

COVID-19 Pneumonia:

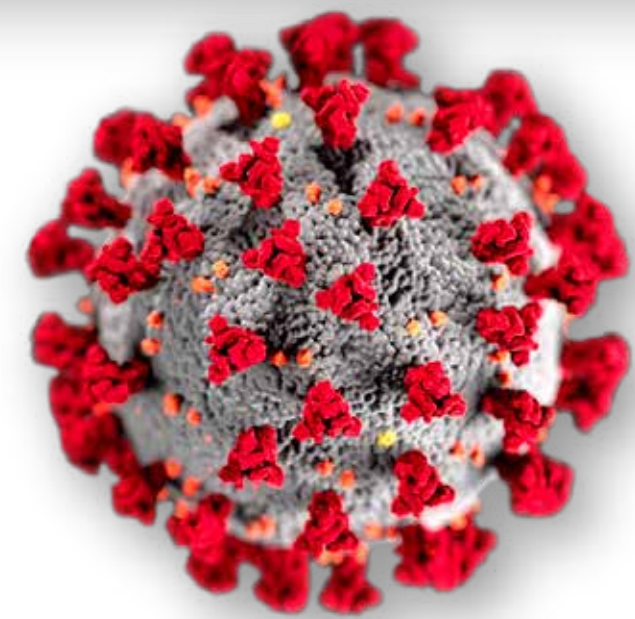
Procalcitonin (PCT) for Risk Assessment and Rule-out of Bacterial Coinfection

 PCT on admission	 PCT during hospital stay
Test PCT as an aid for early risk assessment and prioritization of high risk patients	Monitor PCT to detect:
 <0.50 µg/L* low risk for bacterial coinfection and adverse outcome	 secondary bacterial infections
 ≥0.50 µg/L high risk patients, bacterial coinfection likely	 progression of disease

* Majority of patients with mild disease had PCT values <0.25 µg/L or even <0.1 µg/L. ^{Ref-1-6}
Likelihood of bacterial infection and recommendation to start antibiotics in patients with LRTI at PCT 0.25 µg/L. ^{Ref-7}

References

Ref-1: Huang C et al: Lancet 2020; 395: 497–506
Ref-2: Guan W. et al., NEJM 28 Feb 2020, <https://www.nejm.org/doi/full/10.1056/NEJMoa2002032>
Ref-3: Zhou et al., Lancet , March 9, 2020 , [https://doi.org/10.1016/S0140-6736\(20\)30566-3](https://doi.org/10.1016/S0140-6736(20)30566-3)
Ref-4: Chen N. et al., Lancet 2020; 395: 507–13
Ref-5: Xiao-Wei, X. et al., BMJ (Online); London 2020, 368 (Feb 19, 2020).DOI:10.1136/bmj.m606
Ref-6: Huang Y et al., medRxiv preprint 2020, doi: <https://doi.org/10.1101/2020.02.27.20029009>
Ref-7: Schuetz P. et al., Exp. Rev Anti-infect. Ther., 2018, 16:7, 555-564, DOI: 10.1080/14787210.2018.1496331



COVID-19

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