

## Diagnosis

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- Group A streptococcus (strep) causes 5–15 percent of acute pharyngitis in adults and 20–30 percent of acute pharyngitis in children older than 5 years.<sup>1</sup> Strep pharyngitis is uncommon in children younger than 3 years.<sup>2</sup>
- The Centor Criteria<sup>2</sup> can be used to estimate the likelihood that a case of pharyngitis is due to group A strep (GAS) and assist in whether antibiotics are necessary.
  - The presence of each of the following criteria is allotted 1 point:
    - Fever
    - Tonsillar exudate or swelling
    - Tender anterior cervical lymphadenopathy
    - Absence of cough
  - The number of points determines the management approach:
    - 0 or 1 points: GAS unlikely; no testing or antibiotics indicated
    - 2 or 3 points: GAS possible; obtain a rapid strep test and if positive (or if reflex bacterial culture positive) treat with antibiotics
    - 4 points: GAS likely; treat with antibiotics ± obtain a rapid strep test
  - Reflex bacterial cultures are often performed by laboratories if the rapid strep test is negative. They are recommended in children where the prevalence of Group A streptococcal pharyngitis is relatively high but generally not necessary in adults.

## Antibiotic Therapy (adults and children)<sup>1</sup>

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- First-line therapy for GAS pharyngitis: penicillin or amoxicillin for 10 days or one dose of intramuscular benzathine penicillin G.
  - Penicillin resistance has not been documented in group A strep.
- Options for non-severe penicillin allergy: cephalexin or cefadroxil for 10 days.
- Options for severe penicillin allergy: clindamycin for 10 days or azithromycin for 5 days.
  - GAS resistance to both of these agents has been observed.
- Group C or group G strep pharyngitis: no consensus on need for treatment, but treatment may hasten recovery. A 5-day course of the antibiotics listed above is sufficient.
- Positive strep culture in the absence of symptoms of streptococcal pharyngitis: do not treat.

## Symptomatic Therapy

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- Tea, honey, and throat lozenges or analgesics such as acetaminophen or ibuprofen can be effective to soothe sore throat.
- Systemic corticosteroids are not recommended due to weak evidence for use and concern that side effects outweigh the benefits.<sup>1</sup>

## Followup

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- Fever and sore throat should resolve 1–3 days after antibiotics are started.
- Do not send a test of cure rapid strep test or bacterial culture.
- Patients should be instructed to call if they have worsening throat pain, persistent fever, or neck swelling for evaluation for peritonsillar or retropharyngeal abscesses.

## References

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1. Shulman ST, Bisno AL, Clegg HW, 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*. 2012 Nov 15;55(10):1279-82. PMID: 22965026.
2. Centor RM, Witherspoon JM, Dalton, HP, et al. The diagnosis of strep throat in adults in the emergency room. *Med Decis Making*. 1981;1(3):239-46. PMID: 6763125.

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