

# Can multidrug resistant *Candida auris* infect the neonates? Opinion on neonatal Candidemia

**Comments on: Emerging threat of candida resistance among neonates at a teaching institute of Jharkhand**

Respected Editor,

The study “Emerging threat of candida resistance among neonates at a teaching institute of Jharkhand” that was recently published in your journal caught our attention. In this 1-year investigation on septicemia, the investigators found that newborn candidemia was present in 22.22% of positive blood culture specimens and 10% of the total sample.<sup>[1]</sup> Particularly when we consider the neonatal population, these Candidemia numbers are considerable. We would like to contribute to this viewpoint as well.

While *C. albicans* is still the most frequently identified bloodstream infection in most investigations, nonalbicans *Candida* species (*C. glabrata*, *C. tropicalis*, and *C. parapsilosis*) are gradually becoming more prevalent and together account for more than 50% of cases of Candidemia. According to several research, *Candida tropicalis* is more common when it comes to urinary tract infections. This research shifts the focus of mycology from *Candida albicans* to nonalbicans candida infections.<sup>[2]</sup> Conventional approaches could only identify a small number of species but molecular and genetic analysis has easily made it possible to identify more recent species in routine laboratory work. One of the significant species that were previously challenging to identify using traditional biochemical techniques is *Candida auris*.<sup>[3]</sup>

Antimicrobial resistance is an emerging threat or can be counted as a future pandemic for humans. Antifungal resistance is also a growing problem, but when talking about antimicrobial resistance, the focus is usually on antibacterial medications. *Candida auris* is a pathogen that has been linked to outbreaks of deadly infections in hospitals across various continents. These infections are difficult to treat because it is resistant to multiple antifungal drugs. The situation is worse because we do not have any guidelines to test the antifungal susceptibility for *Candida auris* as there are currently no established *C. auris*-specific susceptibility breakpoints and Minimum Inhibitory Concentration values. As far as we are aware, *Trichosporon* species and some other yeast

organisms do not have breakpoints because they are responsive to standard antifungal medications, but *Candida auris* is a more recently developing multidrug-resistant organism that must be treated based on the clinical condition with standard Minimum Inhibitory Concentration values.<sup>[4]</sup>

Although *Candida auris* was not isolated from neonates of candidemia in Biswas B *et al.*'s.<sup>[1]</sup> investigation in Jharkhand, this does not imply that it is not common in neonatal and pediatric patients. Chandramati J *et al.* found 17 *Candida auris* which are resistant to commonly used antifungal drugs and therefore have treated the patients with Amphotericin and Micafungin.<sup>[5]</sup> Our goal here is not to criticize the current work but rather to express our perspective about a more recent strain of multidrug-resistant *Candida auris* that requires attention. If we fail to keep this in mind and begin using the proper antifungal, we will eventually have to rely on higher antifungals like Amphoterin B, to treat our neonatal candidemia patients.

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### Conflicts of interest

There are no conflicts of interest.

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