

Guidelines for Management of Pharyngitis

Guideline History

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Guidelines for the Management of Acute Pharyngitis

Acute pharyngitis accounts for 15 million patients seen in U.S. emergency departments and ambulatory care settings annually. Viruses remain the most common cause. Approximately 25 to 30 percent of cases in children and 5 to 15 percent of cases in adults are caused by Group A beta-hemolytic streptococcus (GABHS). Streptococcal pharyngitis is most common among school-aged children and adolescents.

Patients with acute onset sore throat, sudden onset fever (temperature 100.4° F or higher) and exposure to a person with GABHS the preceding 2 weeks are most likely to have GABHS infection. Other clinical signs and symptoms include pain on swallowing, pharyngeal exudate, enlarged tender anterior cervical lymph nodes, palatal petechiae, beefy red swollen uvula, and confluent erythematous sandpaper-like rash.

Patients with viral pharyngitis typically present with coryza, hoarseness, conjunctivitis, cough, anterior stomatitis and diarrhea.

GABHS is uncommon in children younger than 3 years of age, but can potentially occur in childcare settings. Children with manifestations highly suggestive of viral infection are unlikely to have GABHS and generally should not be tested for GABHS infection. Pediatric patients with signs and symptoms suggestive of GABHS, especially those exposed to a person with GABHS, or presence of a family member with acute rheumatic fever or with post-streptococcal glomerulonephritis should be screened using a RADT, e.g., enzyme immunoassay or DNA amplification/PCR. The American Academy of Pediatrics still recommends that a negative RADT result in children and adolescents be confirmed by a throat culture. Adult patients should be screened if presenting with 2 or more symptoms of GABHS using a RADT. A throat culture is not recommended if results of RADT are negative.

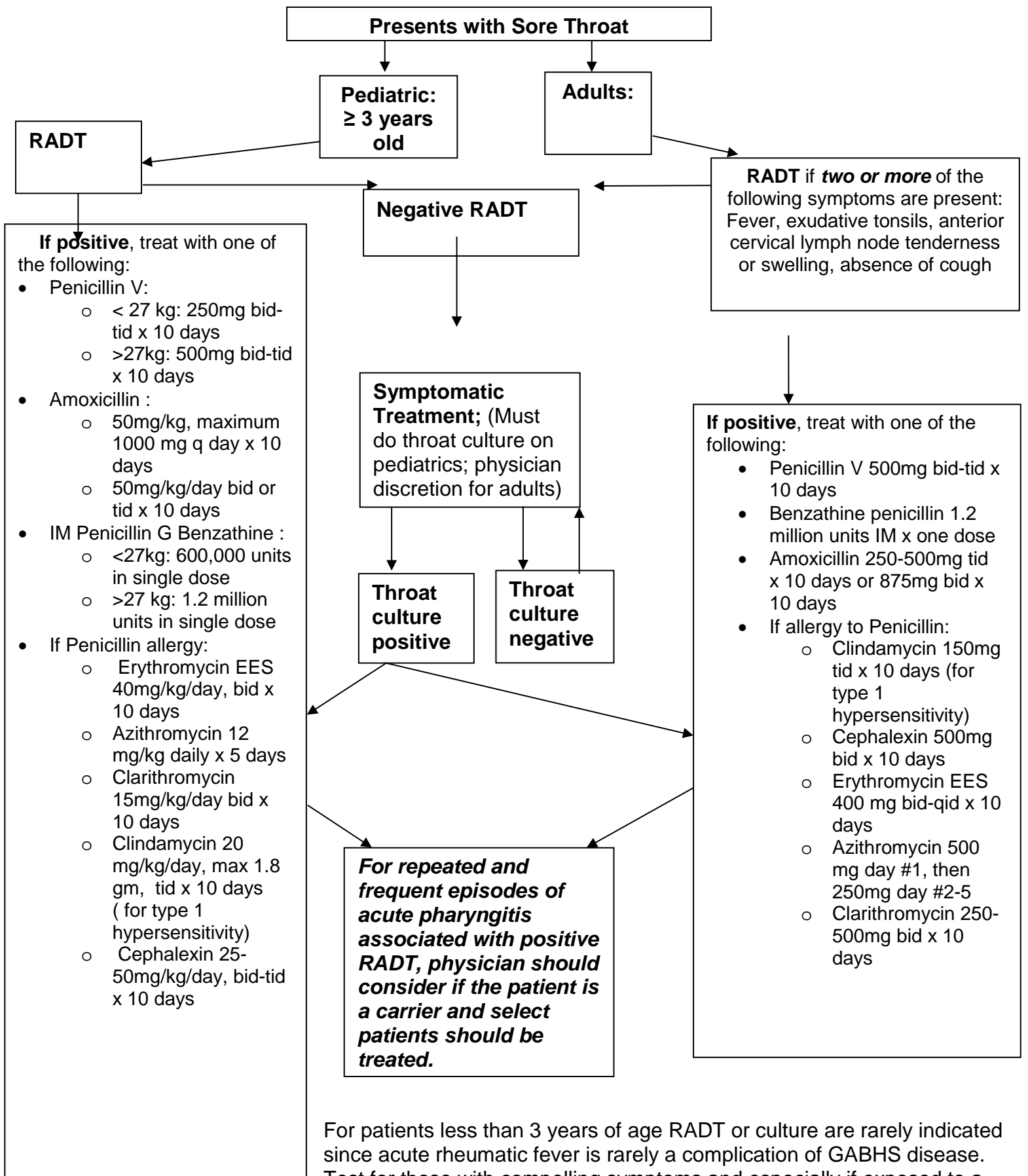
Both RADT and throat cultures require proper collection technique by a trained health professional. The specimen is obtained by vigorous swabbing of both tonsils and the posterior pharynx only. With good technique, the newer RADT are 90-99 percent sensitive. Single-swab throat culture is 90 to 95 percent sensitive. The recovery of GABHS does not distinguish patients with true streptococcal infection from streptococcal carriers who have an intercurrent viral infection.

