiomvcota. Basidiobolomvcota. Blastocladiomycota, Calcarisporiellomvcota. Caulochytriomycota, Chytridiomycota, Entomophthoromycota, Glomeromycota. Kickxellomycota, Monoblepharomycota, Mortierellomycota, Mucoromycota, Neocallimastigomycota, Olpidiomycota, Zoopagomycota). Rozellomycota and Fungal Diversity. 2018;92:43-129.

Available: https://doi.org/10.1007/s13225-018-0409-5

- James TY, Stajich JE, Hittinger CT, Rokas A. Toward a Fully Resolved Fungal Tree of Life. Annual Rev Microbiol. 2020;74:1. Available:https://doi.org/10.1146/annurevmicro-022020-051835.
- Hagen F, Ceresini P.C, Polacheck I, Ma H, Van Nieuwerburgh F, Gabaldón T, et al. Ancient dispersal of the human fungal pathogen *Cryptococcus gattii* from the Amazon rainforest. PLoS ONE. 2013;8(8):e71148. Available:https://doi.org/10.1371/journal.po ne.0071148
- Vieira CA, Almeida CHLN, Lambertini C, Leite D. SL, Toledo LF. First record of Batrachochytrium dendrobatidis in Paraná,

Brazil. Herpetological Review. 2012;43(1): 93–94.

- Martel A, Spitzen-van der Sluijs A, Blooi M, Bert W, Ducatelle R, Fisher MC, Woeltjes A, Bosman W, Chiers K, Bossuyt F, Pasmans F. Batrachochytrium salamandrivorans sp. nov. causes lethal chytridiomycosis in amphibians. Proc Natl Acad Sei USA. 2013;110:15325–9. Available: https://doi:10.1073/pnas.13073 56110
- 22. Ossiboff RJ, Towe AE, Brown MA, Longo AV, Lips KR, Miller DL, Carter ED, Gray MJ, Frasca Jr S. Differentiating *Batrachochytrium dendrobatidis* and *B. salamandrivorans* in Amphibian Chytridiomycosis using RNAScope in situ Hybridization. Front. Vet. Sci. 2019;12. Available:https://doi.org/10.3389/fvets.2019 .00304.
- Trivedi J, Lachapelle J, Vanderwolf KJ, Misra V, Willis CKR, Ratcliffe JM, Ness RW, Anderson JB, Kohna LM. Fungus causing white-nose syndrome in bats accumulates genetic variability in North America with no sign of recombination. mSphere. 2019;2(4):e00271-17. Available:https://doi.org/10.1128/mSphere Direct.00271-17.
- Lemieux-Labonté, Simard A, Willis CKR, Lapointe FJ. Enrichment of beneficial bacteria in the skin microbiota of bats persisting with white-nose syndrome. Microbiome. 2017;5:115. Available:https://doi.org/10.1186/s40168-017-0334-y.
- 25. González-Gonzalez A. *Histoplasma capsulatum* and Pneumocystis spp. Cointection in wild Bats from Argentina, French Guyana, and Mexico. BMC Microbiol. 2014;14(23):1-8. Available: https://doi:10.1186/1471-2180-14-23
- Tencate LN, Táparo CV, Carvalho C, Bosco SMG, Queiroz LH, Silva DC, Perri SHV, Marinho M. Study of gastrointestinal fungal flora of bats (Mammalia, Chiroptera) of the northwest region of São Paulo state: Zoonotic potential. Braz. J. Vet. Res. Anim. Sci. 2012;49(2):146-15. Available:https://doi.org/10.11606/issn.231 8-3659.v49i2p146-152.
- Akbar H, Pinçon C, Aliouat-Denis CM, Derouche S, Taylor ML, Pottier M, Carrto-Binaghi LH, González-González AE, Courpon A, Barriel V, Guillot J, Chabé M, Suarez-Alvarez RO, Aliouat EM, Dei-Cas

E, Demanche C. Characterizin Pneumocystis in the lungs of bats: Understanding Pneumocystis evolution and the spread of Pneumocystis organisms in mammal poplatuions. App Env Microbiol. 2012;78(22):8122-36.

Available: https://doi:10.1128/AEM.01791-12

- Ratnieks FLW, Carreck NL. Clarity on honey bee collapse? Science. 2010; 327(5962):152-3. Available: https://doi:10.1126/science.11 85563
- Sarmiento-Ramírez JM, Abella E, Martín MP, Telleria MT, López-Jurado LF, Marco A, Diéguez-Uribeondo J. *Fusarium solani* is responsible for mass mortalities in nests of loggerhead sea turtle, *Caretta caretta*, in Boavista, Cape Verde. FEMS Microbiology Letters. 2010;312(2):192– 200.

Available: https://doi.org/10.1111/j.1574-6968.2010.02116.x

30. Kim K, Harvell CD. The rise and fall of a six-year coral-fungal epizootic. Am Nat. 2004;164 5(5):S52–S63.

Available: https://doi:10.1086/424609

- Ávila RA, Mancera PFA, Estevac L, Pied MR, Ferreira CP. Traveling waves in the lethargic crab disease. Appl Math Comput. 2012;218(19):9898–9910. Available: https://doi.org/10.1016/ j.amc. 2012.03.076
- 32. Rodrigues AM, Hoog GS, Zhang Y, Camargo ZP. Emerging sporotrichosis is driven by clonal and recombinant Sporothrix species. Emerg. Microbes Infect. 2014;3(5):e32.

