

A feasibility study to assess the acceptability of *Staphylococcus aureus* decolonisation to prevent skin and soft tissue infections

Submission date 23/04/2024	Recruitment status Recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 31/01/2025	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 01/07/2025	Condition category Infections and Infestations	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Skin and soft tissue infections (SSTIs), particularly those associated with the bacteria *Staphylococcus aureus* (*S.aureus*), are common in certain UK populations such as military, prison personnel, returning travellers, children and sport teams. Of concern is the ability of certain strains like Panton-Valentine Leukocidin *S.aureus* (PVL-SA) and methicillin-resistant *S.aureus* (MRSA) to cause outbreaks of boils and abscesses, impacting on the health of the individual and their household. Furthermore, SSTIs lead to hospital admissions and recurrent antibiotic use. Nasal carriage of *S.aureus* can increase a risk of infections following certain procedures: dialysis, cardiothoracic and orthopaedic surgery and so now it is routine to decolonise these patients using a body treatment (nasal ointment and skin wash). This feasibility study will assess the acceptability of routine decolonisation on *S. aureus* carriage and SSTIs using a high-risk military population at the Infantry Training Centre (ITC), Catterick.

Who can participate?

Military recruits aged 16 - 35.5 years

What does the study involve?

Military recruits at ITC will be consented and then randomised to receive weekly decolonization therapy (mupirocin nasal ointment and Hibiscrub body wash/shampoo) or mupirocin and octenisan with 25 consented participants in each group. The feasibility study will assess the acceptability of decolonisation to the study participant and healthcare worker involved using an electronic database called OpenClinica. The study will assess the ability to collect study outcomes (SSTI rates, antimicrobial resistance of colonising bacteria, referral to secondary care, serious adverse events and use of point of care testing). The study will last for 12 weeks.

What are the possible benefits and risks of participating?

The participation of individuals will support the refinement of military clinical guidance and provide information for future research. There are potential minor adverse effects associated with certain elements of the study, such as discomfort from having a swab and this will be minimised by training and involving the participant in the sampling. There is the possibility of

intolerance or reactions to the decolonisation regimens and anyone with a known reaction will be excluded.

Where is the study run from?

Infantry Training Centre, Catterick (UK)

Imperial College London (UK)

When is the study starting and how long is it expected to run for?

April 2024 to June 2026

Who is funding the study?

Defence Medical Services Research Strategy Group (UK)

Who is the main contact?

lucylamb@nhs.net

Contact information

Type(s)

Scientific, Principal Investigator

Contact name

Dr Lucy Lamb

Contact details

Commonwealth Building, Imperial College London

Hammersmith, London

United Kingdom

W12 0NN

+44 7769 712 402

lucylamb@nhs.net

Type(s)

Scientific

Contact name

Prof Shiranee Sriskandan

Contact details

Imperial College Faculty of Medicine

Du Cane Road

London

United Kingdom

W12 0NN

+44 2083833135

s.sriskandan@imperial.ac.uk

Type(s)

Public

Contact name

Ms Donna Tupper

Contact details

Vimy Barracks
Catterick
United Kingdom
DL9 3PS

-

donna.tupper257@mod.gov.uk

Additional identifiers**EudraCT/CTIS number**

Nil known

IRAS number**ClinicalTrials.gov number**

Nil known

Secondary identifying numbers

24IC8767

Study information**Scientific Title**

A feasibility study to assess the acceptability of Staphylococcus aureus decolonisation to prevent skin and soft tissue infections

Study objectives

The main aim of the feasibility project will be to assess the acceptability of weekly Staphylococcus aureus decolonisation using hlbiscrub and bactroban or octenisan and bactroban to prevent against skin and soft tissue infections. The data from the feasibility study will inform future research and current guidance.

In order to meet the main aim the feasibility study will assess:

- the acceptability of decolonisation to the consented participant
- the willingness of individuals to adhere to the decolonisation and collection of samples
- the willingness of study participants and clinical teams to be involved
- the assessment of processes including monitoring of any serious adverse events, hospital admission rates and change in antimicrobial resistance rates of S.aureus carriage rates.

