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Community-acquired pneumonia related to intracellular pathogens

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Table 1. Distribution of microbial etiology of CAP according to setting

Microorganism	Outpatients (%)	Hospitalized (Non- ICU) (%)	ICU patients (%)	Reference
<i>Streptococcus pneumoniae</i>	20-35	18- 39	15- 22	5;11; 32;
<i>Mycoplasma pneumoniae</i>	1.3- 18	3- 10	2-3	5,11; 32;
<i>Chlamydomphila pneumoniae</i>	1.8- 5	2-10	0-3	5 ;11
<i>Haemophilus influenzae</i>	1.5 - 10	4-5.5	3-4	5;
Respiratory viruses	13- 36	10-13	4-9	5; 11; 32
<i>Legionella</i> spp.	2 - 6	3.6- 7	8 -20	5; 11; 12; 32
Polymicrobial infections	0 - 9	10-14	11 - 20	5; 11; 32; 55
<i>Staphylococcus aureus</i>	0.5	1-2	1-3	5; 11
Enteric gram-negative bacilli	0 – 1.3	0.5-2	1-3	5;11;32
<i>Pseudomonas aeruginosa</i>	0.5	1-4	1-5	5; 11,32

Table 2. Antimicrobial treatment for intracellular pathogens in severe CAP

Pathogens	Recommendation	Antibiotic therapy
<i>Legionella pneumophila</i>	First option	Azithromycin or Levofloxacion/Ciprofloxacin
	Alternatives	Telithromycin Doxycycline
	Immunocompromised patients	Azithromycin + rifampicin
<i>Mycoplasma pneumoniae</i> *	First option	Azithromycin or Doxycycline L
	Alternatives	Levofloxacin, Moxifloxacin, Erythromycin
<i>Chlamydophila pneumoniae</i> <i>Chlamydophila psittaci</i>	First option	Doxycycline or Azithromycin
	Alternatives	Levofloxacion or Chlarythromycin
<i>Coxiella burnetti</i>	First option	Doxycycline
	Alternatives	Levofloxacion or macrolide
	Pregnant patients	co-trimoxazole up until the final 6 weeks of pregnancy doxycycline and hydroxychloroquine postpartum for 12 months to women who develop a serologic profile of chronic Q fever

* Immunological complications for *Mycoplasma pneumoniae* is suggested used Corticosteroids (Ref82).