Available: https://doi:10.1038/emi.2014.33.

33. Paiva MT, Oliveira CSF, Romero R, Bastos CV, Lecca LO, Azevedo MI, et al. Spatial association between sporotrichosis in cats and in human during a Brazilian epidemics. Prev Vet Med. 2020;183: 105125.

Available: https://doi.org/10.1016/j.preve tmed.2020.105125

34. Barrs VR, van Doorn TM, Houbraken J, Kidd SE, Martin P, Pinheiro MD, Richardson M, Varga J, Samson RA. Aspergillus felis sp. nov., an Emerging Agent of Invasive Aspergillosis in humans, cats, and dogs. PLoS ONE. 2013;8(6): e64871. Available: https://doi.org/10.1371/journal

Available: https://doi.org/10.1371/journal. pone.0064871.

 Rodrigues ML, Nosanchuk JD. Fungal diseases as neglected pathogens: A wakeup call to public health officials. PLOS Neg Trop Dis. 2020;14(2). Available: https://doi.org/10.1371/journal. pntd.0007964

WHO. World Health Organization. From 36. neglected neglected diseases to populations: To reach the un-reached: Report of the regional sensitization workshops on implementation of integrated disease prevention and control interventions/Compiled by M. Nanyunja, WHO Uganda, D. Mbulamberi, Mo H. Uganda and N. Zagaria, WHO Geneva. Geneva: World Health Organization; 2005. Acessed in: 17 Jul 2020. Available:https://apps.who.int/iris/handle/10 665/69859

- GAFFI. Global Action Fund for Fungal Infections; 2020. [Internet 2020]. Access in 05 Ago 2020. Available:https://www.gaffi.org/why/fungaldisease-frequency/
- 38. Médecins Sans Frontières. Access to Essential Medicines Campaign and the Drugs for Neglected Diseases Working Group. Fatal Imbalance: The Crisis in Research and Development for Drugs for Neglected Diseases. Brussels: Medecins Sans Frontieres; 2001.

Available: https://www.msf.org/fatal-imba lance-crisis-research-and-developmentdrugs-neglected-diseases

- WHO. World Health Organization. Commission on Macroeconomics and Health. Macroeconomics and health: Investing in health for economic development. Geneva: WHO. 2001;1-200. Access in: 18 Ago 2020. Available: https://apps.who.int/iris/handle/ 10665/42463
- 40. Woolhouse MEJ, Gowtage-Sequeria S. Host range and emerging and reemerging pathogens. Emerging Infect. Dis. 2005;11:1842–47. Available: https://doi:10.3201/eid1112.05 0997
- Giacomazzi J, Baethgen L, Carneiro LC, Millington MA, Denning DW, Colombo A, Pasqualotto AC. The burden of serious human fungal infections in Brazil. Mycoses. 2016;59(3):145-50. Available: https://doi:10.1111/myc.12427
- 42. Molloy SF, Chiller T, Greene GS, Burry J, Govender NP, Kanyama C, et al. A Cryptococcal meningitis: A neglected

NTD? PLOS Neglected Tropical Diseases. 2017;11(6).

Available: https://doi:10.1371/journal.pntd. 0005575

- 43. Nature Microbiology. Stop neglecting fungi. Nat Microbiol. 2017;2:17120. Available:https://doi.org/10.1038/nmicrobiol .2017.120
- 44. BRASIL. Ministry of Health. Health Surveillance Secretariat. Neglected diseases in Brazil: vulnerability and challenges. In BRAZIL. Ministry of Health. Health Brazil 2017. An analysis of the health situation and the challenges to achieve the Sustainable Development Goals. Brasilia: Ministry of Health; 2018. Available:http://bvsms.saude.gov.br/bvs/pu blicacoes/saude brasil 2017 analise situacao saude desafios objetivos desen volvimento sustetantavel.pdf Accessed in 28 Jul 2020
- 45. WHO. World Health Organization. Neglected tropical diseases; 2017. Accessed 28 Jul 2019 Available: https://www.who.int/neglected\_ diseases/diseases/en/.
- 46. McCarthy MW, Walsh TJ. Drug development challenges and strategies to address emerging and resistant fungal pathogens. Expert Rev. Anti. Infect. Ther. 2017;15(6):577–584. Available: https://doi:10.1080/14787210. 2017.1328279
- De Hoog GS, Dukik K, Monod M, Packeu A, Stubbe D, Hendrickx M, Kupsch C, Stielow JB, Freeke JM, Goker M, Rezaei-Matehkolaei A, Mirhendi H, Gräser Y. Toward a novel multilocus phylogenetic taxonomy for the dermatophytes. Mycopathologia. 2017;182:5–31. Available: https://doi:10.1007/s11046-016-0073-9
- 48. Gugnani HC. Nodermatophytic filamentous keratinophilic fungi and their role in human infection. Polish J Environ Stud. 2003;12:461-6.
- Viani FC, Dos Santos JI, Paula CR, Larson CE, Gambale W. Production of extracelular enzymes by *Microsporum canis* and their role in its virulence. Medical Mycology. 2001;39:463-468. Available: https://doi:10.1080/mmy.39.5.4 63.468
- 50. Silva BCM, Paula CR, Auler ME, Ruiz LS, Santos JI, Yoshioka MCN, Fabris A, Castro LGM, Duarte AJS, Gambale W. Dermatophytosis and immunovirological

status of HIV-infected and AIDS patients from Sao Paulo city, Brazil. Mycoses. 2014;57:371–376. Available: https://doi.org/10.1111/myc.12

169.

