

Treatment of Acute Exacerbation of COPD with antimicrobials is controversial. The SHS-UHN ASP does not endorse routine treatment of AECOPD with antimicrobials in the absence of clinical features of bacterial infection.

However, if the decision to use antibiotics is made:

## EMPIRIC CHOICE

- ✦ Ceftriaxone 1g IV daily or amoxicillin-clavulanate 875-125 mg PO BID

## DURATION

- ✦ 7 days

## ALTERNATIVES FOR ALLERGIES

- ✦ Moxifloxacin 400 mg PO/IV daily

## TOP FIVE ORGANISMS (what we expect for common organisms)

- ✦ *Streptococcus pneumoniae*
- ✦ *Haemophilus influenzae*
- ✦ *Moraxella catarrhalis*

## CURRENT RESISTANCE ISSUES

- ✦ Consider patient antibiotic exposure in the previous 3 months
- ✦ Proportion of *H. influenzae* resistant to ampicillin/amoxicillin in 2008-2009<sup>1</sup>: ~ 20%
- ✦ *S. pneumoniae* resistance rates from Ontario and Toronto labs 2010-2011<sup>2</sup>:
  - Penicillin G (non-meningitis breakpoints) 0.4%
  - Ceftriaxone 0.7%
  - Moxifloxacin 1%
  - Levofloxacin 1.9%
  - Amoxicillin 4.5%
  - Doxycycline 16%
  - Azithromycin/clarithromycin 28%

## IMMUNOCOMPROMISED HOST CONSIDERATION

- ✦ None

## References

Data courtesy of Dr. Donald Low from Ontario laboratories that submitted data to the Canadian Bacterial Surveillance Network.

Data courtesy of Dr. Allison McGeer from adult respiratory specimens from Ontario laboratories participating in the CBSN/TIBDN, 2010-2011.