

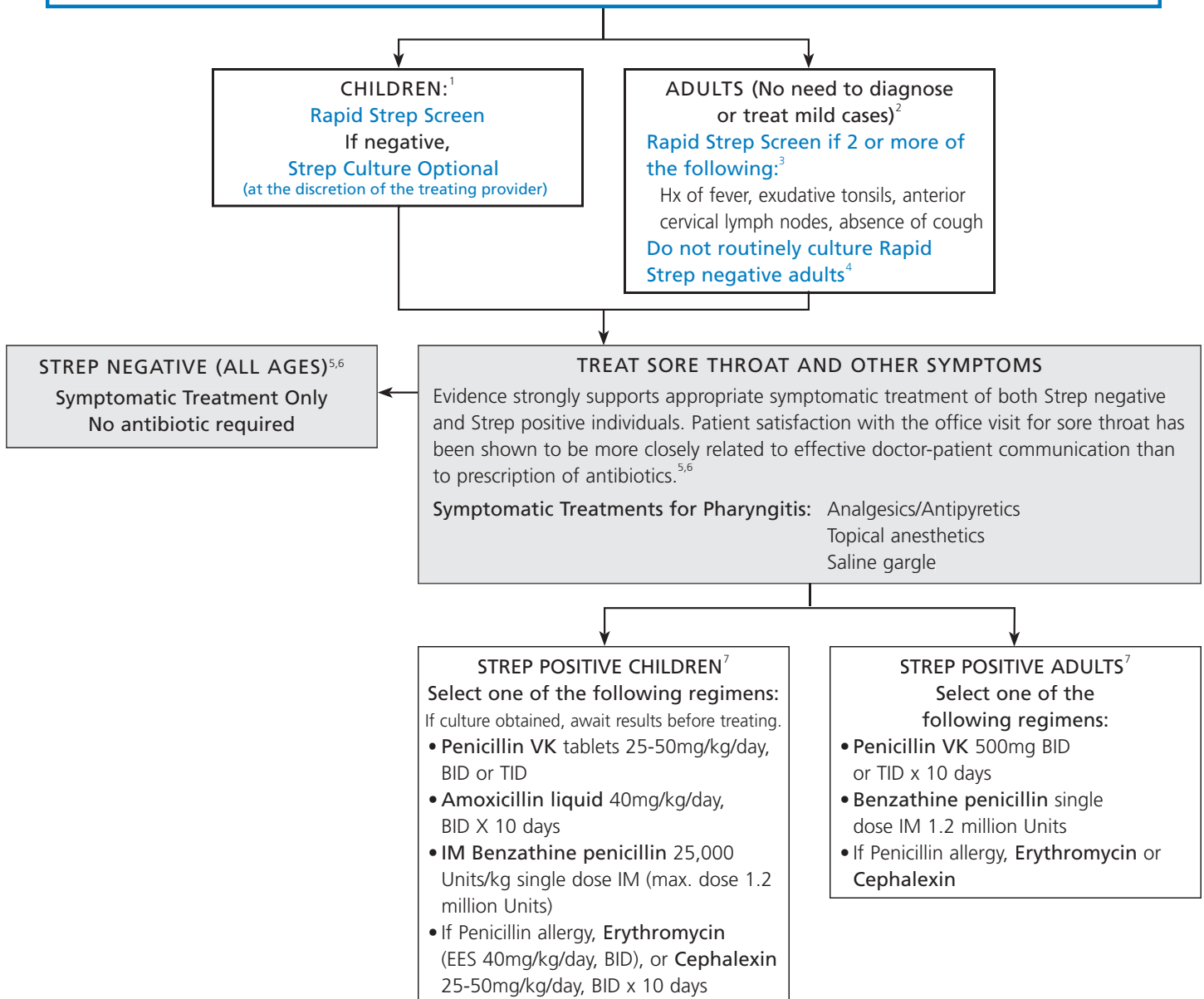
Practice Guidance for JUDICIOUS USE OF ANTIBIOTICS

**ACUTE PHARYNGITIS**

“Use antibiotics only for proven Group A Beta-hemolytic *Streptococcus*.”

**PRESENTING WITH: FEVER, ERYTHEMA, PURULENT EXUDATE IN PHARYNGEAL-TONSILLAR AREA, PROMINENT ANTERIOR CERVICAL LYMPH NODES\***

(This guideline does not apply to adults with a history of rheumatic fever, valvular heart disease, immunosuppression, or recurrent or chronic pharyngitis.)