- Wu LC, Sun PL, Chang YT. Extensive deep dermatophytosis cause by *Trichophyton rubrum* in a patient with liver cirrhosis and chronic renal failure. Mycopathologia. 2013;176:457–462. Available: https://doi:10.1007/s11046-013-9696-2
- Libon F, Nikkels-Tassoudji N, Dezfoulian B, Arrese JE, Nikkels AS. Nondermatophyte dermatoses mimicking dermatophytoses in humans. Mycopathologia. 2017;182:101–111. Available: https://doi:10.1007/s11046-016-0059-7.
- Moraes RG, Leite IC, Goulart EG. Moraes

   Parasitology & Human Micology. Ed.
   Guanabara Koogan Cultura Médica. 5<sup>a</sup>.
   Ed. Rio de Janeiro, RJ. 2008;608.
- Adesiji YO, Omolade FB, Aderibigbe IA, Ogungbe O, Adefioye OA, Adedokun SA, Adekanle MA, Ojedele R. Prevalence of *Tinea capitis* among children in Osogbo, Nigeria, and the associated risk Factors. Diseases. 2019;7(1):13. Available: https://doi:10.3390/diseases701 0013
- 55. Kadhim OH. The incidence of dermatophytosis in Babylon Province, Iraq. Med J Babylon. 2018;15(3):234-237.
- 56. Sharma R, Shouche Y. *Nannizzia graeserae* sp. nov., a new dermatophyte of geophilic clade isolated from vicinity of a barbershop in India. Kavaka. 2018;50:14–20.
- Borman AM, Szekely A, Fraser M, et al. A novel dermatophyte relative, Nannizzia perplicata sp. nov., isolated from a case of tinea corporis in the United Kingdom. Med Mycol; 2018. Available: http:///doi.org/10.1093/mmy/myy
- 099
  58. Dukik K, de Hoog S, Stielow JB, Freeke J, Gerrits van den Ende B, Vicente VA, Menken SBJ, Ahmed SA. Molecular and phenotypic characterization of Nannizzia (*Arthrodermataceae*). Mycopathologia; 2020. Available: https://doi.org/10.1007/s11046-

Available: https://doi.org/10.1007/s11046-019-00336-9

59. Zhang ZY, Han YF, Chen WH, Liang ZQ. Phylogeny and taxonomy of three new Ctenomyces (*Arthrodermataceae*, *Onygenales*) species from China. MycoKeys. 2019;47:1–16. Available:https://doi.org/10.3897/mycokeys .47.30740

- 60. L'Ollivier C, Ranque S. MALDI–TOF-based dermatophyte identification. Mycopathology. 2017;182:183-192. Available:https://doi:10.1007/s11046-016-0080-x
- 61. CDC. Centers for Disease Control and Prevention. Fungal Diseases; 2019. Access in: 27 Jul 2020 Available:https://www.cdc.gov/fungal/index .html
- Kurtzman CP, Fell JW, Boekhout T. The yeasts: A taxonomic study, 5<sup>th</sup> Edition. Elsevier, Amsterdam, the Netherlands; 2011.
- Khawcharoenporn T, Apisarnthanarak A, Mundy LM. Non-neoformans cryptococcal infections: A systematic review. Infection. 2007;35(2):51-58. Available: https://doi:10.1007/s15010-007-6142-8
- 64. Byrnes III EJ, Li W, Lewit Y, Ma H, Voelz K, Ren P, Carter DA, Chaturvedi V, Bildfell RJ, May RC, Heitman J. Emergence and pathogenicity of highly virulent *Cryptococcus gattii* genotypes in the northwest United States. PLoS Pathog. 2010;6(4):e1000850. Available:https://doi.org/10.1371/journal.pp at.1000850
- 65. Hagen F, Boekhout T. The search for the natural habitat of *Cryptococcus gattii*. Mycopathologia. 2010;170:209–211. Available: https://doi.org/10.1007/s11046-010-9313-6
- Montagna MT, Donno A. Caggiano G, 66. Serio F, Giglio O, Bagordo F, D'Amicis RT, Lockhar SR, Cogliati M. Molecular characterization of Cryptococcus neoformans and Cryptococcus gattii from sources and environmental genetic comparison with clinical isolates in Apulia, Environmental Research. Italy. 2018;160:347-352.

Available: https://doi.org/10.1016/j.envres. 2017.09.032

67. Colom MF, Frasés S, Ferrer C, et al. First case of human cryptococcosis due to *Cryptococcus neoformans* var. *gattii* in Spain. J Clin Microbiol. 2005;43(7):3548-50.

