



## Interim advice to Antimicrobial Management Teams (AMTs) on antibiotic management/antimicrobial stewardship in the context of the COVID-19 pandemic

It is expected that COVID-19 will exert a significant impact on health care delivery across both primary and secondary care in Scotland. It is critical that normal acute infection management is maintained and potential COVID-19 complications are anticipated. For the majority of patients COVID-19 will run an uncomplicated course and bacterial super-infection will be uncommon. Although a minority of patients will require hospitalisation, those with significant co-morbidity may require consideration for ventilatory support and this may be complicated by secondary bacterial infection. There is no evidence to suggest that patients with COVID-19 are more likely to be affected by multidrug resistant bacteria and Staphylococcal pneumonia has not been widely recognised. Key areas to highlight regarding infection management during this challenging period are as follows:

### Supporting “business as usual”

1. **Common bacterial infections will continue to occur.** There is no evidence that these infections should be managed any differently and local primary and secondary care infection management guidelines should be followed.
2. **Optimise ambulatory management of infection.** Consider and discuss with clinical managers how local OPAT/Complex outpatient antibiotic therapy services can be supported to maximise admission avoidance (e.g. skin and soft tissue infections/cellulitis) and early supported discharge (e.g. bone and joint infections) to optimise patient flow in hospitals.
3. **Ensure availability of pre-pack antibiotics** for suspected community associated bacterial lower respiratory tract infections (5 days of doxycycline or amoxicillin) for the expected increase in emergency presentations and to support admission avoidance.
4. **Consider/promote local Patient Group Directions (PGDs)** to support prompt patient triage/management in acute assessment areas in hospital.
5. **Discuss maximising use of the multi-disciplinary infection management teams** including Antimicrobial Pharmacists and Infection Specialist nurses to support infection clinics and antimicrobial stewardship ward rounds to support medical staff in dealing with increased demand due to COVID-19.

### COVID-19 and antimicrobial prescribing

6. **Guidance for antibiotic management of suspected bacterial pulmonary infection complicating COVID-19.** If bacterial infection is suspected (e.g. purulent sputum), use current local guidance or target microbiology isolates when available. If no local guidance consider the following:
  - a. Not requiring ventilation: oral doxycycline or amoxicillin for 5 days
  - b. Requiring Non-invasive ventilation: IV co-amoxiclav for 5 days (with IVOST)
  - c. Requiring intubation: IV piperacillin/tazobactam 4.5g 6 hourly for 5-7 days
7. **Anti-viral therapy.** There is no licensed therapy for COVID-19 infection but experimental therapy may become available on a named patient basis as the situation develops. This should be discussed with local infectious diseases specialists and used in line with any national guidance that becomes available.