

Indigenous kids the biggest winners in new skin sore treatment

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Telethon Kids Institute director Jonathan Carapetis (pictured) was part of a three-year research project which found a short oral course of an existing drug is equally as effective as the penicillin injection.

Medics in remote Aboriginal communities will welcome a new oral treatment for highly contagious skin sores, known as impetigo. The treatment replaces painful penicillin injections for children.

Research shows Australia's remote Indigenous communities are among the world's most severely affected by impetigo, which is caused by the *Streptococcus pyogenes* and *Staphylococcus aureus* bacteria and can take

hold quickly in small abrasions in tropical climates.

It is estimated 84 per cent of Australia's Indigenous children are treated for the infection before their first birthday.

Telethon Kids Institute director Jonathan Carapetis says overcrowding is a major factor in its spread, with up to 17 people living in two bedroom homes in some communities.

He says [health professionals](#) have been frustrated, trying to treat children who would rather run away than have the painful intramuscular injection of penicillin, which is the current treatment for acute infection.

Prof Carapetis was part of a three-year research project—instigated by Darwin's Menzies School of Health Research across multiple remote communities—which found a short oral course of an existing drug, co-trimoxazole, is equally as effective as the penicillin injection.

Over a short course, children take a tablet twice daily for three days – at least one which can be supervised by a community nurse or doctor, or a daily tablet for five days.

"This solution is an existing and cheap antibiotic, well tolerated by kids because it tastes good and happens to be very effective against both Strep and Staph bacteria," Prof Carapetis says.

"What's really remarkable is that the research showed it is much better tolerated and [there are] less problems with adverse events."

Prof Carapetis says the new treatment is being incorporated into health guidelines across rural communities and could have international application.

"Health professionals have been waiting for this. They are ready to put it into practice and the impact is going to be quite substantial," he says.

"We're looking at a coordinated strategy over the next six months to get the information out, particularly internationally in Africa and PNG and other places, to make sure people know about it and to make sure this research doesn't just sit in a journal."

Reduced risk of antibiotic resistance

One-off sores are normally treated using an antibiotic cream, but when treating multiple sores in tropical climates, smothering kids in cream is not only impractical, but could also result in more serious infections.

"...That would be dangerous because it could lead to the emergence of resistant bacteria," Prof Carapetis says.

More information: "Short-course oral co-trimoxazole versus intramuscular benzathine benzylpenicillin for impetigo in a highly endemic region: an open-label, randomised, controlled, non-inferiority trial." *The Lancet*, Early Online Publication, 27 August 2014 [DOI: 10.1016/S0140-6736\(14\)60841-2](https://doi.org/10.1016/S0140-6736(14)60841-2)

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