Available: https://doi:10.1128/JCM.43.7.35 48-3550.2005

- Velegraki A, Klosses VG, Pitsouni H, Toukas D, Daniilidis VD, Legakis NJ. First report of *Cryptococcus neoformans* var. *gattii* serotype B from Greece. Med. Mycol. 2001;39(5):419-422. Available: https://doi.org/10.1080/mmy.39.
- 5.419.422 Baró Torres-Rodríguez JM., 69. Τ, De Mendoza MH, Morera Y, Alía C. First identification of autochthonous Crvptococcus neoformans var. gattii isolated from goats with predominantly severe pulmonary disease in Spain. J Clin Microbiol. 1998;36(2):458-61. Available:https://doi:10.1128/JCM.36.2.458 -461.1998
- Ellis DH, Pfeiffer TJ. Natural habitat of *Cryptococcus neoformans* var. gattii. J Clin Microbiol. 1990;28:1642–4.
- Springer DJ, Chaturvedi V. Projecting global occurrence of *Cryptococcus gattii*. Emerg Infect Dis. 2010;16:14–20. Available: https://doi:10.3201/eid1601.090 369
- 72. Kidd SE, Chow Y, Mak S, Back PJ, Chen H, Hingston OA, Kronstad JW, Bartlett KH. 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 Environm Microbiol. 2007;73:1433–43.

Available: https://doi:10.1128/AEM.01330-06

- 73. Farrer RA, Chang M, Davis MJ, van Dorp L, Yang DH, Shea T, Sewell TR, Meyer W, Balloux F, Edwards HM, Chanda D, Kwenda G, Vanhove M, Chang YC, Cuomo CA, Fisher MC, Kwon-Chung KJ. A new lineage of *Cryptococcus gattii* (VGV) discovered in the Central Zambezian Miombo Woodlands. mBio. 2019;10:e02306-19. Available: https://doi.org/10.1128/mBio.02 306-19
- 74. Kwon-Chung KJ, Fraser JA, Doering TL, Wang Z, Janbon G, Idnurm A, Bahn YS. *Cryptococcus neoformans* and *Cryptococcus gattii*, the Etiologic Agents of Cryptococcosis. Cold Spring Harbor Persp Med. 2014;4(7):a019760. Available:https://doi.org/10.1101/cshperspe ct.a019760
- 75. Meyer W, Castañeda A, Jackson S, Huynh M, Castañeda E, Group ICS. Molecular typing of IberoAmerican *Cryptococcus*

*neoformans* isolates. Em Infec Dis. 2003;9:189-195.

Available:https://doi.org/10.3201/eid0902.0 20246

76. Boekhout T, Theelen B, Diaz M, Fell JW, Hop WC, Abeln EC, Dromer F, Meyer W. Hybrid genotypes in the pathogenic yeast *Cryptococcus neoformans*. Microbiology. 2001;147:891-907.

Available: https://doi:10.1099/00221287-14 7-4-891

- 77. D'Souza CA, Kronstad JW, Taylor G, Warren R, Yuen M, Hu G, Jung WH, et al. Genome Variation in *Cryptococcus gattii*, an emerging pathog immunocompetent hosts. mBio, 2011;2(1):e00342. Available:https://doi.org/10.1128/mBio.003 42-10
- Hagen F, Khayhan K, Theelen B, Kolecka A, Polacheck I, Sionov E, Falk R, Parnmen SH, Lumbsch T, Boekhout T. Recognition of seven species in the *Cryptococcus gattii/Cryptococcus neoformans* species complex. Fungal Genetics and Biology. 2015;78:16-48. Available:https://doi.org/10.1016/j.fgb.2015 .02.009
- 79. Firacative C, Trilles L, Meyer W. MALDI-TOF MS enables the rapid identification of the major molecular types within the *Cryptococcus neoformans/C. gattii* species complex. PLoS One. 2012;7:e37566. Available: https://doi:10.1371/journal.pone. 0037566
- Hagen F, Lumbsch HT, Arsic Arsenijevic V, Badali H, Bertout S, et al. Importance of resolving fungal nomenclature: The case of multiple pathogenic species in the *Cryptococcus* genus. mSphere. 2017;2:e00238-17. Available:https://doi.org/10.1128/mSphere. 00238-17
- Litvintseva AP, Thakur R, Vilgalys R, Mitchell T. Multiple focus sequence typing reveals three genetic subpopulations of *Cryptococcus neoformans* var. *grubii* (serotype A), including a single population in Botswana. Genetics. 2006;172:2223-38. Available: https://doi:10.1534/genetics.10 5.046672
- Desjardins CA, Giamberardino C, Sykes SM, Yu CH, Tenor JL, Chen Y, Yang T, Jones AM, Sun S, Haverkamp MR, Heitman J, Litvintseva AP, Perfect JR, Cuomo CA. Population genomics and the evolution of virulence in the fungal

pathogen *Cryptococcus neoformans.* Genome Res. 2017;27:1207-19. Available: https://doi:10.1101/gr.21872 7.116

83. Vanhove M, Beale MA, Rhodes J, Chanda D, Lakhi S, Kwenda G, Molloy S, Karunaharan N, Stone N, Harrison TS, Bicanic T, Fisher MC. The genomic epidemiology of *Cryptococcus* yeasts identifies adaptation to environmental niches underlying the infection in an African HIV/AIDS cohort. Mol Ecol. 2017;26:1991-2005.