Ethics approval required

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Ethics approval(s)

Approved 25/07/2024, Ministry of Defence Research Ethics Committee (DSTL Porton Down West, Fareham, PO17 6AD, United Kingdom; +44 (0)300 153 5372; DST-MODRECTeam@mod.gov.uk), ref: 2297/MOD/24

Study design

Interventional randomized controlled feasibility study

Primary study design

Interventional

Secondary study design

Randomised feasibility trial

Study setting(s)

Other

Study type(s)

Safety

Participant information sheet**Health condition(s) or problem(s) studied**

Acceptability of S.aureus decolonisation to prevent against skin and soft tissue infections in military recruits

Interventions

The feasibility study will assess the acceptability of S.aureus decolonisation to prevent skin and soft tissue infections. Prior to decolonisation individuals will be screen for S.aureus at 4 body sites. Individuals will be randomised to receive decolonisation therapy weekly either: chlorhexidine 4% body wash and shampoo with mupirocin 2% nasal ointment or octenisan body wash and shampoo with mupirocin 2% nasal ointment.

Intervention Type

Drug

Pharmaceutical study type(s)

Prophylaxis, Therapy, Others (This is a feasibility study to assess the acceptability of decolonisation to prevent against skin and soft tissue infection to allow the refinement of a future study.)

Phase

Phase I

Drug/device/biological/vaccine name(s)

Bactroban 2% ointment (2% w/w mupirocin free acid) [Mupirocin 2%], Chlorhexidine 4% (Hibiscrub) [Chlorhexidine Gluconate 40 mg/ml (4.0% w/v).]

Primary outcome measure

Incidence of skin and soft tissue infection at time frame 12 weeks recorded in each individual participants Defence Medical Information Capability programme (DMICP).

Secondary outcome measures

1. Admission to Primary care facility or secondary care recorded in each individual participants DMICP record. Time frame 12 weeks.
2. Serious adverse events measured using questionnaires at 1, 4 and 12 weeks.

3. Antimicrobial resistance rates of Staphylococcus aureus acquired from 4 body sites (nose, throat, axilla and groin) using bacterial swabs at 3 time points 1, 4 and 12 weeks.

Overall study start date

19/04/2024

Completion date

30/06/2026

Eligibility

Key inclusion criteria

1. Over the age of 16 years and below 35 years and 6 months
2. Military and deemed fit to attend phase 1 training

Participant type(s)

Healthy volunteer

Age group

Adult

Lower age limit

16 Years

Upper age limit

35.5 Years

Sex

Both

Target number of participants

50

Key exclusion criteria

A participant will be excluded from the study if deemed inappropriate by the IMO or ITC Medical Staff

Date of first enrolment

25/02/2025

Date of final enrolment

30/04/2026

Locations

Countries of recruitment

England

United Kingdom

Study participating centre
Infantry Training Centre (ITC)
Catterick
United Kingdom
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Sponsor information

Organisation
Imperial College London

Sponsor details
Research Governance and Integrity, Imperial College London, Room 221, Medical School Building, St Marys Campus, Norfolk Place
London
England
United Kingdom
W2 1PG
+44 20 7594 9480
k.boland@imperial.ac.uk

Sponsor type
University/education

Website
<http://www.imperial.ac.uk/>

ROR
<https://ror.org/041kmwe10>

Funder(s)

Funder type
Government

Funder Name
Defence Medical Services Research Clinical Innovation

Results and Publications

Publication and dissemination plan

Peer reviewed scientific journals

Internal report

Conference presentation

Publication on website

Other publication

Submission to regulatory authorities

The feasibility study will be registered with ClinicalTrials.gov. The results will be shared with the Academic Department of Military medicine and collaborators with the study (UK HSA, Staphylococcal reference laboratory). All data will be anonymous.

Intention to publish date

01/10/2026

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available due to confidentiality.

IPD sharing plan summary

Not expected to be made available