

Acute Pharyngitis in Children >5 years, Adolescents, and Adults

Key points

- Group A streptococci cause 15%–30% of cases of acute pharyngitis in pediatric patients, but only 5%–10% of such illnesses in adults
- Diagnosis of Group A streptococcal pharyngitis requires diagnostic testing as clinical assessment alone is not sufficiently accurate
- Limit antibiotic therapy to patients with a positive test for Group A streptococcus
- Penicillin is the preferred therapy

Suspected uncomplicated acute pharyngitis
(recurrent or persistent infection not covered here)

Any factors associated with Group A streptococcal pharyngitis present?

- Fever (>38 C or 100.3 F)
- Tonsillar swelling or exudates
- Tender anterior cervical lymph nodes
- Absence of a cough, coryza, conjunctivitis, diarrhea
- Palatine petechiae

Yes

No

Possible Group A streptococcal pharyngitis

Viral etiology likely**

Perform rapid antigen detection test, if available

Positive

Negative

Perform throat culture

Positive

Negative

Initiate antibiotic therapy

Antibiotic therapy not indicated

Recommend specific symptomatic therapy:

- Acetaminophen or NSAIDs for fever/pain

Implement communication tips from page 1

**Other etiologies of acute pharyngitis to consider:

- F. necrophorum*
- C. diphtheriae*
- M. pneumoniae*
- N. gonorrhoea*
- Infectious mononucleosis
- Primary HIV infection
- HSV
- Influenza

	Antibiotic	Adults/Adolescents >60lbs	Children <60lbs
1st line:	Penicillin V	500mg TID	50mg/kg divided BID or TID (max 500mg/dose)
	or Amoxicillin	500mg TID	50mg/kg divided BID or TID (max 1gm BID)
	or Benzathine PCN G	1.2 million units IM once	600,000 units IM once
Non-severe PCN allergy:	Cephalexin	500mg BID	25-50mg/kg divided BID (max 500mg/dose)
Severe PCN allergy:	Azithromycin [†]	500mg x 1, then 250mg QDay	12mg/kg QDay (max 500mg/day)

Recommended duration of oral therapy: 10 days[†]

Note: This is intended only as a guide for evidence-based decision-making; it is not intended to replace clinical judgment. Assess for antibiotic allergies and use alternative agents as appropriate. Suggested antibiotic doses are for normal renal function; adjust for renal impairment when necessary.

Reference: Practice Guidelines for the Diagnosis and Management of Group A Streptococcal Pharyngitis. *Clin Infect Dis* 2002; 35:113-25; American Academy of Pediatrics. *Red Book 2009: Report of the Committee on Infectious Diseases*, 28th ed.

[†] recommended duration of azithromycin is 5 days