

Documentation of the Evidence leading to the final SSI Guideline

1. Selection process for Swiss or International Guidelines

1.1. What guidelines were considered for the selection

Year of publication	Name of Organization	Link to pdf or PMID	Swiss / Intl
2016	S3-Leitlinie, Management of adult community-acquired pneumonia and prevention – update 2015	https://www.awmf.org/uploads/tx_szleitlinien/020-020I_S3_ambulant_erworbene_Pneumonie_Behandlung_Praevention_2016-02-2.pdf	D, A, CH
2011	ESCMID	https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(14)61403-8/fulltext	Intl
2005	Agence Française de Sécurité Sanitaire des Produits de Santé	https://ansm.sante.fr/var/ansm_site/storage/original/application/b33b6936699f3fefdd075316c40a0734.pdf	F
2015	BTS	https://www.brit-thoracic.org.uk/guidelines-and-quality-standards/community-acquired-pneumonia-in-adults-guideline/annotated-bts-guideline-for-the-management-of-cap-in-adults-2014/	UK
2007	IDSA	https://www.idsociety.org/practice-guideline/community-acquired-pneumonia-cap/	USA
2014	NICE	https://www.nice.org.uk/guidance/cg191	UK
2011	IDSA (children)	https://academic.oup.com/cid/article/53/7/e25/424286	USA
2011	BTS (children)	https://thorax.bmj.com/content/thoraxjnl/66/Suppl_2/ii1.full.pdf	UK

Comment: *(e.g. if no reference guideline could be found)*

1.2. Selection of Reference Guideline

The following guideline was considered as the reference* guideline for the SSI:

Name of Organization / Guideline / PMID:

Deutsche Gesellschaft für Pneumologie und Beatmungsmedizin, Paul-Ehrlich-Gesellschaft für Chemotherapie, Deutsche Gesellschaft für Infektiologie, des Kompetenznetzwerks CAPNETZ, Österreichische Gesellschaft für Pneumologie, Österreichische Gesellschaft für Infektionskrankheiten und Tropenmedizin und Schweizerische Gesellschaft für Pneumologie / S3-Leitlinie: Behandlung von erwachsenen Patienten mit ambulant erworbener Pneumonie und Prävention – Update 2016

Date of decision: 2.11.2018

**In special settings, an additional guideline (e.g. pediatric) can be added as a reference guideline:*

Guideline: ...for children: no separate guideline but specifics are given for children or where they differ from adult guidelines within each section.

Remarks (e.g. short comment on the rationale for the decision)

S3-Leitlinie is closest since it covers the local epidemiology, is fairly modern, covers a lot of topics, is close to our opinions and one member of the current SSI guideline group was already part of the S3-Leitlinie (SO).

Some aspects of BTS and French guidelines adopted if they fit better than the S3-Leitlinie.

No pediatric guideline entirely fits for Swiss situation.

Date	Author	Name of Guideline doc
23.09.19	Werner AlbrichWerner Albrich	190617_SOP_GuidelineReference_WA.docx

2. Description of specific issues for Swiss guidelines

2.1. Specific changes from reference guideline

Please indicate which part of the guideline needs to be amended for the use in Switzerland. Enlarge table as needed. Try to *limit description of amendments to one page*.

Topic (with page-nr)	Describe the change SSI guideline	Rationale for the change
CAP Definition	Removed general HIV, AIDS	as not any more relevant
Determination of severity	ATS/IDSA criteria added	In order to clarify organ dysfunction
Hospitalization	Hospitalization if CRB-65 score ≥ 1 point (except age ≥ 65 years as only criterion met)	From ESCMID 2011 guidelines, Woodhead et al. Clin Microbiol Infect 2011; 17(Suppl. 6): E1–E59
Therapy, empirical, outpatient	Quinolones are not listed as alternatives	Effort to restrict this class
Therapy, empirical, outpatient	Classification of risk groups in outpatients and inpatients rather than mild without comorbidities, mild with comorbidities, moderate, severe	Simplification into ambulatory, inpatient and severe
Therapy, empirical, inpatient	Add Clarithromycin 500mg q12h p.o./i.v. for 24-48 hours	In S3: duration of macrolide 3 days: rationale: effort to reduce macrolide exposure
Therapy, empirical, inpatient	Clinical predictors for legionella added	Modified from Fiumefreddo et al. 2009
Pathogen-directed therapy	Flucloxacillin added Doses added	National general practice; User-friendliness
Pathogen-directed therapy	Klebsiella: first choice Coamoxi, alternative ceftriaxone (rather than FQ) Pseudomonas: added "consider combination therapy"	Spectrum Theoretical concern of resistance selection
Switch to oral medication	stability criteria adapted from IDSA guidelines	
Prevention	Based on Swiss vaccination schedule Expert opinion to "Consider at hospital discharge or at follow-up for each patient with pneumonia" for pneumococcal vaccination	

Date of final agreement within the expert group for these changes: 15/06/2019

2.2. References supporting the changes

Add references

Date	Author	Name of Guideline doc
23.09.19	Werner Albrich Werner Albrich	190617_SOP_GuidelineReference_WA.docx