Available: https://doi:10.1111/mec.13891

- 84. Samarasinghe H, You M, Jenkinson TS, Xu J, James TY. Hybridization facilitates adaptive evolution in two major fungal pathogens. Genes (Basel). 2020;11(1):101. Available: https://doi:10.3390/genes1101 0101
  85. Asran DA, Vu K, Colli A, An antivirulence
- 85. Aaron PA, Vu K, Gelli A. An antivirulence approach for preventing *Cryptococcus neoformans* from crossing the blood-brain barrier via novel natural product inhibitors of a fungal metalloprotease. mBio. 2020;11(4):e01249-20. Available:https:doi:10.1128/mBio.01249-20
- 86. Scheneider R, Diehl C, Santos FM, Piffer AC, Garcia AWA, Kulmann MIR, Schrank A, Kmetzch L, Vainstrein MH, Staats CC. Effects of zinc transporters on *Cryptococcus gattii* virulence. Sci Rep. 2015;5:10104. Available: https://doi.org/10.1038/srep10 104
- 87. Fernandes KE, Payne RJ, Carter DA. Lactoferrin-derived peptide lactofungin is potently synergistic with amphotericin B. Antimicrob Agents Chemother; 2020. Available: https://doi:10.1128/AAC.00842-20
- 88. Garcia AWA, Kinskovski UP, Diehl C, Vieira JC, Souza HM, Pinto HB, Trntin DS, Oliveira HC, Rodrigues ML, Becker EM, Kmetzscha L, Vainstein MH, Staats CC. Participation of Zip3, a ZIP domaincontaining protein, in stress response and virulence in *Cryptococcus gattii*. Fungal Genet Biol. 2020;144. Available: https://doi.org/10.1016/j.fgb. 2020.103438
- Wheat JW, Azar MH, Bahr NC, Spec A, Relich RF, Hage C. Histoplasmosis. Infect Dis Clin North Am. 2016;30(1):207–27. Available: https://doi:10.1016/jidc.2015. 10.009

- Sepúlveda VE, Márquez R, Turissini DA, Goldman WE. Genome sequences reveal cryptic speciation in the human pathogen *Histoplasma capsulatum*. mBio. 2017;8(6):e01339-17. Available: https://doi:10.1128/mBio.01339-17
- Pfaller MA, Andes DR, Diekema DJ, Horn DL, Reboli AC, Rotstein C, Franks B, Azie NE. Epidemiology and outcomes of invasive candidiasis due to non-albicans species of *Candida* in 2,496 patients: Data from the Prospective Antifungal Therapy (PATH) Registry 2004-2008. PloS One. 2014;9(7):e101510. Available: https://doi:10.1371/journal.pone.

Available: https://doi:10.13/1/journal.pone. 0101510

- Bassetti M, Righi E, Ansaldi F, Merelli M, Scarparo C, Antonelli, et al. A multicenter multinational study of abdominal candidiasis: Epidemiology, outcomes and predictors of mortality. Intens Care Med. 2015;41(9):1601–10. Available: https://doi:10.1007/s00134-015-3866-2
- 93. Córdoba S, Vivot W, Bosco-Borgeat ME, Taverna C, Szusz W, Murisengo O, Isla G, Davel G, National Network of Mycology Laboratories. Species distribution and susceptibility profile of yeasts isolated from blood cultures: Results of a multicenter active laboratory-based surveillance study in Argentina. Rev Arg Microbiol. 2011;43(3):176–185. Available: https://doi:10.1590/S0325-7541 2011000300003
- 94. Emara M, Ahmad S, Khan Z, Joseph L, Al-Obaid I, Purohit P, Bafna R. *Candida auris* Candidemia in Kuwait, 2014. Emerg Infect Dis. 2015;21(6):1091–92. Available:https://doi.org/10.3201/eid2106.1 50270
- 95. Ramos LS, Branquinha MH, Santos ALS. Different classes of hydrolytic enzymes produced by multidrug-resistant yeasts comprising the *Candida haemulonii* complex. Medical Mycology. 2017;55(2):228–32. Available:https://doi.org/10.1093/mmy/myw 065
- 96. Arikan S, Darka O, Hascelik G, Gunalp A. Identification of *Candida dubliniensis* strains using heat tolerance tests, morphological characteristics and molecular methods. Mikrobiyol Bul. 2003;37(1):49-57. Turkish

- 97. Sullivan DJ, Westerneng TJ, Haynes KA, Bennett DE, Coleman DC. Candida dubliniensis sp. nov.: Phenotypic and molecular characterization of a novel species associated with oral candidosis in HIV-infected individuals. Microbiology. 1995;141:1507-21. Available: https://doi.org/10.1099/135008 72-141-7-1507
- 98. Ataides FS, Costa CR, Santos AS, Freitas VAQ, Silva TC, Zara ALSA, Jesuino RSA, Silva MRR. *In vitro* characterization of virulence factors among species of the *Candida parapsilosis* complex. Rev. Soc. Bras. Med. Trop. 2020;53. Available: http://dx.doi.org/10.1590/0037-8682-0336-2019
- 99. Enache-Angoulvant A, Guitard J, Grenouillet F, Martin T, Durrens P, Fairhead C, Hennequin C. Discriminação rápida entre *Candida glabrata*, *Candida nivariensis* e *Candida bracarensis* pelo uso de PCR singleplex. J Clin Microbiol. 2011;49(9):3375-3379. Available: https://doi.org/10.1128/JCM.006 88-11
- Cedejas-Bueno E, Kolecka A, Alastruey-Izquierdo A, Theelen B, Groenewald M, Kostrzewa M, Cuenca-Estrella M, Gómez-Lopez A, Boekhout T. Reclassification of the *Candida haemulonii* complex as *Candida haemulonii* (*C. haemulonii* group I), *C. duobushaemulonii* sp. nov. (*C. haemulonii* group II), and *C. haemulonii* var. vulnera var. nov.: Three multiresistant human pathogenic yeasts. J Clin Microbiol. 2012;50(11):3641-3651. Available:https://doi.org/10.1128/JCM.0224 8-12
- 101. Cortegiani A, Misseri G, Fasciana T, Giammanco A, Giarratano A, Chowdhary A. Epidemiology, clinical characteristics, resistance, and treatment of infections by *Candida auris*. J. Intens Care. 2018;6:69. Available: https://doi.org/10.1186/s40560-018-0342-4
- 102. Satoh K, Makimura K, Hasumi Y, Nishiyama Y, Uchida K, Yamaguchi H. *Candida auris* sp. nov., a novel ascomycetous yeast isolated from the external ear canal of an inpatient in a Japanese hospital. Microbiol Immunol. 2009;53(1):41-4.
- 103. Lockhart SR, Etienne KA, Vallabhaneni S, Farooqi J, Chowdhary A, Govender NP, et al. Simultaneous emergence of multidrugresistant *Candida auris* on 3 continents

