NICE Guidance: COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community



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It is difficult to determine whether pneumonia has a COVID-19 viral cause or a bacterial cause (either primary or secondary to COVID-19) in primary care, particularly during remote consultations. However, as COVID-19 becomes more prevalent in the community, patients presenting with pneumonia symptoms are more likely to have a COVID-19 viral pneumonia than a community-acquired bacterial pneumonia. **Guidance to help differentiate between the two can be found here** 

Key prescribing recommendations are below and The full NICE guidance to support the management of suspected or confirmed pneumonia in the community is available <a href="https://example.com/here">here</a>.

## **Antibiotic treatment**

As COVID-19 pneumonia is caused by a virus, antibiotics are ineffective.

- Do not offer an antibiotic for treatment or prevention of pneumonia if: COVID-19 is likely to be the cause and symptoms are mild.
  - Inappropriate antibiotic use may reduce availability if used indiscriminately, and broad-spectrum antibiotics in particular may lead to *Clostridioides difficile* infection and antimicrobial resistance.
- Antibiotics can be offered for treatment of pneumonia in people who can or wish to be treated in the community if:
  - The likely cause is bacterial.
  - It is unclear whether the cause is bacterial or viral **and** symptoms are more concerning.
  - The cause is unclear and they are at high risk of complications. (Eg. they are older or frail, have a preexisting comorbidity such as immunosuppression or significant heart or lung disease or have a history of severe illness following previous lung infection.)

If appropriate to start antibiotic treatment, the first-choice oral antibiotic is:
Doxycycline 200 mg on the first day, then 100 mg once a day for 4 days (5-day course in total);

(doxycycline should not be used in pregnancy alternative: amoxicillin 500 mg 3 times a day for 5 days.)

(Doxycycline is preferred because it has a broader spectrum of cover than amoxicillin, particularly against Mycoplasma pneumoniae and Staphylococcus aureus, which are more likely to be secondary bacterial causes of pneumonia during the COVID-19 pandemic.)

## **Oral corticosteroids**

• Corticosteroids should **NOT** routinely be offered unless the patient has other conditions for which these are indicated, such as asthma or COPD.

Ref NICE guideline [NG165]

For further information, please contact the Medicines Management Teams on 01282 644801 (EL CCG) or 01254 282087 (BwD CCG)