

## Antibiotics for Children with Severe Diarrhoea (ABCD)

### Background /Rationale

Despite major advances in the use of oral rehydration and zinc therapy, diarrhoeal diseases still kill approximately 500,000 children each year, accounting for 10% of all child deaths globally. Results from some recent studies suggest that diarrhoea mortality could be further reduced by treating highest-risk children also with appropriate antibiotics.

### Study Questions & Design

Among 2-23-month of African or South-Asian children with diarrhoea and moderate wasting, severe stunting, or moderate-severe dehydration, can one reduce 90-day mortality or promote healthy growth (without increasing antimicrobial resistance, AMR) by a 3-day course of azithromycin antibiotic given in addition to standard treatment with oral rehydration and zinc supplementation, rather than providing the standard treatment without antibiotics. A randomized controlled trial with a sample size of 11,500.

### Programmatic Implications

If azithromycin treatment is associated with decreased mortality but no major increase in AMR, the intervention will offer a new approach to reduce diarrhoea mortality among children.

### Locations & Collaborators

Bangladesh	icddr,b (Dr Tahmeed Ahmed, Dr Md. Jobayer Chisti)
India	Center for Public Health Kinetics (Dr Sunil Sazawal, Ms Usha Dhingra)
Kenya	Kenya Medical Research Institute (Dr Benson Singa) University of Washington (Dr Judd Walson)
Malawi	Malawi Liverpool-Wellcome Trust Clinical Research Programme (Dr Queen Dube) University of Liverpool (Dr Naor Bar-Zeev)
Mali	Centre pour le developpement des vaccines (Dr Samba Sow) University of Maryland (Dr Karen Kotloff)
Pakistan	Aga Khan University (Dr Farah Qamar, Dr Tahir Yasafzai)
Tanzania	Muhimbili University of Health and Allied Sciences (Dr Karim Manji) Boston Children's Hospital (Dr Christopher Duggan)

### Data Collection

June 2017 – June 2020

### Funders

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### Web

<https://www.clinicaltrials.gov/ct2/show/NCT03130114?term=ABCD&recrs=ab&draw=1&rank=2>