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Aim: Candida species causing neonatal candidaemia show a wide geographical variation and are usually healthcare acquired. Awareness of prevalent Candida species and knowledge of possible risk factors allows timely commencement of antifungal prophylaxis, directs appropriate empirical antifungal therapy and helps to prevent occurrence. This study aims to evaluate the Candida species distribution and the impact on preventive measures.

Method: This was carried out as a prospective descriptive study in a Special Care Baby Unit (with a capacity of 16 cots with ventilation facilities for 8 newborns) attached to a tertiary care hospital in Colombo, Sri Lanka from January 2015 to December 2020. Identification and antifungal sensitivities were done according to standard protocols. Impact of preventive measures implemented to prevent nosocomial transmission of Candida species was reassessed.

Result: A total of 27 candidaemia episodes (*C. parapsilosis* 61.54%, *C. albicans* 15.38%, *C. guilliermondii* 15.38% and 7.7% non-albicans Candida) were detected during the study period. The overall incidence was 1.04 per 100 SCBU admissions. A drop in antibiotic consumption was noted with antibiotic stewardship implementation.

Discussion: Neonatal candidaemia was predominantly caused by non-albicans Candida species. Implementation of antibiotic stewardship programme and strengthening of infection control activities markedly reduced the incidence of neonatal candidaemia.

THE UTILITY OF THE SYPHILIS ENZYME IMMUNOASSAY IGM IN THE DIAGNOSIS OF CONGENITAL SYPHILIS

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Background: Congenital syphilis has increasing incidence in Australia, with significant sequelae. Effective screening tests are available during pregnancy; however, they rely on adequate antenatal care. Congenital syphilis can be a challenging diagnosis to make, with a variety of clinical and laboratory factors to consider. The syphilis IgM routinely ordered as part of the diagnostic process.

Aim: To assess the utility of the syphilis EIA IgM test in the diagnosis and treatment of congenital syphilis.

Methods: Laboratory and clinical records of mothers and newborns who were syphilis EIA IgM reactive were reviewed over a ten-year period.

Results: There were 11 syphilis IgM reactive results from 371 tests performed (3%). Nine of these cases were reviewed in detail. The IgM result was never a key factor in establishing a diagnosis or instigating treatment in an infant.

Discussion: Use of maternal serology and treatment history are better tools to identify those neonates at risk of congenital syphilis, rather than the EIA syphilis IgM result. In cases when antenatal maternal serology is unavailable, PCR can provide

valuable a timely insight in at risk neonates. This study highlights the low value of the syphilis IgM in the diagnostic management of congenital syphilis.

SPINAL TOXOPLASMOSIS IN A YOUNG MAN WITH UNDIAGNOSED HIV INFECTION

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Spinal cord lesions are potentially devastating conditions leading to reduced mobility, loss of functional independence, and even ventilator dependence, dictated by the level of injury. Tissue diagnosis is paramount to differentiate between primary brain tumours such as ependymomas and glioblastomas, infarction, infection and demyelination.

We present the case of a 30-year-old gentleman with subacute neck pain, nausea and evolving right upper limb weakness and paraesthesiae. MRI-spine demonstrated an intramedullary cervical spine mass with associated oedema, thought to represent an ependymoma. Open tissue biopsy revealed numerous bradyzoites on haematoxylin & eosin staining, subsequently confirmed by directed polymerase chain reaction testing as *Toxoplasma gondii*. Detailed immunological work-up led to a diagnosis of HIV infection, with detection of HIV antibodies and HIV-1 p24 antigen, an HIV-1 viraemia (log 6.33 copies/mL) and low CD4 count (16 cells/mL).

Toxoplasmosis is the most common central nervous system infection in HIV patients not receiving appropriate prophylaxis.¹ It may occur in up to 30% of such patients who are seropositive for *Toxoplasma gondii*,² typically manifesting when CD4+ counts fall below 100 cells/mm³.³ This case highlights the importance of close collaboration between histopathology, microbiology and infectious diseases specialists in diagnosis of a spinal cord infection with associated HIV infection.

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EXPRESSION OF GPI-ANCHORED SARS-COV-2 RECEPTOR BINDING DOMAIN IN MAMMALIAN CELLS FOR SEROLOGICAL USE

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