

Short Communication

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Covid-19 and Mycoplasma Infections

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From March 2020 to March 2022, movement restrictions were implemented in Japan to prevent the

spread of the coronavirus. At the same time, reception to medical institutions was suppressed, and the

amount of antibiotics used decreased by 24.2% in 2020, 31.5% in 2021, and 31.5% in 2022 compared to

2013. For this reason, in 2022, the number of patients with strep throat caused mixed infection with

adenovirus, and it was reported that the number increased significantly compared to before the corona

crisis [1]. This time, we examined how the suppression of reception due to the corona sickness affected

the number of mycoplasma patients. In 2020, when movement was restricted, there were 5 cases of

mycoplasma and 50 cases of strep throat, and in 2021, 28 cases of mycoplasma and 10 cases of strep

throat. There were 3 cases. In January 2022, when full-scale movement restrictions were lifted from April,

there were 2 cases of mycoplasma (0 cases of mixed infection with mycoplasma and strep throat) and 16

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cases of strep throat, which was indicated at 2016. February 209, March 1016, April 5045, May 6366, June 126104, July 13979, 8 Month 261886, September 107119, October 4236296, November 142137407, December 139137355. Due to the increase in the number of Mycoplasma cases from the end of 2022, 2023 since 2005, antigen tests for mycoplasma and streptococcus have been performed in all patients with upper respiratory tract inflammation [2]. However, since it is not possible in Japan to examine otitis media at the same time as otorrhea culture, we examined only otitis media culture and mycoplasma antigen test in patients with otitis media associated with acute upper respiratory tract inflammation. January 2023 254246279, February 407399400, March 413398398. This is because after full-scale movement restrictions were lifted in April 2022, mixed infection of molluscum streptococcus and adenovirus was completed in December 2022 in the previous paper and mycoplasma in February 2023 in this paper, also fully participated in the mixed infection [3].

Patients with mixed infection of mycoplasma and streptococcus were treated with erythrosine 800 mg for pregnant cases and claricid 400 mg for lactating cases for 8 days. Children under 7 years old were given Ozex or Dalacin for 7 days. Those aged 8 years and older received minomycin for 8 days, and those aged 15 years and older received Cravit or Dalacin for 7 days. In severe cases, intravenous administration of rosephin and dalacin was performed. There was a case of mixed infection with adenovirus, mycoplasma, and streptococcus, in which the symptoms worsened on the 6th and 7th days after the onset and administration. Adenoui in the antigen test at the time of exacerbation Luz, Streptococcus and mycoplasma were all positive. The adenovirus antigen test turned negative 5 to 6 days after the onset, suggesting that reinjection with adenovirus alone was the cause of the exacerbation. However, in these cases, intravenous administration of antibiotics was remarkably effective, suggesting reinjection with adenovirus, streptococcus, and mycoplasma. For such cases, the same antibiotic was added for 4 days. For cases of mycoplasma with otitis media, antibiotics effective against mycoplasma were first administered for 4 days, and on the 5th day, based on the results of otorrhea culture, antibiotics effective

against both were administered with eardrops or oral drugs dosed.

The results so far seem to have accidentally created an era without antibiotics due to the corona disaster, and it is speculated that mixed infections of adenovirus, streptococcus and mycoplasma attacked humanity at that time without antibiotics.

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