GABHS pharyngitis can be self-limiting and resolve within a few days without treatment. Antibiotics will shorten the duration of symptoms. The value of antimicrobial therapy is to reduce acute morbidity (suppurative peritonsillar abscess, retropharyngeal abscess) and decrease non-suppurative sequelae (rheumatic fever). Antimicrobial treatment is not indicated for most GABHS carriers.

If RADT or throat culture is positive, antimicrobial therapy should be initiated. Educate the patient on the importance of taking the complete course of antibiotic. Instruct the patient that he/she will remain contagious until on the antibiotic for 24 hours. If without improvement after 48 to 72 hours on the antibiotic, he/she should notify the physician.

If the RADT is negative, educate the patient/family on home remedies for symptom management.

- Take acetaminophen or ibuprofen. Do not use aspirin for children and teenagers due the increased risk of Reye Syndrome.
- Gargle with warm salt water (1/4 teaspoon of salt per 8 oz. of warm water)
- Older children and adults may suck on throat lozenges, hard candy or ice. Gargling with ice water can be soothing.
- Eat soft foods. Drink cool beverages or warm liquids.
- Suck on flavored frozen desserts, such as popsicles.
- Apply topical anesthetic to oropharynx only if instructed by a physician.



For patients less than 3 years of age RADT or culture are rarely indicated since acute rheumatic fever is rarely a complication of GABHS disease. Test for those with compelling symptoms and especially if exposed to a high rate of strep in childcare or household contacts.

Please refer to www.optimahealth.com for the most current medications.

DRUG	ADVANTAGE	DISADVANTAGE
Azithromycin	<ul style="list-style-type: none"> • Narrow Spectrum Antibiotic • Good compliance • Simple daily dose schedule 	<ul style="list-style-type: none"> • GI upset • Food reduces absorption from the gastrointestinal tract
Penicillin VK	<ul style="list-style-type: none"> • Inexpensive • Narrow spectrum of antimicrobial activity • Low side effect profile • Bid dosing 	<ul style="list-style-type: none"> • Poor taste of liquid preparations
Penicillin G Benzathine	<ul style="list-style-type: none"> • Ensures compliance 	<ul style="list-style-type: none"> • Pain at injection site • Possible increased incidence of allergies with procaine • Cannot discontinue drug exposure if serious allergy develops
Erythromycin	<ul style="list-style-type: none"> • Equally effective as PCN in preventing all complications of GABHS • Resistance is uncommon in US (<5%) • RII forms: no difference in cure rate 	<ul style="list-style-type: none"> • GI upset
Clarithromycin	<ul style="list-style-type: none"> • Acid stable • Well absorbed from the gastrointestinal tract and not affected by food consumption 	<ul style="list-style-type: none"> • Headache • GI upset

