Guidance for Industry

Secondary Bacterial Infections of Acute Bronchitis — Developing Antimicrobial Drugs for Treatment

DRAFT GUIDANCE

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Additional copies of this draft guidance document are available from the Drug Information Branch, Division of Communications Management, HFD-210, 5600 Fishers Lane, Rockville, MD 20857, 301-827-4573, or from the Internet at http://www.fda.gov/cder/guidance/index.htm.

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Draft - Not for Implementation

GUIDANCE FOR INDUSTRY[1]

Secondary Bacterial Infections of Acute Bronchitis — Developing Antimicrobial Drugs for Treatment

I. INTRODUCTION

This is one in a series of guidance documents intended to assist the pharmaceutical industry in the development of antimicrobial drug products for the treatment of infections. The information presented here should help applicants plan clinical studies, design clinical protocol(s), implement and appropriately monitor the conduct of clinical studies, collect relevant data for analysis, and perform appropriate types and numbers of analyses of study data. Clinical trials planned and conducted as recommended in this guidance should yield the information necessary for the Agency to determine whether the antimicrobial under study is safe and effective in the treatment of the specific infection. For general information on related topics, the reader is referred to the guidance *Developing Antimicrobial Drugs — General Considerations for Clinical Trials* (*General Considerations*).

This guidance for industry focuses on developing antimicrobials for the treatment of secondary bacterial infections of acute bronchitis (SBIAB).

II. BACKGROUND

Over the years, the Agency has issued guidance to the pharmaceutical industry on how to design, carry out, and analyze the results of clinical trials for the development of antimicrobials for the treatment of infections in a variety of forms. Guidance has been provided verbally during various industry and FDA meetings, in letters written to sponsors, and in general guidance on related issues. This guidance is the result of efforts to collect all pertinent information and present it in one location. Where appropriate, this guidance contains relevant information from several

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[1] This guidance has been prepared by the Office of Drug Evaluation IV, representing the Division of Anti-Infective Drug Products, the Division of Special Pathogens and Immunological Drug Products, and the Division of Anti-Viral Drug Products in the Center for Drug Evaluation and Research (CDER) at the Food and Drug Administration. This guidance document represents the Agency's current thinking on secondary bacterial infections of acute bronchitis. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute, regulations, or both.

sources, including *Clinical Evaluation of Anti-Infective Drugs (Systemic)* (1977); IDSA's "Guidelines for the Evaluation of Anti-Infective Drug Products" (1992) (IDSA guidance);[2] *Points to Consider: Clinical Development and Labeling of Anti-Infective Drug Products* (1992) (*Points to Consider*), an FDA guidance on issues related to evaluating new drug applications for anti-infective drug products; and *Evaluating Clinical Studies of Antimicrobials in the Division of Anti-Infective Drug Products* (February 1997), a draft guidance discussed at a March 1997 advisory committee meeting on anti-infective drug products, which will be superseded by this guidance once it is issued in final form.

III. SECONDARY BACTERIAL INFECTIONS OF ACUTE BRONCHITIS

The term *lower respiratory tract infection* has been used in the past to describe bacterial infections of the respiratory tract, which could encompass bronchitis as well as pneumonia. More recently, the *Points to Consider* document recognized four subcategories for infections of the lower respiratory tract, including two for bronchitis: Acute exacerbation of chronic bronchitis (AECB) and SBIAB. The IDSA guidance includes the diagnostic category AECB, but not SBIAB.

It has been increasingly recognized that the etiology of acute bronchitis is predominantly nonbacterial. Most cases of acute bronchitis are viral or noninfectious. Although secondary invasion by such bacterial pathogens as *Streptococcus pneumoniae* or *Haemophilus influenzae* may occur, there has not been definitive demonstration of this chain of events or its frequency. When evaluability criteria for bronchitis were presented to the Agency advisory committee in March 1997, it was concluded that the benefit of antimicrobial therapy in the treatment of SBIAB was unproven, based on clinical experience and literature review. Therefore, the Agency will no longer grant the labeling indication of SBIAB.

[2] This guidance appeared in IDSA's (Infectious Disease Society of America) supplement to *Clinical Infectious Diseases*, formerly *Reviews of Infectious Diseases.*