

CANDIDA NOSOCOMIAL INFECTION SURVEILLANCE

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There are lot of data on nosocomial *Candida* infection in cancer patients, mainly those undergoing BMT or acute leukemia. However, invasive *Candida* spp. infections in ICU mainly in surgery patients and in neonates are less frequently studied, despite mortality in surgically treated ICU patients. Therefore surveillance on *Candida* spp. nosocomial infections is mandately in high risk departments - a) ICU departments with patients after extensive surgery after acute pancreatitis, large bowel surgery, liver, pancreas, spleen transplantation, b) neonatology departments with VLBW and

prenatal <38 gestation week departments.

Surveillance should follows in:

- 1) Surveilance cultures from na..... bag sites in high risk patients (BMT, LTX)
- 2) Surveillance cultures for non-albicans and FLU resistant against (*C.krusei*, *C.glabrata*).

All patients adulted to NICU, LTX, BMT units should have both types of surveillance cultures available for implementation of prospective (empiric) treatment strategies.