CCRC

OSLER COVID CLINICAL RESPONSE COMMITTEE

Use of empiric antibiotics in suspected COVID-19 pneumonia **April 18, 2020**

The COVID Clinical Response Committee (CCRC) has been asked to comment on the use of empiric antimicrobials at the time of admission to hospital in patients with suspected or confirmed COVID-19 pneumonia.

1. **In patients who are mechanically ventilated and who have suspected bacterial infection in addition to COVID-19, we recommend coverage with Ceftriaxone (unless more directed therapy is indicated).**
2. **In patients who have confirmed COVID-19 infection but who do not require mechanical ventilation, we recommend against the use of empiric antibiotics unless there is strong suspicion for a bacterial infection or there is bacteremia.**
3. **If empiric antibiotics are started, we recommend they be assessed daily for possible discontinuation or de-escalation.**
4. **Secondary bacterial infection (e.g. pneumonia, central line infection) often presents with a period of clinical improvement and subsequent re-sickening. If this is present, a workup for bacterial infection (CBC, CXR, blood cultures, sputum culture if intubated) is warranted and empiric antimicrobials may be considered. Consider consulting the infectious disease specialist or Antimicrobial Stewardship Program for advice.**

This decision will be revisited as requested.

IMT Report Date - April 20, 2020

This decision is supported by the Osler Antimicrobial Stewardship Program and Infectious Disease Service.

Rationale

1. There is very limited data upon which to draw a conclusion.
2. On balance of uncertain evidence, it is believed that bacterial co-infections are uncommon.
3. Critical care guidelines currently recommend the use of antibiotics when a secondary bacterial infection is suspected in the setting of COVID-19 pneumonia in intubated patients. This was based on low-quality evidence.