Advice on management of people with respiratory infections presenting in the community during the COVID-19 pandemic

As the COVID-19 pandemic continues it is critical that local antibiotic treatment guidelines are followed and that unnecessary antibiotic use is minimised. Bacterial co-infection is uncommon and antibiotics are rarely indicated. Dexamethasone is recommended for those hospitalised with severe COVID-19 only. There is no evidence for steroids in mild COVID-19 and no trials supporting use in community or care home patients. Steroids should still be prescribed for exacerbations of COPD or asthma if required.

DIAGNOSIS OF BACTERIAL RESPIRATORY TRACT INFECTION IN COVID-19

- **COVID-19 is characterized by persistent dry cough/fever/anosmia/loss of taste although gastrointestinal symptoms or delirium may predominate in the elderly. Lymphopenia is usual and CRP is typically raised.**
- **Low severity pneumonia or bacterial infective exacerbation of COPD (IECOPD) are suggested by purulent (green/brown) sputum.**

USE OF EMPIRICAL ANTIBIOTIC TREATMENT

- **Antibiotics are recommended if pneumonia is strongly suspected.**
- **Antibiotics may be appropriate in bacterial IECOPD but are not recommended in mild respiratory tract infections in those without COPD.**
- **For both pneumonia and IECOPD duration of antibiotics should be limited to 5 days.**
- **Antibiotics should be reviewed and discontinued if a SARSCoV-2 result is confirmed positive.**

Low or moderate severity pneumonia*	High severity pneumonia
CRB65/CURB65 0-2 OR **Exacerbation of COPD with purulent sputum** Amoxicillin 500mg every 8 hours for 5 days **Or** Doxycycline 200 mg on first day, then 100 mg once a day for 4 days	**CRB65 3-4 or CURB65 3-5** Consider admission for further assessment /management particularly if COVID-19 is suspected. Atypical pneumonia cover unlikely to be required therefore no change from adjacent recommendation if patient to stay in community

SPECIFIC ADVICE ON CARE OF FRAIL OLDER PATIENTS

- **COVID-19 mortality is ≥ 30% in hospitalised elderly patients with significant co-morbidity.**
  - **Practices should review vulnerable patients' Anticipatory Care Plans and Key Information Summaries (eKIS). DNACPRs and Power of Attorney should be discussed with patients where necessary. Further information is available on the ihub website**
  - **Where appropriate see SAPG Recommendations for use of antibiotics towards end of life**
- **Frail elderly patients are at greater risk of harm from antibiotics:**
  - **Consider symptomatic relief before antibiotics if a cause other than bacterial infection is suspected. See Palliative Care Guidelines**
  - **Avoid co-amoxiclav and fluoroquinolones due to *C. difficile* and other adverse effects**
  - **Clarithromycin is associated with QT prolongation. Some COVID-19 patients have cardiac injury and arrhythmias so avoid unless ECG can be performed.**

**Clarithromycin is no longer recommended routinely for patients with CRB65 1-2 or CURB65 2 based on NICE guideline [NG138] September 2019*