Primary Care Common Infections Guide  For adults

Our drive to uplift
Antimicrobial Stewardship

An initiative by

Malaysia Society of Infectious Diseases and Chemotherapy
Infections Disease Unit

Supported by EP Plus Group
Use **COMMON SENSE** when you deal with the **COLD**

- Cover your mouth and nose, or use a tissue when sneezing or coughing.

- Wash hands frequently with soap and running water.

- Don’t expect antibiotics for colds or flu. (Antibiotics are not needed to treat a cold or runny nose, which almost always gets better on its own.)

Reference: Centers for Disease Control and Prevention (CDC), 2015
Nasopharyngitis/ Rhinopharyngitis (common cold)

Prominent cold symptoms include:

- Rhinorrhea
- Nasal congestion
- Postnasal drip
- Cough
- Sore throat

Less commonly:

- Mild fever
- Myalgias
- Headache

AT LEAST 200 viruses can cause the common cold

Avoid antibiotics.

Consider symptomatic treatment if indicated
What is a post antibiotic era?

A post-antibiotic era means, in effect, an end to modern medicine as we know it. Things as common as strep throat or a child’s scratched knee could once again kill.

Reference: Dr. Margaret Chan, DG of WHO
Tonsilitis/ Pharyngitis (Sore throat)

- Avoid antibiotics as 90% resolve in 7 days.
- Modified Centor score below can be used to help decide which patients need no testing, throat culture/rapid antigen detection testing or empiric therapy.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
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<tbody>
<tr>
<td>Absence of cough</td>
<td>1</td>
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<tr>
<td>Swollen lymph nodes</td>
<td>1</td>
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<tr>
<td>Temperature &gt; 38°C</td>
<td>1</td>
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<tr>
<td>Tonsillar exudates or swelling</td>
<td>1</td>
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</tbody>
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<thead>
<tr>
<th>Criteria</th>
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<tbody>
<tr>
<td>Age 3-14</td>
<td>1</td>
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<tr>
<td>Age 15-44</td>
<td>0</td>
</tr>
<tr>
<td>Age ≥ 45</td>
<td>-1</td>
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</tbody>
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**Preferred treatment**

Phenoxymethylpenicillin
500mg PO q12h for 10 days

OR

Benzathine Penicillin
1.2 MU IM, 1 single dose

**Alternative treatment**

Amoxicillin
500mg PO q12h for 10 days

Penicillin Allergy:
Azithromycin
250-500mg q24h for 5 days

Clarithromycin
250mg q12h for 5 days

OR

Clindamycin
300mg PO q8h for 10 days

Antibiotics should be prescribed in suspected/proven bacterial infections only, as sore throats are commonly viral in origin.
What is Sinusitis?

Sinus infections occur when fluid is trapped or blocked in the sinuses, allowing germs to grow. They are usually (9/10 cases in adults) caused by viruses.

Antibiotics will not help a sinus infection caused by viruses or irritation in the air (like second hand smoke). They almost always get better on their own.

Reference: Source CDC, US
Acute Rhinosinusitis

• Most rhinosinusitis does not require antibiotic treatment (80% resolve without antibiotics)

• Consider antibiotics if:
  - Persistent symptoms ≥ 7 days without improvement
  - Fever ≥ 39°C and purulent nasal discharge or facial pain lasting > 3-4 days from onset
  - New onset of fever, headache or increase in nasal discharge following viral URTI that lasts 5-6 days and was initially improving

• Use adequate analgesia

Preferred treatment
Duration: 5 – 7 days

PO Amoxicillin
500mg q8h

OR

PO Amoxicillin/Clavulanic Acid
625mg q8h (for persistent symptoms)

Alternative treatment

Penicillin allergy:
PO Doxycycline
100mg q12h
Antibiotics are designed to kill bacteria, but some bacteria are able to survive. This causes the survival of resistant bacteria, and they can pass their resistance on to other types of bacteria.

This leads to growing number of infection caused by stronger, more resilient bacteria that are much harder to eliminate.
Acute bronchitis

- Acute bronchitis is the most common diagnosis in patients with acute cough
- Routine antibiotics is NOT recommended regardless of cough duration (in adults without co-morbidities)
- Colored sputum does not indicate bacterial infection
- Symptom resolution can take 3 weeks

Use symptomatic treatment as indicated
- Cough suppressants
- Anti-histamines
- Decongestants
- Beta agonists

Antibiotics may be indicated if
- Elderly
- In the presence of comorbidities eg. diabetes, heart failure, immunosuppression
- Suspected pneumonia

Treatment

Amoxicillin
500mg tds for 5 days

OR

Doxycycline
200mg stat, 100mg bd for 5 days
How does antibiotic resistance affect me?

Unnecessary usage of antibiotics may render them useless.

If you have an antibiotic-resistant bacterial infection:

- You will have the infection for longer
- You are likely to have complications of the infection
- You may pass your infection to other people

This leads to a growing number of resistant bacteria infection, which are much harder to treat, causing more deaths.

Reference: NPS Medicine Wise, 2015
Majority of the acute diarrhoeal illness are of viral origin or respond without any antibiotics. Antibiotics in some cases can be harmful by prolonging the duration of shedding of bacteria.

Presence of prominent vomiting suggests viral etiology or food poisoning with a preformed toxin.

Consider antibiotics if:

- High grade fever (>38°C) and toxic appearance
- Blood in stools

**Treatment**

Fluroquinolones:
- Ciprofloxacin 500mg bd;
- Norfloxacin 400mg bd;
- Levofloxacin 500mg od for 3 days

OR

Co-trimoxazole 160/800mg bd for 3 days
What is considered a good choice of antibiotics?

Cystitis (urine infection) is getting tougher to treat due to resistant bacteria. The choice of antibiotic treatment should have the low resistance and high cure rate criteria.

Be compliant and take preventive measures to avoid relapse and recurrence.

Ask your doctor more on this.
Acute uncomplicated Cystitis in women

- Treat with antibiotics in patients with severe or > 3 symptoms
  - Dysuria
  - Frequency
  - Urgency
  - Polyuria
  - Hematuria
  - Suprapubic tenderness
  - Absence of vaginal discharge or irritation/itchiness

- For patients with mild or ≤ 2 symptoms of UTI, perform urine dipstick test. Treat as UTI if leucocyte or nitrite is positive

Treatment

Nitrofurantoin
100mg bd for 3 days

OR

Fosfomycin
(available in Malaysia as *Menurel*)
3gm stat

OR

Amoxicillin/Clavulanic acid
625mg bd for 3-5 days

Advise to seek care again if no response in 3 days or if fever develops.
Use **COMMON SENSE** when you deal with the COLD

Cover your mouth and nose, or use a tissue when sneezing or coughing

Wash hands frequently with soap and running water

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Reference: Centers for Disease Control and Prevention (CDC), 2015

Preserve antimicrobial safety now, for a better tomorrow.