

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*³ 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

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).

Otitis media*

Viral or bacterial

- Consider antibiotics if bulging or perforated *TM*¹ 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*² or watchful waiting can be considered for patients who do not meet above criteria

Pharyngitis*

80-90% viral

- Self-limiting; treat only with antibiotics if patient has a Centor score⁴ ≥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

*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



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