confirmed by whole-genome sequencing and epidemiological analyses. Clin Infect Dis. 2017;64:134–140.

- Available: https://doi:10.1093/cid/ciw691 104. CDC. Center of disease control and prevention. *Candida auris*; 2020. Access in: 28 Jul 2020. Available:https://www.cdc.gov/fungal/*candi da*-auris/tracking-c-auris.html?CDCAArefV al=https%A%2F%2Fwww.cdc.gov%2Ffung al%2Fdiseases%2Fcandidiasis2Ftrackingc-auris.html
- 105. Chowdhary A, Sharma C, Meis JF. Candida auris: A rapidly emerging cause of hospital-acquired multidrug-resistant fungal infections globally. PLoS Pathog. 2017;13:e1006290. Available: https://doi.org/10.1371/journal.p pat.1006290
- 106. Robert V, Cardinali G, Casadevall A. Distribution and impact of yeast thermal tolerance permissive for mammalian infection. BMC Biol. 2015;13:18. Available: https://doi:10.1186/s12915-015-0127-3
- 107. Casadevall A, Kontoyiannis DP, Robert V. On the emergence of *Candida auris*: Climate change, azoles, swamps, and birds. mBio. 2019;23:10(4):1-7. Available: https://doi.org/10.1128/mbio.01 397-19
- Osland MJ, Gabler CA, Grace JB, Day RH, McCoy ML, McLeod JL, From AS, Enwright NM, Feher LC, Stagg CL, Hartley SB. Climate and plant controls on soil organic matter in coastal wetlands. Glob Change Biol. 2018;24:5361–5379. Available: https://doi.org/10.1111/gcb.143 76
- Stone W, Jones BL, Wilsenach J, Botha A. External ecological niche for *Candida albicans* within reducing, oxygen-limited zones of wetlands. Appl Environ Microbiol. 2012;78:2443–2445. Available: https://doi:10.1128/AEM.06343-11
- 110. Yue H, Bing J, Zheng Q, Zhang Y, Hu T, Du H, Wang H, Huang G. Filamentation in *Candida auris,* an emerging fungal pathogen of humans: passage through the mammalian body induces a heritable phenotypic switch. Emerg Microbes Infect. 2018;7:188. Available: https://doi.org/10.1038/s41426-

018-0187-x 111. Tits J, Cools F, Creme K, Brucker K,

11. Lits J, Cools F, Creme K, Brucker K, Berman J, Vergruggen K, Gevaert B, Cos P, Cammue BPA, Thevissen K. Combination of miconazole and domiphen bromide is fungicidal against biofilms of resistant *Candida* spp. Antimicro Agents Chemot. 2020;AAC.01296-20. Available: https://doi.org/10.1128/AAC.012 96-20

- 112. Graham CE., Cruz MR, Garsin DA, Lorens MC. *Enterococcus faecalis* bacteriocin EntV inhibits hyphal morphogenesis, biofilm formation, and virulence of *Candida albicans*. PNAS. 2017;114(17):4507-12. Available:https://doi.org/10.1073/pnas.162 0432114
- 113. Barreto TL, Rossato L, Duarte AL, Meis JF, Lopes LB, Colombo AL. Ishida K. Miltefosine as an alternative strategy in the treatment of the emerging fungus *Candida auris*. Int J. Antimicrob Agents. 2020;56(2). Available:https://doi.org/10.1016/ j.ijantimicag.2020.106049
- 114. Brasil. Agência Nacional de Vigilância Sanitária (ANVISA). Risk Alert GVIMS/GGTES/Anvisa no 01/2020. Identification of a possible case of *Candida auris* in Brazil; 2020. Available: https://www.gov.br/anvisa/pt-br/ centraisdeconteudo/publicacoes/servicosd esaude/risk-communications-1/alert-01-2020-*candida*-auris-07-12-2020.pdf/view Access on 08 Dec 2020
  115. Zhou E, Yu T, Du P, Eap C, Liu X, Liu Z
- 115. Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, Xiang J, Wang Y, Song B, Gu X, Guan L, Wi Y, Li H, Wu X, Xu J, Tu S, Zhang, Chen H, Cao B. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: A retrospective cohort study. Lancet. 2020; 395(10229):1054-62. Available: https://doi.org/10.1016/S0140-6736(20)30566-3
- 116. Song G, Liang G, Liu W. Fungal coinfections associated with Global COVID-19 pandemic: A clinical and diagnostic perspective from China. Mycopathologia. 2020;31:1-8. Available: https://doi:10.1007/s11046-020-00462-9
- 117. Koehler P, Cornely OA, Bottiger BW, Dusse F, Eichenauer DA, Fuchs F, Hallek M, Jung N, Kleina F, Persigehl T, Rybniker J, Kochanek M, Boll B, Shimabukuro-Vornhagen A. COVID-19 associated pulmonary aspergillosis. Mycoses. 2020;63(6):528-534. Available:https://doi.org/10.1111/myc.1309 6

