

# CURRENT ANTIFUNGAL PROPHYLAXIS POLICIES AND PRACTICES IN UK NICUS

Wanigasekara R<sup>1</sup> (Paediatrics ST5); Kantyka C<sup>2</sup> (Paediatrics ST7); Ponnusamy V<sup>1</sup> (Neonatal Consultant); Clarke P<sup>2,3</sup> (Neonatal Consultant)

1. Ashford and St Peter's NHS Foundation Trust; 2. Neonatal Intensive Care Unit, Norfolk and Norwich University Hospital;

3. Norwich Medical School, University of East Anglia

## Background

Invasive fungal infections cause significant mortality and morbidity in the neonatal intensive care unit (NICU).

In 2021, the National Institute for Health and Care Excellence (NICE) recommended the use of prophylactic antifungals to prevent fungal infections in preterm infants <30 weeks' gestation, and birthweight <1500g during antibiotic treatment for late-onset sepsis.

We aimed to review current policies and practices for antifungal prophylaxis in UK tertiary-level NICUs.

## Methods

Between January and May 2024, we contacted all 53 UK level 3 NICUs via telephone/e-mail to request a copy of their local antifungal prophylaxis guidelines

## Results

We obtained the written guidelines from all 53/53 (100%) NICUs. 45/53 (85%) units had clear written guidance for the use of antifungal prophylaxis, while 8 (15%) units had no recommendation for routine antifungal prophylaxis (**Figure**).

In comparison with NICE guidelines, there was great variability in terms of recommendation for the gestational age (GA), birth weight (BW) for high-risk neonates and in choice of antifungal prophylaxis agent.

## Results cont.

Only 16/53 (30%) units followed the specific NICE recommendations for GA and BW cutoffs.

19/53 (36%) units used either oral Nystatin or intravenous Fluconazole as first line depending on oral tolerance, GA and BW.

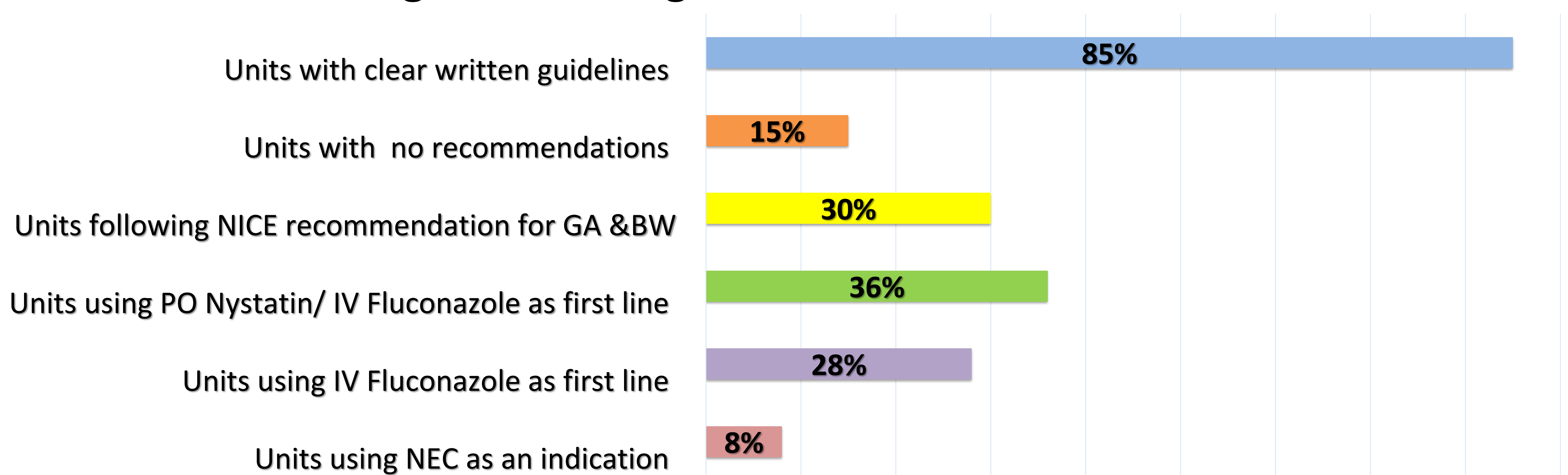
15/53 (28%) units used IV Fluconazole as first line, some stated switching to oral fluconazole when able but oral Nystatin was not considered despite the NICE recommendation.

4/53 (8%) unit guidelines stated necrotising enterocolitis as an indication to initiate antifungal prophylaxis.

## Conclusion

- Compared to a previous UK survey done in 2006-7, our survey has found that use of antifungal prophylaxis has increased significantly but is still not universal.
- Only a minority of NICU's are complying with the NICE recommendations in terms of GA and BW cut offs for giving antifungal prophylaxis.
- At-risk preterm neonates cared for in units that do not provide antifungal prophylaxis may be at an increased risk of invasive fungal infection, compared to those who receive antifungal prophylaxis in line with NICE recommendation.

**Figure: Antifungal Practices in the 53 UK NICUs**



Acknowledgement: we sincerely thank colleagues at all the various NICUs for generously sharing their unit guidelines with us.



Norfolk and Norwich  
University Hospitals  
NHS Foundation Trust



NORWICH  
MEDICAL  
SCHOOL

