Molina Healthcare of California has adopted the CMA Foundation Acute Respiratory Tract Infection Guideline Summaries for Adults and Pediatrics. The guideline was reviewed and adopted by the Molina Healthcare of California Clinical Quality Management Committee (CQMC) on December 6, 2006, December 5, 2007 and December 10, 2008.

Molina Healthcare of California has adopted the CMA Foundation Acute Respiratory Tract Infection Guideline Summaries for Adults and Pediatrics (2010). The guideline was reviewed and adopted by the Molina Healthcare of California CQMC on November 4, 2009.

Molina Healthcare of California has adopted the CMA Foundation Acute Respiratory Tract Infection Guideline Summaries for Adults and Pediatrics (2011). The guideline was reviewed and adopted by the Molina Healthcare of California CQMC on December 8, 2010.

Molina Healthcare of California has adopted the CMA Foundation Acute Respiratory Tract Infection Guideline Summaries for Adults and Pediatrics (2012). The guideline was reviewed and adopted by the Molina Healthcare of California CQMC on March 21, 2012.

Molina Healthcare of California has adopted the CMA Foundation Acute Respiratory Tract Infection Guideline Summaries for Adults and Pediatrics (2013). The guideline was reviewed and adopted by the Molina Healthcare of California Clinical Quality Improvement Committee (CQIC) on December 12, 2012.

Molina Healthcare of California has adopted the CMA Foundation Acute Respiratory Tract Infection Guideline Summaries for Adults and Pediatrics (2014). The guideline was reviewed and adopted by the Molina Healthcare of California CQIC on December 11, 2013.


Molina Healthcare of California has adopted the CMA Foundation Acute Respiratory Tract Infection Guideline Summaries for Adults and Pediatrics (2016). The guideline was reviewed and adopted by the Molina Healthcare of California CQIC on February 16, 2017.

The Clinical Practice Guideline may be accessed from: http://www.thecmafoundation.org/Resources/Physician-Resources
Evidence-Based Management of Acute Respiratory Tract Infections

Repeated studies and meta-analyses have demonstrated no significant benefit from antibiotics in otherwise healthy persons. Antibiotic administration is associated with allergic reactions, C. difficile infection and future antibiotic resistance in the treated patient and the community.

Supporting Organizations
- California Academy of Family Physicians
- American Academy of Otolaryngology – Head and Neck Surgery
- American Academy of Allergy, Asthma & Immunology (AAAAI)
- American College of Physicians (ACP)
- American Pharmacists Association
- Infectious Diseases Society of America / American Thoracic Society (IDSA/ATS)
- Institute for Clinical Systems Improvement (ICSI)
- Centers for Disease Control and Prevention (CDC)

Reference Articles

Guideline Summary
- In the absence of pneumonia, consider the following diagnoses for adults with acute cough illness.
- Antibiotics not needed.
- Assess for pneumonia (see reverse side of brochure).

Assess for pneumonia (see reverse side of brochure)

Acute Bronchitis
- Dx Criteria:
  - Cough dominant
  - x-ray: plain
  - Rhonchi/mild wheezing common

URI or Rhinosinusitis
- Dx Criteria:
  - Cough plus nasal, throat and/or ear symptoms
  - No dominant symptoms

Influenza During the Season
- Dx Criteria:
  - If cough + fever + myalgias/fatigue present, prevalence > 60%

Acute Bacterial Sinusitis
- Dx Criteria:
  - See reverse side of brochure

See reverse for recommendations on antibiotic therapy.

Antibiotics not needed.

Influenza vaccination for all persons ≥6 months of age, particularly elderly and younger patients and those with concomitant significant illnesses.

Pneumococcal vaccination for those with concomitant significant illnesses and all persons ≥65 years old without a pneumococcal vaccine history. Refer to the CMA Foundation’s Adult Vaccine Schedule for recommended intervals between the pneumococcal conjugate vaccine (PCV13) and pneumococcal polysaccharide vaccine (PPSV23).

