TITLE:  Antibiotics for Post-Influenza Pandemic Pneumonia: Guidelines

DATE:  16 July 2009

RESEARCH QUESTIONS:

1. What is the most clinically effective antibiotic as first line and second line treatment of influenza-related pneumonia?

2. What are the guidelines for mode of administration and dosage and duration of treatment with antibiotics for influenza-related pneumonia, and are there variations in treatment needed for high risk populations?

3. What is the incidence of pneumonia following a flu pandemic?

METHODS:

A limited literature search was conducted on key health technology assessment resources, including PubMed, the Cochrane Library (Issue 3, 2009), University of York Centre for Reviews and Dissemination (CRD) databases, ECRI, EuroScan, international health technology agencies, and a focused Internet search. The search was limited to English language articles published between 2004 and July 2009. Filters were applied to limit the retrieval to health technology assessments, systematic reviews, meta-analyses, randomized controlled trials and guidelines. Internet links were provided, where available

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

RESULTS:

HTIS reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials and evidence-based guidelines.

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No relevant health technology assessments, systematic review, meta-analyses, or randomized controlled trials were identified regarding the most clinically effective antibiotic as first line and second line treatment of influenza-related pneumonia, or the incidence of pneumonia following a flu pandemic. No relevant evidence-based guidelines for mode of administration and dosage and duration of treatment with antibiotics for influenza-related pneumonia, or the variations in treatment needed for high risk populations were identified. Additional articles of interest may be found in the appendix.

OVERALL SUMMARY OF FINDINGS:

No relevant articles were identified indicating the most clinically effective antibiotic as first line and second line treatment of influenza-related pneumonia, or the incidence of pneumonia following a flu pandemic. No relevant guidelines for mode of administration and dosage and duration of treatment with antibiotics for influenza-related pneumonia, or the variations in treatment needed for high risk populations were identified.
REFERENCES SUMMARIZED:

Health technology assessments
No literature identified

Systematic reviews and meta-analyses
No literature identified

Randomized controlled trials
No literature identified

Guidelines and recommendations
No literature identified

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APPENDIX – FURTHER INFORMATION:

Guidelines


Additional references