<p>Cephalexin</p>	<ul style="list-style-type: none"> • Better cure rate vs oral PCN • Bid dosing • Better taste 	<ul style="list-style-type: none"> • Broader spectrum
<p>Clindamycin</p>	<ul style="list-style-type: none"> • Unaffected by beta lactamase • Narrow spectrum • Eradicates carrier status 	<ul style="list-style-type: none"> • Expensive • Pseudomembranous colitis may occur up to several weeks after cessation of therapy • Stevens-Johnson syndrome may occur • Poor taste and smell of liquid preparation
<p>Amoxicillin</p>	<ul style="list-style-type: none"> • Taste is preferred over PCN • Found to have treatment response comparative to PCN VK 	



You have been diagnosed with an illness caused by a virus. Antibiotics do not cure viral infections. If given when not needed, antibiotics can be harmful. The treatments prescribed below will help you feel better while your body's own defenses are fighting the virus.

When your child is sick, you want to do everything you can to help. But antibiotics are not the answer for every illness. This brochure will help you know when antibiotics work— and when they won't. For more information, talk to your healthcare provider or visit www.cdc.gov/getsmart.

The Risk: Bacteria Become Resistant

What's the harm in giving your child antibiotics anytime? Taking antibiotics when they are not needed can cause some bacteria to become resistant to the antibiotic.

These resistant bacteria are stronger and harder to kill. They can stay in your child's body and can cause severe illnesses that can't be cured with antibiotic medicines. A cure for resistant bacteria may require stronger treatment – and possibly a stay in the hospital.

To help prevent antibiotic resistance, the Centers for Disease Control and Prevention (CDC) recommends giving your child antibiotics only when necessary.



Antibiotics Aren't Always the Answer

Most illnesses are caused by two kinds of germs: bacteria and viruses. Antibiotics can cure bacterial infections-not viral infections.

Bacteria cause strep throat, some pneumonia and sinus infections. *Antibiotics can work.*

Viruses cause the common cold, most coughs, and the flu. *Antibiotics don't work.*

Using antibiotics for a virus:

- Will NOT** cure the infection
- Will NOT** help your child feel better
- Will NOT** keep others from catching your child's illness

Protect Your Child, Give the Best Care



Antibiotics should not be used to treat the common cold, runny noses, and most coughs. Children fight off these viral illnesses on their own.

If your child's health care provider prescribes an antibiotic to treat a bacterial infection like- strep throat- be sure to take all of the medicine. Only using part of the prescription means that only part of the infection has been treated. Not finishing the medicine can cause resistant bacteria to develop.

Talk to Your Healthcare Provider to Learn More

Commonly Asked Questions:

How do I know if My Child has a Viral or Bacterial Infection?

Ask your child's healthcare provider and follow his or her advice on what to do about your child's illness.

Remember, colds are caused by viruses and should not be treated with antibiotics.

Does this mean I Should Never Give My Child Antibiotics?

Antibiotics are very strong medicines and should be used to treat bacterial infections. Your doctor or health care provider will prescribe antibiotics if your child has a bacterial infection.

If Mucus from the Nose Changes from Clear to Yellow or Green — Does This Mean That my Child Needs an Antibiotic?

Yellow or green mucus does not mean that your child has a sinus infection. It is normal for the mucus to get thick and change color during a viral cold.

Sources: Taken from the CDC (2009). Snort. Sniffle. Sneeze. No Antibiotics Please. Retrieved October 2014 from

<http://www.cdc.gov/getsmart/campaign-materials/print-materials/Brochure-Parent-color.pdf>

CDC (2009). Cold or Flu. Antibiotics Don't Work for You. Retrieved October 2014 from

<http://www.cdc.gov/getsmart/campaign-materials/print-materials/Brochure-general-color.pdf>

For more information, see the Centers for Disease and Prevention Website.

These Guidelines are promulgated by Sentara Health Plan (SHP) as recommendations for the clinical management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHP Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

References

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