

Diagnosis

- Group A streptococcus (strep) causes 5–15 percent of acute pharyngitis in adults and 20–30 percent of acute pharyngitis in children older than 5 years.¹ Strep pharyngitis is uncommon in children younger than 3 years.²
- The Centor Criteria² can be used to estimate the likelihood that a case of pharyngitis is due to group A strep (GAS) and assist in whether antibiotics are necessary.

The presence of each of the following criteria is allotted 1 point:

- Fever
- Tonsillar exudate or swelling
- Tender anterior cervical lymphadenopathy
- Absence of cough

The number of points determines the management approach:

- 0 or 1 points: GAS unlikely; no testing or antibiotics indicated
- 2 or 3 points: GAS possible; obtain a rapid strep test and if positive (or if reflex bacterial culture positive) treat with antibiotics
- 4 points: GAS likely; treat with antibiotics ± obtain a rapid strep test

Reflex bacterial cultures are often performed by laboratories if the rapid strep test is negative.

They are recommended in children where the prevalence of Group A streptococcal pharyngitis is relatively high but generally not necessary in adults.

Antibiotic Therapy (adults and children)¹

- First-line therapy for GAS pharyngitis: penicillin or amoxicillin for 10 days or one dose of intramuscular benzathine penicillin G.
Penicillin resistance has not been documented in group A strep.
- Options for non-severe penicillin allergy: cephalexin or cefadroxil for 10 days.
- Options for severe penicillin allergy: clindamycin for 10 days or azithromycin for 5 days.
GAS resistance to both of these agents has been observed.
- Group C or group G strep pharyngitis: no consensus on need for treatment, but treatment may hasten recovery. A 5-day course of the antibiotics listed above is sufficient.
- Positive strep culture in the absence of symptoms of streptococcal pharyngitis: do not treat.

Symptomatic Therapy

- Tea, honey, and throat lozenges or analgesics such as acetaminophen or ibuprofen can be effective to soothe sore throat.
- Systemic corticosteroids are not recommended due to weak evidence for use and concern that side effects outweigh the benefits.¹

Followup

- Fever and sore throat should resolve 1–3 days after antibiotics are started.
- Do not send a test of cure rapid strep test or bacterial culture.
- Patients should be instructed to call if they have worsening throat pain, persistent fever, or neck swelling for evaluation for peritonsillar or retropharyngeal abscesses.

References

1. Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2012 Nov 15;55(10):1279-82. PMID: