

Recommendations from the EAU Urological Infections Guidelines Panel applicable during the COVID-19 pandemic

Diagnosis				
Priority category	Low Priority	Intermediate Priority	High priority	Emergency
Definition	Clinical harm very unlikely if postponed 6 months	Clinical harm possible if postponed 3-4 months but unlikely	Clinical harm very likely if postponed > 6 weeks	Life threatening situation
COVID-recommendations				
Uncomplicated Cystitis	Telephone/electronic consultation for case history.			
Urethritis	Telephone/electronic consultation for case history.			
Level of evidence	Expert advice			
Treatment				
Priority category	Low Priority	Intermediate Priority	High priority	Emergency
Definition	Clinical harm very unlikely if postponed 6 months	Clinical harm possible if postponed 3-4 months but unlikely	Clinical harm very likely if postponed > 6 weeks	Life threatening situation
COVID-recommendations				
Uncomplicated Cystitis	Antibiotics after urology consultation.			
Uncomplicated Pyelonephritis	Antibiotics after urology consultation.			
Complicated UTIs			Antibiotics after urology consultation. Inpatient treatment when necessary.	
Acute epididymitis	Antibiotics after urology consultation.			
Urethritis	Antibiotics after urology consultation.			
Acute bacterial prostatitis	Mild: Antibiotics after urology consultation.		Severe: Intravenous antibiotics; suprapubic catheter if residual	

			urine/obstructive.	
Urosepsis				Patient with suspicion of urosepsis are to be referred to the nearest hospital and immediate management according to cause and symptoms.
Fournier's gangrene				Surgical debridement and intravenous antibiotic treatment; IMC if necessary.
Level of evidence	Expert advice		Expert advice	Expert advice
Follow up				
Priority category	Low Priority	Intermediate Priority	High priority	Emergency
Definition	Clinical harm very unlikely if postponed 6 months	Clinical harm possible if postponed 3-4 months but unlikely	Clinical harm very likely if postponed > 6 weeks	Life threatening situation
COVID-recommendations				
	Telephone and video consultations or electronic communication. Only patients who need urgent attention brought to the hospital.			
Level of evidence	Expert advice			
General considerations				
<ol style="list-style-type: none"> 1) As many uncomplicated UTIs (e.g., uncomplicated cystitis, uncomplicated UTI or recurrent UTI etc.) will self-resolve within a short time with or without appropriate antimicrobial treatment, it is recommended to utilize as much as possible the use of telemedicine, video conferencing or voice call interview. Patients for which a urine sample (for urine culture or other analysis) must be taken or patients with additional risk factors should be given priority. 2) Most urological infections do not require surgery; however, in cases of obstructive disease linked to an infection, for example, some interventions may be required. In these cases, it is recommended that all procedures should be preferably performed by experienced urologists, outside of their learning curve. Procedures should be performed with the minimum number of staff members. 3) The duration and frequency of shedding of SARS-CoV-2 in urine is unknown. Although no evidence of disease transmission through urine has been 				

demonstrated urine sampling (for urine culture, dipsticks and other analyses), urethral catheterisation and endoscopic procedures (e.g., TURP, TURB, ureteral stenting, etc.) should be executed with caution.