

Burden of Fungal Infections in Nepal

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Sir,

The national conference of the Society of Indian Human and Animal Mycologists (SIHAM 2016) was held in Shimla between 18-20 March 2016. This conference brought together medical microbiologists, clinicians, researchers, young scientists and students of medicine to one academic platform. A number of national and international faculty, whose passion for the subject was reflected by their presence and active participation in the congress, shared their views and vast experiences with the delegates through their deliberations meticulously covering the most important aspects of medical mycology that were of interest to the mycologists of India. Various current issues of significance like fungal infections in ICUs, allergic fungal diseases, antifungal drug resistance, newer fungal diagnostics were discussed.

In this context, I like to draw the kind attention of all concerned that, the burden of fungal infections in Nepal has long been underestimated. Virtually, there is little attempt to explore the epidemiology of invasive, allergic and superficial fungal diseases in Nepal. A few diagnostic microbiology laboratories are equipped with standard facilities to appropriately diagnose these conditions. Not many institutions conduct any form of surveillance and epidemiological studies to estimate the fungal disease burden in the country.

Recently, Khwakhali US and Denning DW [1] documented that a significant burden of serious fungal infections existed in Nepal that had a high morbidity and mortality rate. They

provided preliminary data on fungal keratitis (73/10000 annually), chronic obstructive pulmonary disease contributing to invasive Aspergillosis (1119 cases annually), in addition to highlighting the overall prevalence of ABPA, chronic pulmonary Aspergillosis, and oral and esophageal candidiasis in HIV/AIDS patients.

There are only scanty documentations on emerging fungal diseases in Nepal. However, Supram HS et al [2] from Manipal Teaching Hospital, Pokhara in Western Nepal recently reported invasive infections in a group of hospitalized patients caused by *Magnusiomyces capitatus*, an emerging yeast.

It is, therefore, needless to emphasize that there is a significant burden of existing as well as emerging fungal diseases in Nepal. It is high time that epidemiological studies be conducted to validate these issues.

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