



daily. Despite his initial recovery the patient's condition worsened and he died 12 days after admission.

Discussion

This case demonstrates that *C. famata* may act as a central nervous system pathogen in immune-compromised individuals.

A study conducted on mice previously treated with cortisone⁹ demonstrated the organism's potential to invade the central nervous system under immune-compromising conditions. Of these infected animals, 50% were killed while this species proved non-pathogenic to normal mice with no gross pathology, microscopic lesions or positive tissue cultures at the end of the experiment.⁹

Our patient demonstrated a chronic clinical picture, with CSF special investigations supporting the diagnosis of meningitis caused by a fungal pathogen, with increased CSF lymphocytes, elevated CSF-protein and positive fungal culture being most suggestive. Fluconazole treatment for *C. famata* infections has reported mixed success,^{4,5} with one case of successful treatment of catheter-associated fungaemia after administration of amphotericin B.¹ Successful therapy with fluconazole for yeast infections usually requires intravenous dosing, early commencement of therapy and an adequate dosage, this patient being a case in point, with delayed treatment and ineffective oral dosing probably leading to his death. The role of HIV as an immunosuppressive condition and possible co-factor for *C. famata* infection of the central nervous system could not be further investigated due to the death of the patient. *C. famata* is an uncommon human pathogen with few documented infectious conditions. The case

presented shows the organism to be a possible novel pathogen in the human central nervous system. Failure to identify and recognise *C. famata* as a pathogen, combined with delayed therapy, especially when occurring in immune-compromised patients, may lead to unnecessary fatalities.

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Exclusive breast-feeding — a pipe dream?

To the Editor: In South Africa there is scepticism about the feasibility of exclusive breast-feeding (EBF) — despite success stories from Mexico, Bangladesh and Belarus.¹⁻³ We report on the steps taken to develop a breast-feeding counselling and support strategy, which supports EBF, in a rural subdistrict in KwaZulu-Natal, where mixed feeding was the norm. Prior research showed that traditional beliefs and concerns about milk sufficiency or infant satiety/health were the main reasons for mixed feeding.⁴

Between May and September 2000 we recruited matriculated women, living in the subdistrict, as breast-feeding counsellors (BCs). They were trained using the WHO/UNICEF breast-feeding counselling training course,⁵ a 40-hour course with a strong counselling component. Knowledge before and after

training was assessed using a tool developed by the study team. A field guide, containing information from the course and appropriate suggestions addressing traditional beliefs that hinder EBF, was developed as an *aide-mémoire* to facilitate quality, consistent breast-feeding counselling. All BCs were trained to use the field guide. BCs recruited pregnant or breast-feeding women at clinics, and visited them at home at least once a week. The involvement of influential family members during home visits was encouraged. During each home visit, using the listening and learning skills from the course,⁵ BCs asked how feeding was going, whether additional feeds or fluids were given to the infant and reasons for these, and about breast health. They observed a breast feed, and then counselled the mother (and often the family) using 'building



Table I. Six elements of a successful strategy to promote exclusive breast-feeding

Element	Exposition
Community-based	<ul style="list-style-type: none"> Recruit local persons and gain the support of health professionals living in the area so that consistent messages are communicated Developed appropriate messages that address knowledge, attitudes, traditional beliefs and practices that hinder EBF Strengthen local beliefs that support exclusive breast-feeding
Training with a strong counselling component	<ul style="list-style-type: none"> Use a standardised course with a strong counselling component such as the WHO/UNICEF breast-feeding counselling training courses to increase knowledge and skills
Measure the impact of training	<ul style="list-style-type: none"> Use tools, e.g. questionnaires, to assess knowledge, and a checklist to assess breast-feeding counselling skills to measure the impact of training
Ensure consistent, quality counselling	<ul style="list-style-type: none"> Use a field aid that reinforces information and provides appropriate suggestions that address traditional beliefs which hinder EBF, to facilitate consistent, high-quality counselling
Supervision Ongoing support, including home support, for breast-feeding women	<ul style="list-style-type: none"> Ongoing supervision for BCs is crucial In the current context where mixed feeding is the norm, ongoing support is needed to address common concerns about EBF Infant feeding is determined by complex relationships in the home. Involvement of other influential household and family members is therefore critical

confidence and support' skills.⁵ Trainee supervisors (ex-BCs) provided on site support to BCs. Weekly meetings (study paediatricians and BCs) facilitated further learning.

We found that despite having no previous training in health care, BCs acquired knowledge quickly: the mean pre-course score was 52% (range 36 - 76%), while post-course scores were 80% (range 68 - 96%) immediately after the course, and 80% (range 66% - 92%) 3 months after the course. The average score in an open book assessment based on the field guide was 85% (range 66 - 99%). Although BCs initially 'intervened' rather than 'counselled', regular practice resulted in their becoming powerful counsellors, acquiring counselling skills more quickly than health care workers. Preliminary data found that 2 months into the intervention EBF rates had risen from less than 10% at 16 weeks⁴ to 49% at 20 weeks. Our experience leads us to believe that six elements are needed for a successful breast-feeding counselling and support strategy (Table I). These elements need to be incorporated into child health interventions to ensure sustainability.

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