

Health Advisory November 22, 2024

To: Vermont Health Care Providers, Health Care Facilities and School Nurses
Date: November 22, 2024
From: Christine Connor, MSN, MPH, RN

***Mycoplasma Pneumoniae* Guidance**

Summary

The Vermont Department of Health has been notified by Vermont health care providers and schools of an increase in cases of pneumonia. Many of these cases are suspected or confirmed to be caused by *Mycoplasma pneumoniae*. The CDC is monitoring the increase in these cases nationally, especially in young children, and issued a bulletin: [Mycoplasma Pneumoniae Infections Have Been Increasing | NCIRD | CDC](#).

Requested Actions

- Have increased suspicion of *M. pneumoniae* among patients with community-acquired pneumonia who aren't clinically improving on antibiotics that are known to be ineffective against *M. pneumoniae*, such as beta-lactams.
- Review CDC's [treatment strategies and guidance](#) for this infection. Consider empiric treatment with azithromycin if clinical history and symptoms are concerning for *M. pneumoniae* and diagnostic testing is not feasible or timely. Advise patients to return for reassessment if symptoms do not improve after starting antibiotics.
- Promote the judicious use of antibiotics and minimize the risk of antibiotic resistance by not prescribing antibiotics unless indicated by clinical and/or laboratory evidence.
- Pursue clinical assessment and treatment for other respiratory conditions, regardless of testing for *M. pneumoniae*, as other conditions continue to circulate.
- Promote [strategies to prevent respiratory illness](#), including getting vaccinated, practicing good hand hygiene, covering coughs and sneezes, and staying home when sick.
- Assess vaccination history and ensure your patients are up to date with COVID-19, influenza and pneumococcal immunizations that help protect against respiratory illnesses as we enter the winter season. [Pneumococcal vaccines](#) are now recommended for adults aged 50 or older and children under 5 years of age.
- [Report](#) any unexpected pattern or cluster of illness to the Health Department by calling the Infectious Disease Epidemiology program at 802-863-7240, option 2. Individual cases of *M. pneumoniae* are not reportable to the Department.

Clinical Features and Treatment of *M. pneumoniae*

Infections are typically mild and present as bronchitis or pneumonia with a gradual onset of symptoms including fever, cough, and sore throat, with younger children presenting with wheezing, vomiting or diarrhea. Serious complications may develop, including new or worsening asthma, severe pneumonia, and encephalitis, especially in people recovering from a

Health Advisory November 22, 2024

respiratory illness or who are immune compromised. Macrolides are the treatment of choice for this infection as beta-lactams are an ineffective treatment for *M. pneumoniae*.

In cases where *M. pneumoniae* is a strong possibility as the cause of community-acquired pneumonia (and especially for hospitalized children or those failing to respond to amoxicillin alone), dual therapy with a beta-lactam and a macrolide could be considered. This recommendation has not been rigorously studied but is being used increasingly at regional academic children's hospitals as an alternative when limited access to timely diagnostic testing might delay initiation of treatment. Please refer to clinical judgement and consider clinical assessment and the risk and benefits of treating.

Testing for *M. pneumoniae*

- Consider swabbing both the throat and the nasopharynx to improve the likelihood of detection of *M. pneumoniae* via nucleic acid amplification (NAA) in respiratory swab specimens. Adhere to [proper specimen collection protocols](#).
- If clinically indicated, NAA testing for *M. pneumoniae* can be ordered through your current laboratory resources or reference laboratory. These infections are not reportable in Vermont and specimens will not be processed at the Health Department Laboratory.
- Anticipate a prolonged turnaround time for results if sending specimens to a reference laboratory which may delay confirmation of diagnosis for targeted antibiotic therapy. Consider empirical treatment if delays are anticipated.

Additional Information for Clinicians

- [Bulletin on the increase in *Mycoplasma pneumoniae* infections](#) (CDC)
- [Clinical Features of *Mycoplasma pneumoniae* Infection](#) (CDC)
- [Clinical Care of *Mycoplasma pneumoniae* Infection](#) (CDC)
- [Mycoplasma pneumoniae Infection Fact Sheet](#) (CDC)
- [Preventing Respiratory Viruses](#) (CDC) – appropriate strategies in preventing bacterial pneumonia
- [Specimen Collection Protocol](#) (CDC)
- [Surveillance and Trends](#) (CDC)

If you have any questions, please contact Christine Connor at: Christine.Connor@vermont.gov.

To be removed from the HAN or have your information updated
please email the Vermont HAN Coordinator at: vthan@vermont.gov.