- 118. Lu Q, Jiang W, Zhang X, Li H, Zhang X, Zeng H, Du J, Yang G, Zhang L, Li R, Fang L, Li H, Liu W. Comorbidities for fatal outcome among the COVID-19 patients: A hospital-based case-control study. J Infect. 2020;30507-7. Available:https://doi.org/10.1016/j.jinf.2020. 07.026
- 119. Chen X, Liao B, Cheng L, Peng X, Xu X, Li Y, Hu T, Li J, Zhou X, Ren B. The microbial coinfection in COVID-19. Appl Microbiol Biotechnol. 2020;104(18):7777-85. Available: https://doi.org/10.1007/s00253-020-10814-6
- 120. Santana MF, Pivoto G, Alexandre MAA, Baia da Silva DC, Borba MGS, Val FA, Brito-Sousa JD, et al. Confirmed invasive pulmonary aspergillosis andvCOVID-19: The value of postmortem findings to support antemortem management. J Braz Soc Trop Med. 2020;53:(e20200401). Available: https://doi.org/10.1590/0037-86 82-0401-2020
- 121. Macedo PM, Freitas DFS, Varon AG, Lamas CDC, Ferreira LCF, Freitas AD, Ferreira MT, Nunes EP, Siqueira MM, Veloso VG, Valle ACF. COVID-19 and acute juvenile paracoccidioidomycosis coinfection. PLoS Negl Trop Dis. 2020;14(8):e0008559. Available:https://doi.org/10.1371/journal.pn td.0008559
- 122. Nazik H, Sass G, Déziel E, Stevens DA. *Aspergillus* is inhibited by *Pseudomonas aeruginosa* volatiles. J. Fungi. 2020;6(3):118. Available:https://doi.org/10.3390/jof603011 8
- 123. Fleming A. On the antibacterial action of cultures of a penicillium, with special reference to their use in the isolation of B. influenzae. British J Exp Pathology. 1929;10(3):226-236.
- 124. Cragg GM, Newman DJ. Natural products: A continuing source of novel drug leads. Biochim Biophys Acta. 2013;1830(6):3670-95.

Available: https://doi.org/10.1016/j.bbagen. 2013.02.008

125. Philippoussis AN. Production of mushrooms using agro-industrial residues as substrates. Biotechnology for agroindustrial residues utilisation. Springer Netherlands. 2009;163-96. Available: https://doi.org/10.1007/978-1-40 20-9942-7\_9 126. Calvo AM, Wilson RA, Bok JW, Keller NP. Relationship between secondary metabolism and fungal development. Microbiol Mol Biol Rev. 2002;66(3):447-459.

Available:https://doi.org/10.1128/mmbr.66. 3.447-459.2002

- 127. Seraman S, Aravindan R, Viruthagiri T. Statistical optimization of anticholesterolemic drug lovastatin production by the red mold *Monascus purpureus*. Food and Bioproducts Processing. 2010;88(2):266-76. Available:https://doi.org/10.1016/j.fbp.2010 .01.006
- 128. Sharma R, Katoch M, Srisvastava PS, Qazi GN. Approaches for refining heterologous protein production in filamentous fungi. World J Microbiol Biotechnol. 2009;25(12):2083-94. Available: https://doi.org/10.1007/s11274-009-0128-x
- 129. Wang L, Ridgway D, Gu T, Moo-Yang M. Bioprocessing strategies to improve heterologous protein production in filamentous fungal fermentations. Biotechnology Advances. 2005;23(2):115-129.

Available:https://doi.org/10.1016/j.biotecha dv.2004.11.001

- 130. Bracarense AAP, Takahashi JA. Modulation of antimicrobial metabolites production by the fungus Aspergillus parasiticus. Braz J Microbiol. 2014;45(1):313-321. Available: https://doi.org/10.1590/S1517-8 3822014000100045
- Bohórquez SMA, García-Rico RO. Effect of different stress conditions on the vegetative growth of the filamentous fungus *Acremonium chrysogenum*. Bistua. 2019;17(2):182-195. Available:https://doi.org/10.24054/0120421 1.v2.n2.2019.3535
- Hu Y, Zhu B. Study on genetic engineering of Acremonium chrysogenum, the cephalosporin C producer. Synt Syst Biotechnol. 2016;1-7. Available:https://doi:10.1016/j.synbio.2016. 09.002
- 133. Isaac CE, Jones A, Pickard MA. Production of cyclosporins by *Tolypocladium niveum* strains. Antimicrob Agents Chemother. 1990;34(1):121-7. Available: https://doi.org/10.1128/aac.34. 1.121

