Introduction:
ICU-acquired infection is as high as 42.7 episodes per 1,000 patient-days in lower-middle income countries like India (WHO). Almost three times higher than in high-income countries. [1]. Candida Infection is the 3rd most commonly acquired nosocomial infection in India burdening the debilitated patient with longer ICU stay[2].

There are no definite guidelines on whether & when to start anti-fungal treatment, specific to India where IFI risk is high and diagnostic facilities are limited. Currently, the Intensivists across India are using antifungals, according to their clinical experience and selective application of international guidelines leading to non-uniformity of patient outcomes

Methods:
In an endeavour to synchronize anti-fungal therapy and educate intensivists from small cities of India, 2 Intensivists and 1 Infectious Disease specialist of international repute were approached to design a module on ‘Invasive Fungal Infections – When to Start Anti-fungals in ICU [Figure 2]. The IFI in India was summarised into a compact 1 hour session for dissemination of knowledge using IDSA 2016 as a reference guideline. 12 Intensivists from across India were trained on the module by our faculty. The module was rolled out to Intensivists and Pulmonologists focussing particularly on the tier-2 & tier -3 cities where avenues for learning are limited [Figure 1]

Results:
The module covered epidemiology, diagnostic challenges & anti-fungal therapies in Candidemia. It also included Candiduria, Aspergillosis & Mucormycosis that intensivists infrequently encounter. 4 meetings have been conducted and over 150 intensivists have been trained so far and more such trainings are planned in near future.

Conclusion:
This module serves as a good academic tool to create awareness, education and harmonisation of anti-fungal treatment amongst HCPs across India

References:
1. WHO Report Burden of Endemic HCI, 2011
2. JK Oberoi, Invasive Candidiasis, JIMSA ,Vol. 23 No. 1, January - March 2010
When to start Anti-fungal therapy in my patient?

Image 2:

**Need:** Assess the gaps in Anti-fungal treatment in India and the lack of India specific guidelines

**Development:** 2 Intensivists + 1 ID specialist as faculty + Medical Affairs

**Training:** Train 12 Intensivists across India as local resource persons on the module by faculty

**Roll out:** Present the module across the country focusing on intensivists in smaller cities and towns

**Revision:** Based on queries and need, revise the module

*Design of Anti-fungal module development*