

Table 1. Choices of management strategies for persistent febrile neutropenia in various high-risk patient groups, presented in 3 clinical scenarios to the participants of 13 children's hospitals in the UK.

<b>Clinical scenarios</b>	<b>Empiric strategy</b>	<b>Pre-emptive strategy</b>
Allogeneous HSCT recipient	85% (11/13)	54% (7/13)
Acute leukaemia (i.e. high risk ALL, AML)	82% (9/11)	40% (4/10)
SAA/MDS	82% (9/11)	40% (4/10)

HSCT: Hematopoietic Stem Cell Transplantation, ALL: Acute Lymphoblastic Leukaemia; AML, Acute Myeloid Leukaemia, SSA: severe aplastic anaemia, MDS: myelodysplastic syndrome.

Table 2. The use and purpose of galactomannan and  $\beta$ -D-glucan testing in serum in different patient populations from 13 children's hospitals in the UK.

Biomarker	Rational	High risk neutropenic haemato-oncology patients	Non-haematological patients
GMN	Screening	2/13 (15%)	1/13 (8%)
	Diagnostic	10/13 (77%)	9/13 (69%)
BDG	Screening	3/12 (25%)	1/12 (8%)
	Diagnostic	7/12 (58%)	6/12 (50%)

GM: Galactomannan, BDG:  $\beta$ -D-Glucan

Table 3. Antifungal treatment for candidemia and invasive pulmonary aspergillosis in 13 children's hospitals in the UK.

		First line drug		
		Fluconazole	Liposomal amphotericin B	Echinocandins
Candidemia	NICU (n=10)	6 (60%)	4 (40%)	-
	PICU (n=10)	6 (60%)	3 (30%)	1 (10%)
	Neutropenic patients (n=11)	5 (45%)	6 (55%)	-
	Non-neutropenic patients* (n=8)	6 (75%)	1 (12.5%)	1 (12.5%)
		Voriconazole	Liposomal amphotericin B	Both
Invasive pulmonary aspergillosis	Patients < 2 yrs of age (n=11)	7 (64%)	3 (27%)	1 (9%)
	Patients > 2 yrs of age (n=11)	9 (82%)	1 (9%)	1 (9%)

NICU: Neonatal Intensive Care Unit, PICU: Paediatric Intensive Care Unit, \*not admitted to PICU