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Antibiotics for Uncomplicated Severe Malnutrition

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To the Editor

In their study in Malawi, Trehan et al. found that adding a 1-week course of antibiotics to an outpatient therapeutic feeding program for severely malnourished children decreased mortality. Since 35% of deaths among young children globally have been attributed to under-nutrition, such findings are welcome.¹

Trehan et al. also show that the risk of death in this population continues beyond the initial week of therapy, suggesting that longer-term solutions are needed. Given the environment in which these children live, we suspect that they are frequently exposed to contaminated drinking water. The incidence of diarrhea and pneumonia, diseases that the authors speculate were modulated by antibiotics, can be reduced by good hand-washing practices and the treatment of drinking water by 31% and 21%, respectively —or more.^{2,3}

In addition, interventions to improve hygiene and water quality do not induce antimicrobial resistance, and their effects are not reduced in the presence of drug-resistant microbes. Promoting the use of safe drinking water, soap, and good hygiene in outpatient therapeutic feeding protocols may help to protect these vulnerable children over a longer period, while also benefiting their siblings and other household members.

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