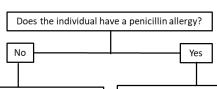




Appropriate Prescribing Guidelines in the Outpatient Setting: Pharyngitis in Children and Adults

TREATMENT²



Penicillin V, oral (drug of choice)

Adolescents/adults: 250mg qid x 10 days or 500mg bid/tid x 10 days

<u>Children:</u> ≤ 27kg 250mg bid/tid x 10 days; > 27kg 500mg bid/tid x 10 days

OR

Amoxicillinbc, oral

50 mg/kg (max = 1000 mg) once daily x 10 days or 25 mg/kg (max = 500 mg) bid x 10 days

OF

Benzathine penicillin G, intramuscular

 \leq 27kg: 600,0000 U; > 27kg: 1.2million U single dose

Cephalexinab, oral

20mg/kg/dose (max = 500mg/dose) bid x 10 days

OR

Cefadroxila, oral (adults)

30 mg/kg (max = 1g) once daily x 10 days

OR

Cefuroximeb, oral (children)

10mg/kg (max = 250mg/dose) bid x 10 days OR

Cefpodoximeb, oral (children)

5mg/kg (max = 100mg/dose) bid x 5-10 days

OK

Cefdinirb, oral (children)

7 mg/kg bid x 5-10 days or 14 mg/kg once daily x 10 days (max = 600 mg/day)

OR

Clindamycin, oral (adults and children)

7mg/kg/dose (max = 300mg/dose) tid x 10 days

OR

Azithromycin^d, oral (adults and children)

12mg/kg (max = 500mg) once daily x 5 days

OR

Clarithromycin^d, oral

Adults: 7.5mg/kg (max = 250mg/dose) bid x 10 days

<u>Children:</u> 7.5mg/kg (max = 300mg/dose) bid x 10 days

Learn more about antibiotic stewardship practices and prescribing guidelines at https://hip.phila.gov/HAIAR/IP-C

EPIDEMIOLOGY/ETIOLOGY¹

- Most pharyngitis is viral, but Streptococcus pyogenes (Group A strep) is the most common bacterial cause
- S. pyogenes causes 20-30% of pharyngitis in children but only 5-15% of pharyngitis in adults

DIAGNOSIS^{1,2}

- Rapid antigen detection test (RADT) or throat culture (gold standard, not always indicated)
- If RADT is negative in children, recommend throat culture
 - Do not need culture if RADT is positive in children
 - Backup throat culture **NOT** recommended for adults
 - Do not treat colonized children w/o s/sx who have positive RADT/culture
- No recommended antibody testing
- Who should get tested?
 - Children ≥3 years of age w/ compatible s/sx
 - People w/ s/sx of S. pyogenes infections, **NOT** sx of viral infections
 - Asymptomatic people should
 NOT be tested due to
 prevalence of colonization
- Presence of cough is a *negative* indicator for Strep pharyngitis

References:

- Pharyngitis (strep throat): Information for clinicians. Centers for Disease Control and Prevention. https://www.cdc.gov/groupastrep/diseases-hcp/strep-throat.html. Published November 1, 2018.
- Shulman ST, Bisno AL, Clegg HW, Gerber MA, Kaplan EL, Lee G, 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, Volume 55, Issue 10, 15 November 2012, Pages e86-e102. doi:

https://doi.org/10.1093/cid/cis629

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^aAvoid in individuals with immediate type hypersensitivity to penicillin.

^bDose alteration may be needed for renal insufficiency.

^cAdherence is particularly important for once-daily dosing regimens

^dResistance of GAS to these agents is well-known and varies geographically and temporally.