Adult (Age ≥ 16) Acute Pharyngitis Guideline

EVALUATION AND TREATMENT

Adult Presents With Sore Throat

Exclusion Criteria

- Past history of acute rheumatic fever (ARF)
- Household contact with someone with history of ARF
- Possible complication (peritonsillar/retropharyngeal abscess)

High Risk Patient Exclusion

Do not use this guideline.

If clinical features are concerning for complication(s), consider throat culture, imaging, and/or ENT consultation.

Assess Adult Patient for Acute Pharyngitis

Determine if any of the following clinical predictors of group A beta-hemolytic streptococcal pharyngitis (GABHS) are present:

- Fever > 100.4 °F/38 °C in past 24 hours
- Tender anterior cervical nodes
- Tonsillar exudate
- Absence of cough, conjunctivitis, hoarseness, ulcerative stomatitis, viral exanthem, or diarrhea

Unlikely GABHS

Provide counseling and symptomatic treatment **(TABLE A)**

More Likely GABHS

Consider Rapid Strep Antigen Detection Test (RADT)

Negative RADT

Lab reflexes to GABHS culture to confirm result

Negative^
Throat Culture for GABHS

Provide counseling and symptomatic treatment **(TABLE A)**

Positive
Throat Culture for GABHS

Provide supportive care **(TABLE A)** and consider antibiotics

Positive RADT

Provide supportive care **(TABLE A)** and consider antibiotics

Antibiotic Treatment IS Indicated

- Penicillin V 500 mg PO two times a day for 10 days

OR

- Benzathine Penicillin G 1.2 x 10^6 U IM once

OR

- Amoxicillin 1000 mg PO daily for 10 days

Non-anaphylactic reaction to penicillin:

- Cephalexin (Keflex) 500 mg PO two times a day for 10 days

Anaphylactic reaction to penicillin:

- Clindamycin (Cleocin) 300 mg PO three times a day for 10 days

OR

- Azithromycin (Zithromax) 500 mg PO 1 dose followed by 250 mg PO daily for 4 days

Patient Improved Within 48 Hours

Complete antibiotic course

Patient Not Improved Within 48 Hours

Consider potential reasons for failure:

- Peritonsillar or retropharyngeal abscess (Prompt ENT consult recommended)
- Strep carrier with acute pharyngitis due to virus or other bacteria
- Medication nonadherence
- Alternate etiology or pathogen

^ Non-GABHS (group B, C, G) may be part of normal oral flora and typically do not warrant antibiotic therapy.

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REFERENCE INFORMATION

TABLE A: Symptomatic Treatment Options for Pharyngitis (GABHS and non-GABHS)

- Systemic analgesics/anti-pyretics: acetaminophen or ibuprofen
- Topical analgesics such as non-prescription throat sprays and anesthetics (ex: viscous lidocaine 2%)
- Systemic steroids may provide pain relief, especially in GABHS pharyngitis; however, this must be balanced with the risk of side effects
- Miscellaneous: warm salt water gargles, throat lozenges, cold food items / beverages, humidifier use

Clinical Pearls

- 85-95% of acute pharyngitis in adults is caused by viruses
- Consider alternate diagnoses: infectious mononucleosis, adenovirus, Mycoplasma, Chlamydophila, HIV, gonorrhea, etc.
- **Greater than 100,000 adult patients with GABHS in the U.S. must be treated to prevent one episode of rheumatic fever. (Some experts estimate that based on low incidence of rheumatic fever in the U.S., this number may be closer to 1,000,000.) This statistic does not apply to the pediatric patient population; refer to *Sanford Clinic Pediatric Pharyngitis Guideline*.**
- Antibiotic therapy of GABHS hastens resolution by 1-2 days if initiated within 2-3 days of symptom onset
- GABHS is usually a self-limited disease with spontaneous resolution in 3-4 days
- Consider the potential harm associated with antibiotics, including diarrhea (10%), rash (10%), yeast vaginitis (10% of women), and life-threatening allergic reaction (0.24%)
- Penicillin-resistant GABHS has not been reported in the U.S
- Extended spectrum macrolides and fluoroquinolones are not appropriate for uncomplicated GABHS pharyngitis
- Routine follow-up testing after resolution of symptoms is unnecessary

References

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