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Response to Briggs, et al

Emma Best, Tony Walls

Thank you for your letter regarding our article.

Until now there has been very little evidence on what to base the choice of empiric antibiotics for paediatric empyema in New Zealand. The Starship guidelines are based on a consensus of expert opinion, international guidelines and evidence, while the Christchurch Hospital Paediatric Guideline was based on a similar guideline from Australia. Our aim was to document which pathogens most frequently caused paediatric empyema and use this information to evaluate the current guidelines. Wherever possible antimicrobial guidelines should be based on local data.

We agree that our findings support the use of co-amoxiclavulinate as the first line empiric antibiotic choice for children in New Zealand with empyema. The Christchurch guidelines are now in the process of being changed to reflect this. Clinicians still need to be aware that in up to 15% of cases empyema may be due to an organism not sensitive to amoxicillin-clavulanate. In children who do not have a good clinical response to first line antibiotics, further consultation with surgical and paediatric infectious disease specialists is recommended.

Competing interests: Nil

Author information:

Tony Walls, Senior Lecturer, Department of Paediatrics, University of Otago, Christchurch;
Emma J Best, Senior Lecturer, Department of Paediatrics, University of Auckland

Corresponding author:

Emma J Best, Senior Lecturer, Department of Paediatrics, University of Auckland Paediatric Infectious Diseases Consultant, Starship Children's Health, ADHB, Level 5 offices, Starship Children's Health, ADHB, Park Road, Grafton, Auckland
e.best@auckland.ac.nz

URL:

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