Supplemental Figure 1: Cornea appearance at presentation, on the day when topical chlorhexidine treatment was added and at the final review

Presentation – Day 1

**Case 1:** Moderate conjunctival hyperaemia, central corneal defect, stromal abscess, hypopyon. Microbiology demonstrated *Aspergillus sp.* The patient was started on natamycin 5%

**Case 2:** Moderate conjunctival hyperaemia, paracentral oblique corneal defect, microbiology demonstrated *Aspergillus spp.* The patient was started on natamycin 5%

Re-evaluation and initiation of chlorhexidine

Day 14: The infiltrate deepened and the patient developed a perforation. The patient was started on chlorhexidine 0.2% and continued natamycin 5%

Day 7: Increasing corneal infiltrate and defect size. The patient was started on chlorhexidine 0.2% and continued natamycin 5%

Final follow-up

Year 1: healed cornea with scarring

Day 45: Patient was lost to follow up
Case 3: Central corneal infiltrate with stromal abscess. Microscopy demonstrated fungal hyphae but there was no growth on culture. The patient was started on natamycin 5%.

Day 14: Increasing inflammation, new epithelial defect and increasing corneal infiltrate. The patient was started on chlorhexidine 0.2% and continued natamycin 5%.

Year 1: Healed cornea with scarring and vascularisation.

Case 4: Central infiltrate with corneal thinning. Microbiology demonstrated Fusarium sp. The patient was started on natamycin 5%.

Day 2: Increased corneal melting with impending perforation. The patient was started on chlorhexidine 0.2% and continued natamycin 5%.

Day 14: Total corneal melting necessitating evisceration (this patient had received a conjunctival flap on day 4).
Case 5: A large epithelial defect with infiltrate. Microbiology demonstrated *Bipolaris* sp. The patient was started on natamycin 5%. Day 7. This patient reported severe pain on applying natamycin 5%, it was discontinued and the patient started on chlorhexidine 0.2%. Year 1: healed cornea with scarring. The patient developed cataract.

Case 6: Large paracentral stromal abscess with a bead like ring infiltrate and a hypopyon. Microscopy showed fungal hyphae; no growth on culture. The patient was started on natamycin 5%. Day 14: Increasing infiltrate size, development of two large satellite infiltrates. The patient was started on chlorhexidine 0.2% and continued natamycin 5%. Year 1: healed with a dense corneal scar and vascularisation.
Case 7: Dense corneal infiltrate with impending perforation. Microscopy showed fungal hyphae; unidentified fungus on culture. The patient was started on natamycin 5%

Day 3: Progressive corneal melting; total conjunctival flap performed. The patient was started on chlorhexidine 0.2% and continued natamycin 5%

Year 1: Healed with a dense scar and corneal vascularisation.

Case 8: Dense central corneal infiltrate with endothelial plaque and hypopyon. Microbiology confirmed Fusarium sp. The patient was started on natamycin 5%

Day 21: Increasing infiltrate and endothelial plaque. The patient was started on chlorhexidine 0.2% and continued natamycin 5%

Year 1: Healed with a dense corneal scar
**Case 9** Corneal infiltrate and hypopyon. The eye had a pre-existing corneal scar. Microbiology confirmed *Candida* sp. The patient was started on natamycin 5%.

Day 3: Increasing corneal infiltrate and thinning. The patient was started on chlorhexidine 0.2% and continued natamycin 5%.

Day 14: Despite adding chlorhexidine and a total conjunctival flap a few days later, there was total melting which required evisceration.

**Case 10.** Corneal infiltrate involving the whole cornea with a hypopyon. Microbiology demonstrated *Acremonium* sp. The patient was started on natamycin 5%.

Day 7: Very slow response and notable new endothelial plaques and deepening ulceration. The patient was started on chlorhexidine 0.2% and continued natamycin 5%.

Day 90: Healed with a dense corneal scar and corneal vascularisation.
Case 11: Central corneal ring infiltrate and a hypopyon. Microbiology demonstrated *Lasiodiplodia theobromae*. The patient was started on natamycin 5%. Day 7: Increased corneal infiltrate. The patient was started on chlorhexidine 0.2% and continued natamycin 5%. Day 90: Healed with moderate stromal scarring.

Case 12: Large corneal infiltrate with hypopyon. Microbiology demonstrated *Bipolaris* sp. The patient was started on natamycin 5%. Day 14: Increasing corneal infiltrate with development of new satellite lesions. The patient was started on chlorhexidine 0.2% and continued natamycin 5%. Year 1: Healed with a dense corneal scar. (This patient also received a total conjunctival flap due to the slowly healing ulcer).
Case 13: Central epithelial defect with a dense endothelial plaque and a hypopyon. Microbiology demonstrated *Fusarium* sp. The patient was started on natamycin 5%

Day 21: Increasing infiltrate, development of new satellite lesions and increasing hypopyon. The patient was started on chlorhexidine 0.2% and continued natamycin 5%

Day 90: Patient developed total corneal melting and perforation. The eye had to be eviscerated.