RANDOMISED CONTROLLED TRIAL TO REDUCE MORDIBITY OF BRONCHIOLITIS IN YOUNG CHILDREN ADMITTED TO ROYAL DARWIN HOSPITAL IN THE NT

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Aim – Bronchiolitis is the most common reason for hospital admission for infants globally (1). The use of macrolides for treating bronchiolitis in non affluent settings remains controversial but potentially beneficial. In our region readmission with lower respiratory illness in young children (particularly Indigenous children) remains high. This RCT aims to determine if a single dose of azithromycin reduces the morbidity of young children with bronchiolitis.
Methods – Double blinded RCT. Young children ≤18 months admitted to Royal Darwin Hospital (RDH) diagnosed with bronchiolitis are eligible. Children are given a single dose (30mg/kg) of either azithromycin/placebo. Primary outcome is length of stay for respiratory disease. Secondary outcomes are duration of oxygen use and readmission for respiratory illness in 6 month period.
Results – To date 58 children enrolled, 34% RSV+ve. Median age 5.7 months. 50% have had at least one co morbidity. Readmission rate = 18%. **Conclusion** Co morbidities are high in this population. Antibiotics have the potential to help reduce the impact of additional respiratory burden.

Mean $_{hrs}$ (SD)	**Indigenous** (n= 42)	**Non-Indig** (n=16)	**Medication groups**			
			A	**B**	**C**	**D**
O_2	61.2 (68.4)	44.9 (34.4)	72.2 (104.6)	52.2 (34.0)	44.3 (22.2)	54.4(38.3)
LOS	91.3 (94.7)	59.8 (35.4)	119.7 (147.0)	70.4 (36.3)	61.7 (21.9)	71.8 (37.1)

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