Perinatal infection for all pregnant women of any age with early pregnancy between 27 and 36 weeks that CRM is given at any time. Prompt vaccination is recommended for those who have or will have close contact with an infant <12 months of age (e.g., parents, grandparents, childcare providers, and healthcare practitioners). For all others vaccinate once during the mouldy 10-year lifespan interval.

Endorsing Organizations
- American Academy of Pediatrics, California District
- California Pharmacists Association
- Urgent Care Association of America
- Urgent Care College of Physicians

Supporting Organizations
- Academy of Allergy, Asthma & Immunology (AAAAI)
- American Academy of Family Physicians
- American Academy of Otolaryngology – Head and Neck Surgery
- American Academy of Pediatrics, California District
- California Academy of Family Physicians
- California Pharmacists Association
- Urgent Care Association of America
- Urgent Care College of Physicians

FOR MORE INFORMATION OR ADDITIONAL MATERIALS, VISIT WWW.AWARE.MD.
# Illness Indications for Antibiotic Treatment in Adults

<table>
<thead>
<tr>
<th>Pathogen</th>
<th>Antibiotic</th>
<th>Antibiotic Choice</th>
<th>Guidelines Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straphylococcus pneumoniae</td>
<td>Empiric Therapy:</td>
<td>Healthy with no recent antibiotic use: risk factors: macrolide*, consider doxycycline</td>
<td>IDSA, ATS, ICSI</td>
</tr>
<tr>
<td>Mycoplasma pneumoniae</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae</td>
<td>Presence of co-morbidity or antibiotic use within 3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis (Bordetella pertussis)</td>
<td>Respiratory quinolone or doxycycline</td>
<td></td>
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</tr>
</tbody>
</table>

*Macrolides and quinolones cause QT prolongation and have an increased risk of cardiac death. Reserve the use of quinolones when treating acute bacterial sinusitis, acute bacterial exacerbation of chronic bronchitis, and uncomplicated urinary tract infections for patients who do not have alternative treatment options.

This guideline summary is intended for physicians and healthcare professionals to consider in managing the care of their patients for acute infections. While the summary describes recommended courses of intervention it is not intended as a substitute for the advice of a physician or other knowledgeable health care professional. These guidelines represent best clinical practice at the time of publication, but practice standards may change as knowledge is gained.

Adopted by Molina Healthcare of California Clinical Quality Improvement Committee 12/10/14, 3/16/16, and 2/16/17.
Perform throat culture

NO ANTIBIOTIC NEEDED

Confirm a Streptococcal Cause of Pharyngitis BEFORE Prescribing Antibiotics.

- Support that these medications have the potential to do more harm than good.
- Parents/caregivers want their children to feel better soon but often do not understand that sore throat is usually caused by a virus, will not resolve with antibiotics, and that these medications have the potential to do more harm than good.

Best Practices in the Management of Patients with Pharyngitis

Illness prevention:
- Review illness prevention, including good hand and respiratory hygiene. Offer influenza vaccination to children 6 months to 18 years of age. Encourage parents/caregivers and children to wash hands frequently and to practice respiratory hygiene.

Educate patients and parents/caregivers that:
- Rapid tests are highly reliable and allow providers to avoid using unnecessary antibiotics and the associated possible harm (medication side effects and increasing personal and societal antimicrobial resistance).
- Signs of worsening: Educate patients and parents/caregivers that, occasionally, whatever the cause of a sore throat and whether antibiotics are prescribed or not, symptoms can worsen. In this case, re-evaluation is necessary. If symptoms do not begin to subside in 72 hours, schedule a re-visit for further evaluation.
- Illness prevention: Review illness prevention, including good hand and respiratory hygiene. Offer influenza vaccination to children 6 months to 18 years of age. Encourage parents/caregivers and household contacts of children to get vaccinated.

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