**b Candida auris outbreak in the neonatal unit of a Johannesburg public-sector hospital**

*Candida auris* is a fungal (yeast-like) pathogen which has caused invasive infections and hospital outbreaks on several continents. The fungus is difficult to identify by standard laboratory methods, is almost uniformly resistant to fluconazole, is associated with a high in-hospital mortality among patients with invasive infection and may be difficult to 'eradicate' from the hospital environment. Large on-going outbreaks have been reported at several Johannesburg and Pretoria hospitals from 2015 onwards, with most cases occurring in private-sector facilities.

In September 2017, NICD became aware of a cluster of four cases of neonatal bloodstream infection caused by *C. auris* at a public-sector hospital in Johannesburg. In addition, a single case of *C. auris* blood stream infection was detected in a second public sector hospital, also in the neonatal ICU. Detection of *C. auris* in a neonatal unit is concerning because of this pathogen’s propensity to contaminate the environment around infected/colonised babies and be propagated horizontally in overcrowded units, if there is insufficient adherence to standard infection prevention and control (IPC) protocols.

NICD recommends that babies with confirmed *C. auris* invasive disease/colonisation be isolated or cohorted. Amphotericin B is recommended as first-line treatment. Units with current outbreaks should ensure strict adherence to IPC protocols. Thorough cleaning of the incubator/cot is warranted when an infected/colonised baby leaves the unit. If an infected/colonised baby is referred to another unit, the receiving team should be notified. Routine screening for colonisation is not recommended owing to limited evidence. Additional information on *C. auris* may be found at www.nicd.ac.za under the ‘Diseases A-Z’ tab.

**Source:** Centre for Healthcare-associated infections, Antimicrobial Resistance and Mycoses, NICD-NHLS; (neleshgo@nicd.ac.za)