

Viral pathogens account for majority of cases in adults and pediatrics. Infrequently caused by bacterial pathogens such as **Group A Streptococcus** ($\leq 10\%$ in adults, $\leq 25\%$ in pediatric patients)

Goal: Avoid unnecessary antibiotics & identify bacterial cases caused by Group A Streptococcus (GAS)

	Viral		Bacterial (GAS)	
Symptoms & Clinical Findings	Cough Fever (maybe) Rhinorrhea Conjunctivitis	Oral ulcers Hoarseness Viral exanthem Diarrhea	Lack of Cough Sudden sore throat Fever Headache Nausea/Vomiting	Sandpaper rash Purulent tonsillar exudates Tonsillar erythema/edema Tender cervical lymphadenopathy Recent exposure to GAS pharyngitis
Diagnosis	GAS Rapid Antigen Diagnostic Testing (RADT) should be performed on all patients >3 years old without clear signs of viral etiology <ul style="list-style-type: none"> • RADT is not recommended in patients with symptoms highly suggestive of viral etiology • Adults do not require throat culture for confirmation of negative RADT due to low prevalence of GAS • Children <3 years do not require testing due to low prevalence of GAS & rare incidence of rheumatic fever • In cases of negative RADT among children 3 to 15 years old, send throat culture for confirmation Consider SARS-CoV-2 PCR testing (refer to adsp.nm.org for treatment guidelines if positive)			
Treatment	Adjunctive Measures Only (as below) No antibiotics	Adult & Adolescent		Pediatric
		Standard Antibiotics: Amoxicillin 500 mg BID OR 1000 mg daily for 10 days OR Penicillin 500 mg TID for 10 days Penicillin Allergy (see NM Allergy Considerations first): Cephalexin 500 mg BID for 10 days Penicillin AND Cephalosporin Allergy (see NM Allergy Considerations first): Azithromycin 500 mg QD for 1 day , then 250 mg QD for 4 days		Standard Antibiotics: Amoxicillin 50 mg/kg daily for 10 days (maximum dose: 1000 mg/day) OR Penicillin <ul style="list-style-type: none"> • <27 kg: 250 mg TID for 10 days • ≥ 27 kg: 500 mg TID for 10 days Penicillin Allergy (see NM Allergy Considerations first): Cephalexin <ul style="list-style-type: none"> • 20 mg/kg <u>per dose</u> BID for 10 days (maximum dose: 1000 mg/day) Penicillin AND Cephalosporin Allergy (see NM Allergy Considerations first): Azithromycin 12 mg/kg daily for 5 days (maximum dose: 500 mg/day)
Adjunctive Measures	Increase fluid intake Antipyretics/Pain relief (Acetaminophen, Ibuprofen) Lozenges/topical analgesics Gargle with warm salt water: $\frac{1}{4}$ teaspoon of salt in 8 ounces of water			

Key Points for Counseling Patients

1. A virus won't respond to antibiotics and will improve on its own
2. Antibiotics may do more harm than good for viral infections
3. Use of gargling/analgesics/antipyretics helps reduce throat pain
4. Seek additional care if dehydration, difficulty breathing or difficulty swallowing arise
5. If GAS is present, stay home from work or school until afebrile AND ≥ 12 hours into antibiotic therapy

When to Consider Further Evaluation in Confirmed GAS Pharyngitis

1. No clinical improvement after 72 hours of antibiotic therapy
2. Concern for suppurative complications (e.g., tonsillar abscess)
3. After GAS pharyngitis, concern for arthritis, carditis or cardiac valvular disease

