

Table 3. Recommended Year 2000 CDC-DRSPWG Empiric Regimens for Treating Community-Acquired Pneumonia*

Empiric treatment**	Penicillin MIC mcg/mL					Comments
	≤ 0.06	0.12-1	2	4	≥ 8	
Outpatients						
Macrolide (erythromycin, clarithromycin, or azithromycin)	+++	+	±	-	-	Covers atypical pathogens (<i>Mycoplasma</i> species <i>Chlamydia</i> species, and <i>Legionella</i> species)
Doxycycline (or tetracycline)	+++	++	+	-	-	Covers atypical pathogens; not FDA-approved for children younger than 8 years
Oral β-lactam (cefuroxime axetil, amoxicillin, or amoxicillin-clavulanate potassium)	+++	++	+	-	-	Does not cover atypical pathogens; alternatively, cefpodoxime or cefprozil may be used
Fluoroquinolones (levofloxacin, moxifloxacin, or gatifloxacin)†	+++	+++	+++	++	++	Not first-line treatment because of concerns about emerging resistance; not FDA-approved for use in children; covers atypical pathogens
Hospitalized (Nonintensive Care Unit) Patients						
Parenteral β-lactam (cefuroxime, cefotaxime sodium, ceftriaxone sodium, or ampicillin sodium-sulbactam sodium) plus macrolide (erythromycin, clarithromycin, or azithromycin)	+++	+++	++	±	-	Ceftriaxone and cefotaxime have superior activity against resistant pneumococci in comparison with ampicillin-sulbactam and with cefuroxime.
Fluoroquinolones (e.g., moxifloxacin, levofloxacin, gatifloxacin, or trovafloxacin)†	+++	+++	+++	++	++	See previous comments about fluoroquinolones.
Intubated or Intensive Care Unit Patients‡						
Intravenous β-lactam (ceftriaxone or cefotaxime sodium) plus intravenous macrolide (erythromycin or azithromycin)	+++	+++	++	±	-	Ceftriaxone or cefotaxime are preferred over other β-lactams because of their superior activity against resistant pneumococci; clarithromycin has no intravenous formulation.
Intravenous β-lactam (ceftriaxone or cefotaxime) plus fluoroquinolone (e.g., gatifloxacin, levofloxacin, moxifloxacin, or trovafloxacin)†	+++	+++	++	++	++	Ceftriaxone or cefotaxime are preferred over other β-lactams; see previous comments about fluoroquinolones.
Fluoroquinolones (e.g., moxifloxacin, levofloxacin, gatifloxacin, or trovafloxacin)†	++	++	++	++	++	See previous comments about fluoroquinolones; efficacy of monotherapy for critically ill persons with pneumococcal pneumonia has not been established.

* FDA indicates Food and Drug Administration. Ratings estimate clinical efficacy and in vitro susceptibility among persons with pneumococcal pneumonia. In-depth information on empiric treatment of pneumonia is given by the Infectious Disease Society of America and the American Thoracic Society guidelines.

† The relative antipneumococcal activity of these agents differs slightly, with that of trovafloxacin equal or superior to that of grepafloxacin, which equals that of sparfloxacin, which is superior to that of levofloxacin. Because of new data showing an association with serious liver damage, the FDA issued a public health advisory recommending that trovafloxacin be used only for patients with serious and life- or limb-threatening infections who receive initial treatment in an inpatient health care facility and for whom physicians believe that the benefit of the agent outweighs its potential risk.

‡ Vancomycin hydrochloride may be indicated for the treatment of selected critically ill children with community-acquired pneumonia for whom coverage of drug-resistant *Streptococcus pneumoniae* must be ensured.

** Adaptations made to reflect introduction of new agents since report was published.