



# *Candida auris* as the Predominant Species Causing Invasive Candidiasis in Neonates and Children

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*To the Editor:* *Candida auris* is a hardy, easily transmissible and highly drug resistant *Candida* species [1]. Similar to adults, there is an increasing prevalence of *C. auris* in neonatal/pediatric invasive candidiasis (IC) especially in resource limited settings [2–4]. In this study, charts of all new borns/children with IC over the past 8 y (2015–2022) in the neonatal, pediatric, cardiac critical care units at our centre were reviewed. The identification and susceptibility testing was done on VITEK-2 (Biomérieux, France).

Nineteen patients met the criteria for invasive candidiasis during the study period. These included 9 neonates (age <90 d), 7 infants and 3 children. The risk factors for IC were cardiac surgery (12), admission to NICU (3) and PICU (4). Fifty percent of the babies with post cardiac surgery IC were term neonates. All NICU babies with IC were ≥34 wk gestation. *C. auris* was the commonest species accounting for 37% of IC and 66% of neonatal IC. The fluconazole, amphotericin B and echinocandin resistance rates of all *C. auris* isolates were 50%, 30% and 0% respectively while in *C. auris*, the rates were 100%, 71% and 0% respectively. The overall crude mortality rate was 21% and in *C. auris* 30%.

We report very high rates of prevalence of *C. auris* in our cohort. The recent NeoObs study reported an overall *C. auris* prevalence of 14% [2]. None of the babies in our cohort with *C. auris* were from the neonatal ICU where fluconazole prophylaxis was routinely given to very low birth weight (VLBW) neonates, indicating that emergence of *C. auris* was not due to selection. The occurrence of neonatal candidiasis outside the traditional risk group of VLBW

neonates in our cohort is similar to that seen in the NeoObs and DeNIS study [5]. The emergence of *C. auris* and occurrence of neonatal IC outside the traditional risk group in neonates raises issues of infection control and change in prophylactic/ therapeutic strategies for neonatal IC.

## Declarations

**Conflict of Interest** None.

## References

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