

## Skin infections in Australian Aboriginal children: a narrative review

TO THE EDITOR: We thank Davidson and colleagues<sup>1</sup> for their comprehensive narrative review on skin infections in Australian Aboriginal children. A significant factor in both individual and mass drug administration therapy of scabies is the uncertainty regarding the safety of oral ivermectin in small children and during pregnancy. Australian guidelines state ivermectin should not be used in children aged under 5 years or who weigh less than 15 kg or in pregnant women.<sup>2</sup> A retrospective cohort study of 170 children aged 1–64 months (median age, 15 months) or weighing under 15 kg treated with ivermectin (mean dose, 223 µg/kg) found only minor self-limiting adverse effects in seven patients (4%).<sup>3</sup> A review of previous literature

found 60 children aged under 5 years or weighing less than 15 kg who had been treated with ivermectin at a dose range of 150–200 µg/kg for whom safety data were available.<sup>4</sup> Only four of 60 children (7%) developed an adverse reaction, all of which were benign and transient, with no long term sequelae. A recent study of oral ivermectin (dose 400 µg/kg) in the treatment of head lice revealed no adverse effects in 54 children aged under 5 years.<sup>5</sup> The Ivermectin Exposure in Small Children Study Group expected to commence the analysis in late 2019 of data collected from 2017 to 2019.<sup>6</sup>

Three studies totalling 363 women with inadvertent maternal exposure to ivermectin 150 µg/kg (76–85% in first trimester) for filariasis and onchocerciasis found no increased risk of congenital malformations, miscarriage or stillbirth.<sup>7</sup> A study of 199 pregnancies with maternal treatment in the second trimester

with ivermectin and albendazole, and 198 with ivermectin alone in the management of helminth infections, found no increased risk of adverse pregnancy outcomes.<sup>8</sup> In France, the use of oral ivermectin is permitted during pregnancy and in children weighing less than 15 kg when topical therapy has failed.<sup>9</sup> Further published data regarding the safety of ivermectin in these populations would be useful, particularly with respect to mass drug administration programs.

Sarah K Morton<sup>1</sup>  
Adam Morton<sup>2</sup> 

<sup>1</sup> Royal Brisbane and Women's Hospital, Brisbane, QLD.  
<sup>2</sup> Mater Misericordiae Health Services Brisbane, Brisbane, QLD.

sarah.morton@health.qld.gov.au

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