S1 Text: Summary of the evidence regarding the impact of COVID-19 pandemic on antibiotic use.

## **Objective**

We conducted a rapid systematic review to collate the available evidence on the impact of COVID-19 on antimicrobial utilization.

## Methods

We searched PubMed for potentially relevant studies published from December 31st to present, using a combination of terms related to the concepts of "COVID-19" and "antibiotic" (S1 Table). No restrictions were placed with regards to language, geographic area or population. The screening process was performed in two steps (title/abstract screening followed by full-text screening) in order to select studies that had evaluated antibiotic consumption trends prior to and during the pandemic. Studies aimed at assessing the efficacy or effectiveness of specific therapeutic regimens for COVID-19 cases and those solely reporting on the proportion of COVID-19 patients receiving antimicrobials without any sort of comparison against the pre-pandemic period were considered ineligible. Qualitative studies that reported on prescribing behaviours among practitioners were also excluded, unless quantitative data on actual antibiotic use were also collected.

## **Key findings**

A total of 3,553 unique citations were identified as of December 2<sup>nd</sup>, 2020. After title and abstract screening, 52 publications were deemed potentially relevant and were thus selected for full-text evaluation. We excluded:

- 22 studies that only reported on the proportion of bacterial coinfections among COVID-19 cases and/or the proportion of these patients receiving antimicrobial treatment without attempting any kind of comparison with the pre-pandemic phase [1-22];
- 15 commentaries or perspective pieces [23-37];
- 7 reviews (including two systematic reviews on the incidence of bacterial co-infections in COVID-19 cases) [38-44].

We found 8 ecologic studies aimed at assessing the impact of the pandemic on antibiotic use, conducted either in Spain (3/8) or in the United States (5/8) (S2 Table) [45-52]. All but one were hospital-based studies, the exception being a study based on IQVIA data from Spain which did not distinguish between inpatient and outpatient care. Most of these studies (6/8) utilized a difference-in-difference analysis technique to compare antibiotic use levels between two or more periods before and during the pandemic, and one study used an interrupted time series analysis to examine the trends in consumption over time and evaluate the impact of COVID-19 from March 2020 onwards [46]. The study based on IQVIA data only provided a descriptive analysis of time series data from 2017 to March 2020 [51]. Although populations and settings varied substantially across studies, a consistent increase in antibiotic use in inpatient adult care was observed particularly in March and April 2020. This increase was mostly attributable to a greater use of selected antibiotics such as azithromycin and, in certain settings, ceftriaxone. In contrast, antibiotic use was reported to be lower in pediatric care settings [52], possibly reflecting the lower number of visits occurred during the pandemic period as compared to the prepandemic phase, both overall and for infectious conditions. It should be noticed, however, that most of these studies suffered from a very short observation period and often failed to properly account for seasonality.

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