- 134. Eira AF, Kaneno R, Rodrigues Filho E, Barbisan LF, Pascholati SF, Di Piero RM. Salvadori DMF, Lima PLA, Ribeiro LR. Farming technology, biochemistry characterization, and protective effects of culinary-medicinal mushrooms *Agaricus brasiliensis* S. Wasser et al. and *Lentinus edodes* (Berk.) Singer: Five years of research in Brazil. Int J Med Mushrooms. 2005;7(1):281-299. Available: https://doi:10.1615/IntJMed Mushr.v7.i12.260
- Vargas-Islal R, Ishikawa NK, Py-Daniel V. Ethnomycological contributions of indigenous peoples of the Amazon. Biota Amazônia. 2013;3(1):58-65. Available: http://dx.doi.org/10.18561/2179-5746
- Fidalgo O. Mycological Knowledge of Brazilian Indians. Rev Antropol. 1968;16-17:27-34.
- 137. Dias DA, Urban S. HPLC and NMR Studies of phenoxazone alcaloids from *Pycnoporus cinnabarinus*. Natural Product Communications. 2009;4(4):489-98. Available:https://doi.org/10.1177/1934578X 0900400409
- 138. Beresford NA, Fesenko S, Konoplev A, Skuterud L, Smithe JT, Vigtf G. Thirty years after the Chernobyl accident: What lessons have we learnt? J Environ Radioactivity. 2016;57:77-89. Available:https://doi.org/10.1016/j.jenvrad.2 016.02.003
- 139. Blachowicz A, Chiang AJ, Elsaesser A, Kalkum M, Ehrenfreund P, Stajich JE, Torok T, Wang C, Venkateswaran K. Proteomic and metabolomic characteristics of extremophilic fungi under simulated mars conditions. Frontiers in Microbiology. 2019;10:1013;1-16. Available:https://doi.org/10.3389/fmicb.201 9.01013
- 140. Dadachova E, Bryan RA, Huang X, Moadel T, Schweitzer AD, Aisen P, Nosanchuk JD, Casadevall A. Ionizing radiation changes the electronic properties of melanin and enhances the growth of melanized fungi. PLoS ONE. 2007;2(5):e457. Available:https://doi.org/10.1371/journal.po ne.0000457
- 141. Zhdanova NN, Tugay T, Dighton J, Zheltonozhsky V, McDermott P. Ionizing radiation attracts soil fungi. Mycol Res. 2004;108(9):1089-1096.
  Available: https://doi:10.1017/s095375620 4000966

Leite-Jr et al.; MRJI, 30(10): 18-49, 2020; Article no.MRJI.63726

- 142. Shunk GK, Gomez XR, Aversch NJHJ. A self-replicating radiation-shield for human deep-space exploration: Radiotrophic fungi can attenuate ionizing radiation aboard the International Space Station. bioRXiv. 2020.07.16.205534. Available:https://doi.org/10.1101/2020.07. 16.205534
- 143. Gonçalves VN, Cantrell CL, Wedge DE, Ferreira DE, Ferreira MC, Soares MA, Jacob MR, Oliveira FS, Galante D, Rodrigues F, Alves TMA, Zani CL, Júnior PAS, Murta S, Romanha AJ, Barbosa EC, Kroon EG, Oliveira JG, Gomez-Silva B, Galetovic A, Rosa CA, Rosa LH. Fungi associated with rocks of the Atacama Desert: Taxonomy, distribution, diversity, ecology and bioprospection for bioactive compounds. Environ Microbiol. 2016;18(1):232-45. Available: https://doi.org/10.1111/1462-29

20.13005

144. Purlschen AA, Rodrigues F, Duarte RTD, Araújo GG, Santiago IF, Paulino-Lima IG, Rosa CA, Kato MJ, Pellizari VH, Galante D. UV-resistant yeasts isolated from a high altitude volcanic area on the Atacama Desert as eukaryotics models for astrobiology. Microbiology Open. 2015; 4(4):574-88. Available: https://doi:10.1002/mbo3.262

- 145. Gonçalves VN, Oliveira FS, Carvalho CR, Schaefer CEGR, Rosa CA, Rosa LH. Antarctic rocks from continental Antarctica as source of potential human opportunistic fungi. Extremophiles. 2017; 21(5):851-860. Available: https://doi.org/10.1007/s00792-0 17-0947-x
- 146. Menezes GCA, Amorim SS, Gonçalves VN, Godinho VM, Simões JC, Rosa CA, Rosa LH. Diversity, distribution and ecology of fungi in seasonal antarctic snow. 2019;7(10):445. Available:https://doi:10.3390/microorganis mos7100445
- 147. Cogliati M. Molecular epidemilogy of *Cryptococcus neoformans* and *Cryptococcus gattii*: An atlas of the molceular types. Hindawi Publishing Corporation Scienti. 2013;2-23. Available:http://dx.doi.org/10.1155/2013/67 5213.
- 148. Chen SCA, Meyer W, Sorrella TC. Cryptococcus gattii infections. American Society for Microbiology. Clin Microbiol Rew. 2014;980-1024. Available: https://doi.org/10.1128/CMB.001

Available:https://doi.org/10.1128/CMR.001 26-13

© 2020 Leite-Jr et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history: The peer review history for this paper can be accessed here: http://www.sdiarticle4.com/review-history/63726