

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)

“Antibiotik :Perlu Ke?”



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



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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

Criteria	Score	Criteria	Score
Absence of cough	1	Age 3-14	1
Swollen lymph nodes	1	Age 15-44	0
Temperature > 38°C	1	Age ≥ 45	-1
Tonsillar exudates or swelling	1		

Cumulative Score

Total Score	Risk	Comment
0-1	Low Risk	Do not require testing or antibiotic therapy
2-3		Testing required. Positive results warrant antibiotics. If test not available, antibiotics may be considered
≥ 4	High Risk	Empiric therapy may be considered

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

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

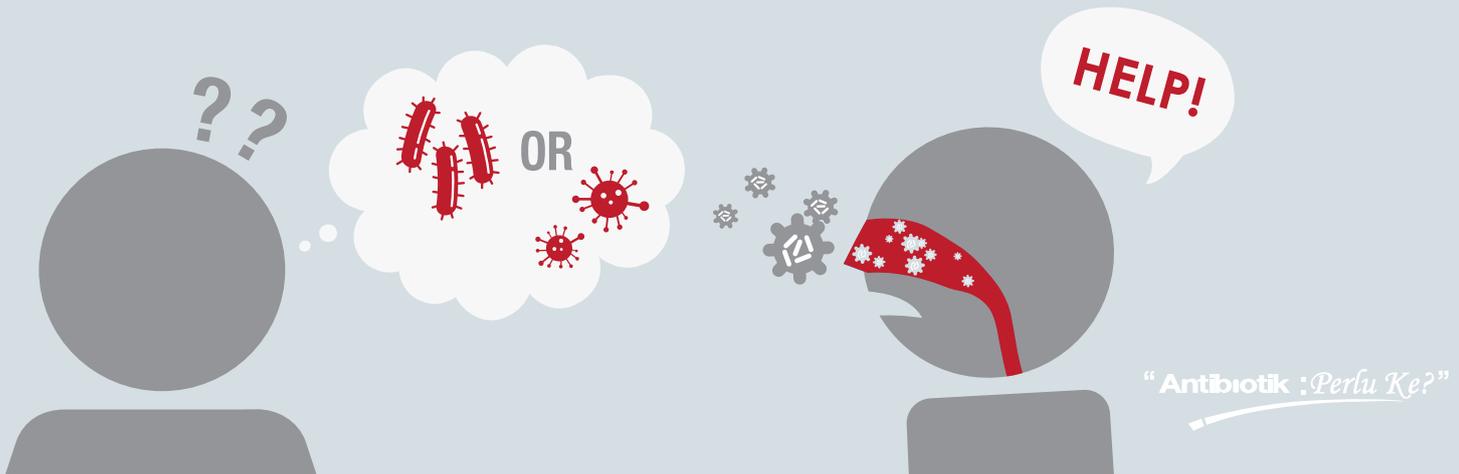
300mg PO q8h for 10 days

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 $\geq 39^{\circ}\text{C}$ 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:

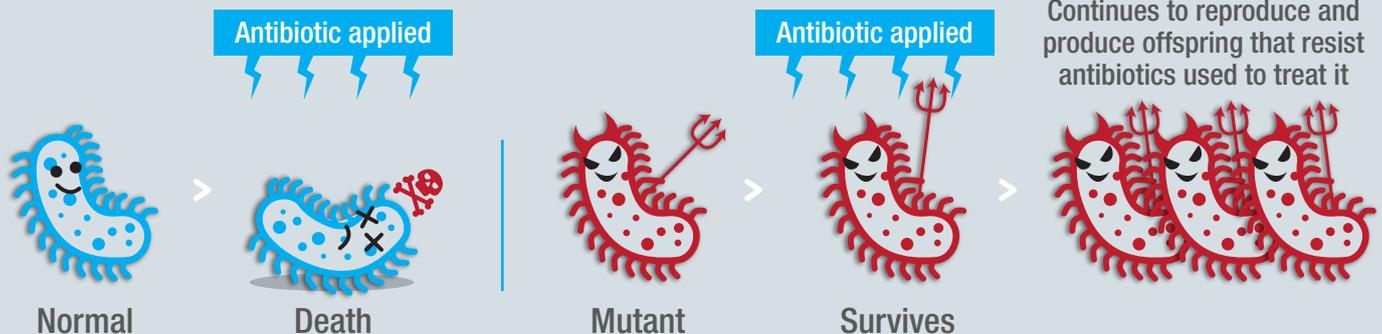
PO Doxycycline

100mg q12h

Why do bacteria become resistant to antibiotics?

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.



“Antibiotik :Perlu Ke?”

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

Reference: NPS Medicine Wise, 2015

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

“Antibiotik : Perlu Ke?”

Acute diarrheal illness



- 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 ($>38^{\circ}\text{C}$) 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.

“Antibiotik : Perlu Ke?”

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 **Monurol**)
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.



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

Preserve antimicrobial safety now, for a better tomorrow.