Medicines Management FAQs

How do I manage community acquired pneumonia during COVID19?

NICE have published a rapid guideline (NG165): 
COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community. 
Updated 23/04/20

Note that as COVID-19 pneumonia is caused by a virus, antibiotics are ineffective. Do not offer an antibiotic for treatment or prevention of pneumonia if:

- COVID-19 is likely to be the cause and
- symptoms are mild.

Inappropriate antibiotic use may reduce availability if used indiscriminately, and broad-spectrum antibiotics in particular may lead to C. difficile infection and antimicrobial resistance.

Offer an oral antibiotic for treatment of pneumonia in people who can or wish to be treated in the community if:

- the likely cause is bacterial or
- it is unclear whether the cause is bacterial or viral and symptoms are more concerning or
- they are at high risk of complications because, for example, they are older or frail, or have a pre-existing comorbidity such as immunosuppression or significant heart or lung disease (for example bronchiectasis or COPD), or have a history of severe illness following previous lung infection.

When starting antibiotic treatment, the first-choice oral antibiotic is:

- doxycycline 200 mg on the first day, then 100 mg once a day for 4 days (5-day course in total);
- doxycycline should not be used in pregnancy
- alternative: amoxicillin 500 mg 3 times a day for 5 days.

Doxycycline is preferred because it has a broader spectrum of cover than amoxicillin, particularly against Mycoplasma pneumoniae and Staphylococcus aureus, which are more likely to be secondary bacterial causes of pneumonia during the COVID-19 pandemic.

For choice of antibiotics in penicillin allergy, pregnancy and more severe disease, or if atypical pathogens are likely, see NICE (NG138) Pneumonia (community-acquired): antimicrobial prescribing.