Practice Guideline
Management of Streptococcal Pharyngitis

Clinical Indications

Symptoms and signs suggestive of streptococcal pharyngitis:

- Sore throat
- Fever
- Headache
- Abdominal pain
- Tender anterior cervical lymphadenopathy
- Absence of rhinorrhea
- Tonsillar erythema with or without an exudate
- Strawberry tongue
- A fine, papular rash with a sandpapery texture
- Pastia's lines

Laboratory Testing

- A rapid test for streptococcal antigen should be obtained from all patients. The results of the antigen test should be available within 30 minutes.
- A throat culture should be obtained from patients with a negative antigen test. The results of the throat culture should be available within 48 hours. Patients with a positive throat culture should be contacted by telephone to obtain antibiotic treatment.

Antibiotic Treatment

- Antibiotic treatment is indicated for patients with a compatible clinical illness and:
  - A positive streptococcal antigen test
  - A clinical diagnosis of scarlet fever
  - A positive throat culture
  - Documented streptococcal infection in family members or close contacts
  - A history of rheumatic fever in the patient
  - A history of recent rheumatic fever in a family member or close contact
  - Who are in an area experiencing an epidemic of acute rheumatic fever or poststreptococcal glomerulonephritis.
- Use of a broad-spectrum antibiotic (eg, amoxicillin) is indicated for patients with pharyngitis and concomitant otitis media
- Antibiotic treatment is not indicated for streptococcal carriers unless necessary for hospital infection control.

Recommended Antibiotic Treatment

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Route</th>
<th>Dose for adolescents and adults</th>
<th>Dose for young children (&lt;60 pounds [&lt;27.3 kg])</th>
<th>Number of doses and duration</th>
</tr>
</thead>
</table>

1 of 2
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Route</th>
<th>Dose</th>
<th>Dosage</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin V *</td>
<td>Oral</td>
<td>500 mg</td>
<td>250 mg</td>
<td>2 to 3 times each day for 10 days</td>
</tr>
<tr>
<td>Benzathine penicillin G</td>
<td>Intramuscular</td>
<td>1.2 million units</td>
<td>600,000 U</td>
<td>Single dose</td>
</tr>
</tbody>
</table>

**For individuals allergic to penicillin**

<table>
<thead>
<tr>
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<th>Route</th>
<th>Dose</th>
<th>Dosage</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erythromycin ethylsuccinate</td>
<td>Oral</td>
<td>1 g/day</td>
<td>40 mg/kg/day up to 1 g/day</td>
<td>2 to 4 divided doses daily for 10 days</td>
</tr>
<tr>
<td>Cephalexin</td>
<td>Oral</td>
<td>500 mg qid</td>
<td>25-50 mg/kg/day up to 2 g/day</td>
<td>4 divided doses daily for 10 days</td>
</tr>
<tr>
<td>Azithromycin</td>
<td>Oral</td>
<td>500 mg on the first day followed by 250 mg once daily on days 2 through 5</td>
<td>12 mg/kg/day</td>
<td>Once daily for 5 days</td>
</tr>
</tbody>
</table>

* Amoxicillin is often used in place of penicillin V in young children, based on the acceptance of the taste of amoxicillin suspension.