



CDC highlights concerns over inappropriate antibiotic prescribing for COVID patients

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Clinicians have overprescribed antibiotics — especially azithromycin — during the COVID-19 pandemic despite little need for the medication in most cases, according to health experts speaking on a Centers for Disease Control and Prevention webinar Thursday.

Bacterial co-infections are uncommon in patients with COVID-19. Health care-associated infections are more common and are associated with antibiotic exposure.

The CDC held a [Clinician Outreach and Communication Activity webinar](#) to update health care professionals about the concerns around antibiotic overprescribing for patients with COVID-19 and strategies to reduce this practice.

The findings, based on data from outpatient, nursing home and hospital settings, included the following:

- Azithromycin prescribing was higher than expected across all health care settings during the pandemic.
- One [study](#) found that over 80% of antibiotics were started on hospital admission.
- Hospital use of azithromycin and ceftriaxone fluctuated, with multiple peaks in 2020 and 2021. After reaching a peak in March 2020, azithromycin prescribing decreased but now is higher than pre-pandemic levels.
- *Overall* outpatient antibiotic prescribing initially decreased in 2020 and has rebounded in 2021 to pre-pandemic levels.

“There are some lessons that we’ve learned from pediatrics that we can apply to improving antibiotic prescribing for everybody, including adults,” said Jeffrey S. Gerber, M.D., Ph.D., associate professor of pediatrics and epidemiology at University of Pennsylvania School of Medicine.

He cited the work of Rita M. Mangione-Smith, M.D., M.P.H., FAAP, whose recommendations can help clinicians communicate effectively with parents intent on having their child receive antibiotics or questioning why they are not being prescribed.

Her quality improvement intervention research, Dialogue Around Respiratory Illness Treatment (*DART*), suggests the following steps:

- Review physical exam findings.
- Deliver a clear diagnosis.
- Provide a two-part recommendation (“Unfortunately, in this case, since it is a viral infection, antibiotics will not work, but here is what you can do…”).
- Provide a contingency plan if symptoms worsen.
- Recommend watchful waiting and symptom relief.

“The bottom line is that optimizing antibiotic use is truly about improving quality of care, and that’s the goal here,” said Capt. Lauri Hicks, D.O., director of the CDC’s Office of Antibiotic Stewardship in the Division of Healthcare Quality Promotion. She emphasized that adherence to infection-prevention protocols can help to minimize spread of COVID-19 and other infections that lead to antibiotic use.

“Every one of us has a role to play in improving antibiotic use, and that’s the case whether you’re a patient, a clinician, a pharmacist, someone who works in public health or a parent,” she said.

The webinar was held on the first day of U.S. Antibiotic Awareness Week, Nov. 18-24.