

Acute Bronchitis

Note: This summary pertains to acute bronchitis in adults. For guidance on acute exacerbation of COPD, click here

EMPIRIC CHOICE

- Routine use of antimicrobials is not recommended and does not alter clinical course
- Acute bronchitis is a self-limited viral syndrome characterized by:
 - cough of up to 3 weeks' duration with or without sputum production
 - absence of signs of pneumonia on chest x-ray

COMMON ORGANISMS

- Viral:
 - Influenza
 - Rhinovirus
 - Human metapneumovirus (hMPV)
 - o Coronavirus

- o Parainfluenza virus
- Respiratory Syncytial Virus (RSV)
- Adenovirus
- Bacterial etiologies account for less than 10% of cases
 - o Mycoplasma pneumoniae,
 - o Chlamydophila pneumoniae
 - o Bordetella pertussis/parapertussis

CURRENT RESISTANCE ISSUES

Antibacterial prescribing for acute upper respiratory tract infection is responsible for much of the epidemic of unnecessary antimicrobial use. This contributes to rising rates of antimicrobial resistance, *C. difficile* infection and avoidable harms related to antimicrobial adverse drug events.

IMMUNOCOMPROMISED HOST CONSIDERATION

Same management as immunocompetent

References:

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- 2. Llor C, Moragas A, Bayona C et al. BMJ 2013;347:f5762.
- 3. Smith SM, Fahey T, Smucny J, Becker LA. Antibiotics for acute bronchitis (Review) Cochrane Database of Systematic Reviews 2014, Issue 3. Art. No.: CD000245. DOI: 10.1002/14651858.CD 000245.pub3.
- 4. Clark TW, Medina M-J, Batham S, Currand MD et al. Adults hospitalized with acute respiratory illness rarely have detectable bacteria in the absence of COPD or pneumonia; viral infection predominates in a large prospective UK sample. J Infect 2014;69(5):507-15

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