

# REACH Notes

*Recent Developments to Promote Judicious Antibiotic Prescribing*

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## **COUGH ILLNESS – WHEN IS IT BACTERIAL?**

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Experts overwhelmingly agree that the vast majority of acute cough illness in children is viral- even “deep,” “wet,” or “chest” coughs, *but* patients commonly believe that adults and children with “bronchitis” need antibiotic treatment. Pediatricians should reassure families that cough is often the most persistent symptom of viral upper respiratory infections. Perhaps avoiding use of the term “bronchitis” in children might help as it carries (incorrectly) a connotation of bacterial disease (“chest cold” may be better).

When should you treat? In a small minority of cases!

bacterial pneumonia (e.g. pneumococcal) – children are likely to be ill, have high fever, and tachypnea. Given the uncertainty in physical exam findings, a chest x-ray may aid in diagnosis.

Mycoplasma/chlamydia pneumonia – more subtle presentation, usually in older children, and may be difficult to distinguish from viral cough illness. The good news: it’s often self-limited, even without antibiotics!

pertussis – test and treat only if symptoms suggest and/or there is evidence of contact with a known case.

Of course, chronic or recurrent cough may be a sign of asthma, sinus disease GE reflux or other diagnoses. But limiting antibiotic prescribing to children clear indications will substantially decrease unnecessary prescribing in children.

See: O'Brien KL, Dowell SF, Schwartz B, Marcy SM, Phillips WR, Gerber MA. Cough illness/bronchitis-principles of judicious use of antimicrobial agents. *Pediatrics* 1998; 101:178-181