



QR code for mobile view

**Inclusion Criteria:**

- Suspected pharyngitis caused by Group A Streptococcus (GAS, *Streptococcus pyogenes*)

**Exclusion Criteria:**

- Peritonsillar abscess
- Lymphadenitis
- Viral stomatitis
- Retropharyngeal abscess
- Ludwig's angina

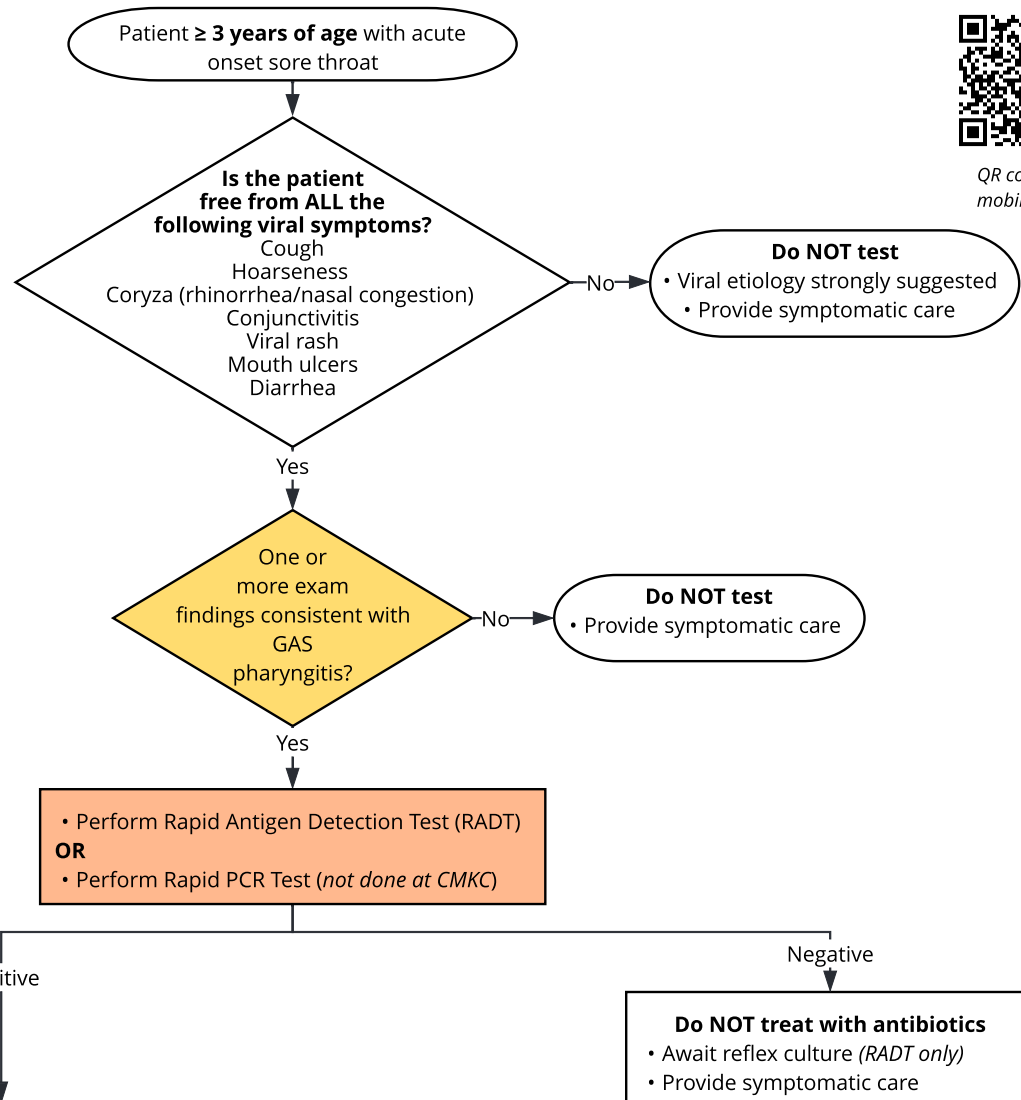
**Clinical exam findings consistent with but not specific to Streptococcal pharyngitis:**

- Tonsillopharyngeal erythema
- Tender anterior cervical nodes
- Scarletiform rash (*specific to Streptococcal pharyngitis*)
- Tonsillar exudate
- Palatal petechiae
- Swollen red uvula
- Strawberry tongue

**Considerations before testing:**

- In children < 3 years old, testing is not indicated unless they are symptomatic and there is a household contact with positive GAS
- Streptococcal pharyngitis typically presents in the winter/spring
- Fever alone without sore throat makes Streptococcal pharyngitis unlikely

**Manifestations of GAS Other Than Pharyngitis**



Antibiotic Treatment Options		
Drug	Dosing	Duration
<b>Amoxicillin</b> <i>(Preferred treatment)</i>	50 mg/kg/dose PO once daily Max dose: 1 gm/day	10 days
Penicillin V Potassium <i>(Alternative choice)</i>	≤ 27 kg: 250 mg PO TID > 27 kg: 500 mg PO TID	10 days
Penicillin G Benzthine <i>(Alternative choice)</i>	≤ 27 kg: 600,000 units IM > 27 kg: 1.2 million units IM	1 dose
*Cephalexin <i>(Non-severe penicillin allergy -hives)</i>	25 mg/kg/dose PO BID Maximum: 500 mg/dose	10 days
**Clindamycin <i>(Severe penicillin allergy -anaphylaxis)</i>	10 mg/kg/dose PO TID Maximum: 300 mg/dose	10 days
**Azithromycin <i>(Severe penicillin allergy -anaphylaxis)</i>	12 mg/kg/dose PO once daily Maximum: 500 mg/dose	5 days

\*consider referral to antibiotic delabeling/penicillin allergy clinic  
\*\* resistance to both of these drugs is high and treatment failure can happen

**Do NOT treat with antibiotics**

- Await reflex culture (RADT only)
- Provide symptomatic care

Is the culture positive for GAS?

**Do NOT treat with antibiotics**

- Provide symptomatic care

**Therapies NOT recommended:**

- Aspirin
- Glucocorticoids
- Fluoroquinolones
  - Levofloxacin, ciprofloxacin, moxifloxacin
- Tetracyclines
  - Minocycline, doxycycline, tetracycline
- Sulfa drugs
  - Sulfamethoxazole/trimethoprim
- 2nd and 3rd generation cephalosporins
  - Cefuroxime, cefdinir, ceftriaxone
- Macrolides (unless severe allergy to penicillin and cephalosporin)

Given that complications of GAS pharyngitis are rare, the benefit of antibiotic use may not outweigh the risks of therapy in all patients.