

BEST PRACTICE USE OF ANTIBIOTICS FOR SKIN SORES

- Primary prevention of ARF relies on all health staff being aware of the risk factors for ARF and providing treatment for all people with sore throats or skin sores who are at high risk of ARF
- Treat all children with one or more purulent or crusted skin sore

Identify people at risk of ARF

Risk groups for primary prevention of ARF

At high risk	<p>Living in an ARF-endemic setting†</p> <p>Aboriginal and/or Torres Strait Islander peoples living in rural or remote settings</p> <p>Aboriginal and/or Torres Strait Islander peoples, and Māori and/or Pacific Islander peoples living in metropolitan households affected by crowding and/or lower socioeconomic status</p> <p>Personal history of ARF/RHD and aged <40 years</p>
May be at high risk	<p>Family or household recent history of ARF/RHD</p> <p>Household overcrowding (>2 people /bedroom) or low socioeconomic status</p> <p>Migrant or refugee from low- or middle-income country and their children</p>
Additional considerations which increase risk	<p>Prior residence in a high ARF risk setting</p> <p>Frequent or recent travel to a high ARF risk setting</p> <p>Aged 5- 20 years (the peak years for ARF)</p>

† This refers to populations where community ARF/RHD rates are known to be high e.g. ARF incidence >30/100,000 per year in 5–14-year-olds or RHD all-age prevalence >2/1000

Use the antibiotic treatment protocol

Recommended antibiotic treatment for Strep A skin sores

DRUG	WEIGHT RANGE	DOSE	ROUTE	FREQUENCY	
Cotrimoxazole (trimethoprim / sulfamethoxazole) 4 mg/kg/dose trimethoprim component	All children with ≥1 purulent or crusted sore(s)				
	Weight range	Syrup dose (40 mg/5 mL)	Tablet dose SS (80/400 mg) †	Tablet dose DS (160/800 mg) †	Oral Twice daily for 3 days
	3-<6 kg	12 mg (1.5 mL)	N/A	N/A	
	6-<8 kg	24 mg (3 mL)	¼ tablet		
	8-<10 kg	32 mg (4 mL)	½ tablet		
	10-<12 kg	40 mg (5 mL)			
	12-<16 kg	48 mg (6 mL)	¾ tablet		
	16-<20 kg	64 mg (8 mL)			
	20-<25 kg	80 mg (10 mL)	1 tablet	½ tablet	
	25-<32 kg	100 mg (12.5 mL)	1 ½ tablets	¾ tablet	
32-<40 kg	128 mg (16 mL)				
≥40kg	160 mg (20 mL)	2 tablets	1 tablet		
Benzathine benzylpenicillin (BPG)	<p>Child:</p> <p>Weight</p> <p><10 (kg)</p> <p>10 to <20 (kg)</p> <p>≥20 (kg)</p> <p>Adult:</p> <p>≥20 (kg)</p>	<p>Dose in units (mL)</p> <p>450,000 units (0.9 mL)</p> <p>600,000 units (1.2 mL)</p> <p>1,200,000 units (2.3 mL)</p> <p>1,200,000 units (2.3 mL)</p>	Deep IM injection	Once	

† Cotrimoxazole comes as syrup (40 mg trimethoprim/5 mL) and tablets. The tablets are single strength (SS) (80/400 mg trimethoprim/ sulfamethoxazole) or double strength (DS) (160/800 mg trimethoprim/ sulfamethoxazole). When syrup is unavailable, tablets may be crushed and dissolved in water for small children as per the table above.

IM; intramuscular, BD; twice a day

Prevent acute rheumatic fever