Common Community Infections: Key Clinical Pearls

**Sinusitis***
90–98% viral
- Can be difficult to distinguish between viral and bacterial etiology
- Self-limiting; use established criteria, such as **PODS** to assist in the determination, and reserve antibiotics for patients who meet the criteria

**Bronchitis***
>90% viral
- Self-limiting; consider antibiotics if worsening symptoms, development of new symptoms, cough >1 month or >3 episodes/year

**Upper Respiratory infection (i.e. Common cold or flu )**
Viral
- Most infections of the nose and throat do not require antibiotics
  - Recommend and administer the seasonal influenza vaccine
  - Sputum color (i.e. green, yellow, etc.) does not correlate with bacterial infection

**Pharyngitis***
80–90% viral
- Self-limiting; treat only with antibiotics if patient has a Centor score \( \geq 2 \) AND a positive culture or rapid antigen test confirms Group A Streptococcus (S. pyogenes)

**Pneumonia**
Mainly bacterial
- Most commonly caused by S. pneumoniae
- Cannot be diagnosed by physical examination alone – a chest x-ray (CXR) is needed
- Empiric antimicrobial therapy is generally considered appropriate

**Otitis media***
Viral or bacterial
- Consider antibiotics if bulging or perforated TM with purulent discharge in addition to other signs of more severe infection (e.g. fever, irritability) or symptoms lasting >48 hours or in children <6 months
- Delayed prescribing or watchful waiting can be considered for patients who do not meet above criteria

**Uncomplicated cystitis**
Bacterial
- Urine cultures are not needed in many cases
- Diagnosis can be made based on patient symptoms and history
- Empiric antimicrobial therapy is appropriate to reduce the duration of symptoms and the risk of disease progression (i.e. to pyelonephritis).

*Most cases are viral and can be treated solely through symptom management

1. TM = tympanic membrane
2. Delayed prescribing = Practice of issuing of a post-dated prescription to be used by the patient if their symptoms do not improve
3. PODS = P: Facial Pain/pressure/fullness; O: Nasal Obstruction; D: Purulent/discolored nasal or postnasal Discharge; S: Hyposmia/anosmia (Smell)
4. Centor Score = validated diagnostic tool used to assess whether a patient requires diagnostic testing or just symptom management


