

Prescribing Antibiotics in Outpatient Settings during the COVID-19 Pandemic

INFORMATION FOR PROVIDERS

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Antibiotic stewardship continues to be critical to optimize treatment of patients who have infections, protecting patients from harm, and combating antibiotic resistance. Although the COVID-19 pandemic has transformed health care delivery and impacted antibiotic prescribing, the U.S. Centers for Disease Control and Prevention (CDC) continues to prioritize implementation of antibiotic stewardship programs. This information sheet was created to assist with outpatient antibiotic decision-making during the COVID-19 pandemic, given new challenges to providing care, including telemedicine.

Reasons to consider delayed antibiotic prescribing or watchful waiting in outpatients:

- High suspicion of COVID-19 disease or other viral illness, based on available diagnostics (e.g., imaging, laboratory results).
- Known high-risk COVID-19 exposure and awaiting testing.
- COVID-19 test results pending during a time of high community transmission.

Watchful waiting is the practice of monitoring symptoms that will likely improve with time. In delayed prescribing, a prescription is provided to be filled at a later date if symptoms do not improve.

Refer to CDC summaries of the most recent recommendations for appropriate antibiotic prescribing for adults and children seeking outpatient care.

- [CDC: Adult Treatment Recommendations | Antibiotic Use \(www.cdc.gov/antibiotic-use/community/for-hcp/outpatient-hcp/adult-treatment-rec.html\)](https://www.cdc.gov/antibiotic-use/community/for-hcp/outpatient-hcp/adult-treatment-rec.html)
- [CDC: Pediatric Treatment Recommendations | Antibiotic Use \(www.cdc.gov/antibiotic-use/community/for-hcp/outpatient-hcp/pediatric-treatment-rec.html\)](https://www.cdc.gov/antibiotic-use/community/for-hcp/outpatient-hcp/pediatric-treatment-rec.html)

Current literature suggests that the prevalence of community-acquired bacterial coinfection among patients with COVID-19 is low and significantly less than that seen with influenza. Best estimates at the time of this review suggest that around 3-5% of patients who were hospitalized for COVID-19 had

concomitant community-acquired bacterial pneumonia. See more information in the reference section below.

- When suspicion of bacterial infection is high, follow 2019 Infectious Diseases Society of America (IDSA) guidelines for antibiotic treatment at [Diagnosis and Treatment of Adults with Community-acquired Pneumonia \(www.atsjournals.org/doi/full/10.1164/rccm.201908-1581ST\)](http://www.atsjournals.org/doi/full/10.1164/rccm.201908-1581ST).
- Resources and tools to implement stewardship programs in outpatient settings are available in the [Minnesota Antimicrobial Stewardship Program Toolkit for Outpatient Clinics \(www.health.state.mn.us/diseases/antibioticresistance/hcp/out/index.html\)](http://www.health.state.mn.us/diseases/antibioticresistance/hcp/out/index.html).
- Refer to [Provider Talking Points on Antibiotic Use \(www.health.state.mn.us/diseases/antibioticresistance/hcp/out/abxtalkingpts.pdf\)](http://www.health.state.mn.us/diseases/antibioticresistance/hcp/out/abxtalkingpts.pdf) for strategies and examples of counseling patients regarding antibiotic use.



Prescribers should continue to engage with antibiotic stewardship program leaders and colleagues about the importance of antibiotic stewardship and responsible prescribing.

References

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