## NOTES:

- \* Even with this constellation of symptoms, Group A beta-hemolytic streptococcus (GABS) is present only in a minority of patients.<sup>8</sup>
- Antibiotic treatment will effectively prevent Rheumatic Fever if given within 9 days of onset of illness.
- Antibiotic treatment for symptomatic relief is only effective for GABS, and only if initiated within 48 hours of symptom onset.
- Other organisms to consider: rhinovirus, corona virus, parainfluenza, influenza, adenovirus, Epstein-Barr virus, CMV, coxsackie virus, Herpes simplex, Neisseria gonorrhoea, Mycoplasma pneumoniae, Chlamydia pneumoniae.
- Beta hemolytic Streptococcus Groups C and G infections are self-limited and rheumatic fever does not occur. They are not detected by rapid Streptococcal antigen testing.
- Satisfaction with the practitioner visit predicts duration of illness and closely relates to how well concerns are dealt with—unless patients are very ill, practitioners should consider exploring concerns and should avoid or delay prescribing antibiotics.<sup>5</sup>

## References:

1. American Academy of Pediatrics. Group A streptococcal infections. In: Peter G, ed. 1997 Red Book: Report of the Committee on infectious Diseases. 24th ed. Elk Grove, IL: *American Academy of Pediatrics*; 1997:483.
2. Del Mar CB, Glasziou PP, Spinks AB. Antibiotics for sore throat (Cochrane Review). In: The Cochrane Library, issue 3, 1999. Oxford: Update Software; 1999.
3. Centor RM, Witherspoon JM, Dalton HP, et al. The diagnosis of strept throat in the emergency room. *Med Decis Making*. 1981;1: 239-46.
4. Cooper RJ, Hoffman JR, Bartlett JG, et al. Principles of appropriate antibiotic use for acute pharyngitis in adults: background *Ann Intern Med*. 2001;134:509-517.
5. Little P, Williamson I, Warner G, et al. Open randomized trial of prescribing strategies in managing sore throat. *BMJ* 1997;314:722-7
6. Little P, Gould C, Williamson I, et al. Clinical and psychosocial predictors of illness duration from randomised controlled trial of prescribing strategies for sore throat. *BMJ*. 1999;319:736-7
7. Diagnosis and management of group A streptococcal pharyngitis: a practice guideline. Infectious Diseases Society of America. 1997 (reviewed 1999). 10 pages. <http://www.journals.uchicago.edu/IDSA/guidelines/>
8. Putto A. febrile exudative tonsillitis: viral or streptococcal? *Pediatrics*. 1987; 80:6-12.
9. Schwartz B, Marcy SM, Phillips WR, et al. Pharyngitis-principles of judicious use of antimicrobial agents. *Pediatrics* 1998;101:171-174.
10. Tanz RR, Shulman ST. Diagnosis and treatment of group A streptococcal pharyngitis. *Semin Pediatr Infect Dis* 1995;6:69-78.
11. Poses RM, Cebul RD, Collins M, et al. The accuracy of experienced physicians' probability estimates for patients with sore throat: implications for decision making. *JAMA* 1985;254:925-29.
12. Denson MR. Viral pharyngitis. *Semin Pediatr Infect Dis* 1995;6:62-68.
13. Middleton DB, D'Amico FD, Merenstein JH. Standardized symptomatic treatment versus penicillin as initial therapy for streptococcal pharyngitis. *J Pediatr* 1988;113:1089-94.
14. Shulman ST, Gerber MA, Tanz RR, Markowitz M. Streptococcal pharyngitis: the case for penicillin therapy. *Pediatr Infect Dis J* 1994;13: 1-7.
15. Dowell SF, Butler JC, Giebink S, et al. Acute otitis media: management and surveillance in an era of pneumococcal resistance—A report from the Drug-resistant Streptococcus pneumoniae Therapeutic Working Group. *Pediatr Infect Dis J*, 1999;18:1-9.
16. The Sanford Guide to Antimicrobial Therapy. Antimicrobial Therapy, Inc. Hyde Park, VT, USA 2001.

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This guideline is intended as a general reference. Practitioners should always independently assess each patient to evaluate whether care is indicated and what care and follow-up treatment may be appropriate under the circumstances presented. The clinical guidelines and information featured in this document are intended as an analytical framework for the evaluation and treatment of your patients. These Guidelines are not intended to replace your best clinical judgement or establish a protocol for all patients. We know that there is rarely one approach in treating a patient's clinical presentation.