Respiratory Tract: Acute Pharyngitis

QUICK FACTS[1-2]:

- Only 5-15% of adult cases of acute pharyngitis are caused by Group A β-hemolytic streptococci (GAS).
- It is estimated that 3,000 to 4,000 patients with GAS must be treated for every 1 case of acute rheumatic fever prevented.
- Antibiotic therapy of GAS hastens resolution by 1-2 days if initiated within 2-3 days of symptom onset.

CLASSIFICATION	CLINICAL PRESENTATION	RECOMMENDED REGIMENS	CLINICAL CONSIDERATIONS
Group A β-hemolytic streptococcus (GAS)	**≥ 2 of the following:** • Fever (≥ 100.4°) • Tonsillar exudates • No cough • Tender anterior cervical lymphadenopathy (lymphadenitis) • Scarlatiniform rash	Amoxicillin 500 mg PO Q12H **OR** Penicillin VK 250 mg Q6H **OR** Penicillin 500 mg PO Q12H For 10 days *Penicillin Allergy* Non-anaphylactic allergy: Cephalexin 500 mg PO Q12H x 10 days **OR** Clindamycin 300 mg PO Q6H for 10 days **OR** Azithromycin 500 mg PO x 1 day, then 250 mg PO Q24H x 4 days	**Clinical suspicion for GAS:** Obtain throat swab **OR** order GAS rapid antigen detection test (RADT)* **If culture is negative:** No antibiotics **AND** consider supportive treatment (antipyretic **OR** analgesic)
Viral Pharyngitis	• Conjunctivitis • Coryza • Cough • Diarrhea • Hoarseness • Discrete ulcerative stomatitis • Viral exanthema	Supportive treatment (antipyretic **OR** analgesic)	

GAS= Group A β-hemolytic Streptococci; H= hour(s); PO= by mouth; Q= every; RADT= Rapid antigen detection test

*Throat swab culture sensitivity: 90-95%; RADT: sensitivity 70-90%, specificity 95%

References:

1. Shulman ST, Bisno AL, Clegg HW, et al. Clinical Practice Guidelines for the Diagnosis and Management of Group A Streptococcal Pharyngitis: 2012 Update by the Infectious Diseases Society America. *Clin Infect Dis.* 2012 Nov 15;55(10):1279-82.
2. Cooper RJ et al. Principles of appropriate antibiotic use for acute pharyngitis in adults: Background. *Annals of Internal Medicine.* 2001;134(6):509-17.