

CDC Adult Antibiotic Prescribing Guidelines

ACUTE RHINOSINUSITIS

DIAGNOSIS

- Diagnose acute *bacterial* rhinosinusitis based on symptoms that are:
- **Severe** (>3-4 days): Fever $\geq 39^{\circ}\text{C}$ (102°F) and purulent nasal discharge or facial pain
 - **Persistent** (>10 days) without improvement: Nasal discharge or daytime cough
 - **Worsening** (3-4 days): Worsening or new-onset fever, daytime cough, or nasal discharge after initial improvement of a viral upper respiratory infection (URI) lasting 5-6 days.
 - Sinus radiographs are not routinely recommended.

MANAGEMENT

- If a bacterial infection is established:
- Watchful waiting is encouraged for uncomplicated cases for which reliable follow-up is available.
 - Amoxicillin or amoxicillin/clavulanate is the recommended first-line therapy.
 - Macrolides such as azithromycin are **not recommended** due to high levels of *Streptococcus pneumoniae* antibiotic resistance (~40%).
 - For penicillin-allergic patients, doxycycline or a respiratory fluoroquinolone (levofloxacin or moxifloxacin) are recommended as alternative agents.

ACUTE UNCOMPLICATED BRONCHITIS

DIAGNOSIS

- Evaluation should focus on ruling out pneumonia
- Rare among otherwise healthy adults in the absence of abnormal vital signs (heart rate ≥ 100 beats/min, respiratory rate ≥ 24 breaths/min, or oral temperature $\geq 38^{\circ}\text{C}$) and abnormal lung examination findings (focal consolidation, egophony, fremitus).
- Colored sputum does not indicate bacterial infection.
- For most cases, chest radiography is not indicated.

MANAGEMENT

- Routine treatment of uncomplicated acute bronchitis with antibiotics is not recommended, regardless of cough duration.
- Options for symptomatic therapy include:
 - Cough suppressants (codeine, dextromethorphan)
 - First-generation antihistamines (diphenhydramine)
 - Decongestants (phenylephrine)
 - Evidence supporting specific symptomatic therapies is limited.

COMMON COLD OR NON-SPECIFIC UPPER RESPIRATORY TRACT INFECTION (URI)

DIAGNOSIS

- Prominent cold symptoms include:
- Fever
 - Cough
 - Rhinorrhea
 - Nasal congestion
 - Postnasal drip
 - Sore throat
 - Headache
 - Myalgias

MANAGEMENT

- Decongestants (pseudoephedrine and phenylephrine) with a first-generation antihistamine may provide short-term symptom relief of nasal symptoms and cough.
- NSAIDs can be given to relieve symptoms.
- Evidence is lacking to support antihistamines (as monotherapy), opioids, intranasal corticosteroids, and nasal saline irrigation as effective treatments for cold symptom relief.
- Providers and patients must weigh the benefits and harms of symptomatic therapy.

PHARYNGITIS

DIAGNOSIS

- Clinical features alone do not distinguish between Group A streptococcus (GAS) and viral pharyngitis.
- A rapid antigen detection test (RADT) is necessary to establish a GAS pharyngitis diagnosis.
- Those who meet two or more Centor criteria (e.g., fever, tonsillar exudates, tender cervical lymphadenopathy, absence of cough) should receive a RADT.
- Throat cultures are not routinely recommended for adults.

MANAGEMENT

- Antibiotic treatment is **not recommended** for patients with negative RADT results.
- Amoxicillin and penicillin V remain first-line therapy due to their reliable antibiotic activity against GAS.
- For penicillin-allergic patients, cephalexin, cefadroxil, clindamycin, or macrolides are recommended.
- GAS antibiotic resistance to azithromycin and clindamycin are increasingly common.
- Recommended treatment course for all oral beta lactams is 10 days.

ACUTE UNCOMPLICATED CYSTITIS

DIAGNOSIS

- Classic symptoms include dysuria, frequent voiding of small volumes, and urinary urgency. Hematuria and suprapubic discomfort are less common.
- Nitrites and leukocyte esterase are the most accurate indicators of acute uncomplicated cystitis.

MANAGEMENT

- For acute uncomplicated cystitis in healthy adult non-pregnant, premenopausal women:
- Nitrofurantoin, trimethoprim/sulfamethoxazole (TMP-SMX, where local resistance is <20%), and fosfomicin are appropriate first-line agents.
- Fluoroquinolones (e.g. ciprofloxacin) should be reserved for situations in which other agents are not appropriate.