An outbreak of *Pneumocystis jirovecii* pneumonia (PCP) occurred among heart transplant recipients (HTR) at the outpatient clinic of a University Medical Centre, from March through September 2015. Clinical, therapeutic and molecular data were analysed to control the outbreak and determine its origin.

### Results

Among 124 exposed HTR, 7 confirmed PCP cases were identified (Figure 1), including 1 HIV-infected renal transplant recipient with a CD4 counts of 20 cells/mm$^3$. This patient was considered as the likely index patient.

In comparison, only 2 PCP cases in HTR were identified over the last 2 years.

Genotyping demonstrated a same strain in all 7 cases. All cases were linked with 13 possible transmission chains (Figure 2). The median time to PCP onset after HT and after the possible contact with a source patient were 260 days (range, 103-1383), and 132 days (41-224), respectively. Six cases were receiving atovaquone as prophylaxis and one did not receive any prophylaxis.

### Conclusion

- Genotyping confirmed the inter-human transmission in all PCP cases, with a transmission chain found in all cases.
- *Colonisation was rare in this immunocompromised population.*
- Prophylaxis with atovaquone for PCP may be less effective in heart transplant recipients than co-trimoxazole prophylaxis.