Sentara® Health Plans

SENTARA HEALTH PLANS CLINICAL PRACTICE GUIDELINE:

MANAGEMENT OF PHARYNGITIS

https://www.cdc.gov/groupastrep/diseases-hcp/strep-throat.html

Guideline History

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Clinical Practice Guidelines for the Management of Pharyngitis

1. Definition and Epidemiology

Pharyngitis refers to the inflammation of the pharynx, often presenting with sore throat. Group A Streptococcus (GAS) is the primary bacterial cause, responsible for 20-30% of pediatric cases and 5-15% of adult cases.

2. Clinical Presentation

- **GAS Pharyngitis**: Symptoms typically include sudden-onset sore throat, painful swallowing, fever, headache, and abdominal pain in children. Clinical signs may include pharyngeal erythema, tonsillar exudates, and anterior cervical lymphadenopathy. The absence of cough, rhinorrhea, or hoarseness suggests a bacterial rather than viral etiology.
- **Scarlet Fever**: Some GAS cases may present with a scarlatiniform rash, commonly known as scarlet fever.

3. Diagnosis and Testing

- **Indications for Testing**: Use rapid antigen detection tests (RADTs) or throat cultures to confirm GAS pharyngitis in patients without clear viral symptoms. Children with negative RADTs should have follow-up cultures.
- **Throat Cultures**: Considered the gold standard, especially important for children under high risk for complications like rheumatic fever.
- **Exclusion from Testing**: Adults and children under 3 years typically do not require routine testing unless in high-risk environments.

4. Management and Treatment

- **First-Line Antibiotics**:
    - **Penicillin V**: Oral, 10 days, remains the treatment of choice with no documented resistance.
    - **Amoxicillin**: Preferred in children due to better taste; dosing remains at 10 days.
- **For Penicillin Allergy**: Alternatives include cephalexin (if not anaphylactic), clindamycin, or azithromycin (consider local resistance patterns).
- **Symptomatic Relief**: Advise rest, hydration, NSAIDs, or acetaminophen for pain management. Systemic glucocorticoids are generally discouraged.

5. Prevention and Public Health Considerations

- **Infection Control**: Emphasize hand hygiene and respiratory etiquette. Patients should remain home until afebrile and 12 hours post-antibiotic initiation.
- **Close Contact Management**: Testing and treating asymptomatic contacts are usually unnecessary except during documented outbreaks.

6. Complications

- **Suppurative**: Potential for peritonsillar abscess, otitis media, and sinusitis.
- **Nonsuppurative**: Rheumatic fever and post-streptococcal glomerulonephritis remain significant concerns.

7. Special Considerations

- **Chronic Carriers**: Do not usually require treatment unless in outbreak scenarios. Identify carriers when multiple episodes occur to avoid unnecessary antibiotics.
- **Tonsillectomy**: Reserved for patients with recurrent severe pharyngitis despite appropriate therapy.

References

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4. UpToDate. (2024). Treatment and prevention of streptococcal pharyngitis in adults and children. Retrieved from UpToDate database.