Pharyngitis is one of the most common conditions encountered in the PCP office. Viruses are responsible for most cases of acute Pharyngitis. Group A beta-hemolytic Streptococcus pyogenes is the most common bacterial cause; it is the only common cause for which antimicrobial therapy is clearly indicated.

History:
- In the top 20 reported primary diagnoses resulting in office visits
- Peak season is late winter, early spring
- Viruses account for 65% to 75% of Pharyngitis cases

Most common causes of sore throat
- **Viral infection**
  - Common cold
  - Mononucleosis
  - Acute sinusitis
  - Influenza
- **Bacterial infection**
  - Group A beta-hemolytic streptococcus pyogenes
  - Diphtheria (rare since 1960)
  - Gonococci
  - Mycoplasma pneumoniae
- **Other**
  - GERD
  - Allergies
  - Persistent cough
  - Post-nasal drip

Signs and Symptoms indicating possible *bacterial* infection:
- Sudden onset of symptoms
- Sore throat
- Absence of rhinorrhea
- Fever
- Headache
- Abdominal pain
- Tonsillopharyngeal erythema
- Exudates
- Palatal petechiae
- Enlarged anterior cervical nodes
- Confirm diagnosis with throat culture or rapid antigen detection

Signs and Symptoms indicating possible *viral* infection:
- Cough
- Conjunctivitis
- Coryza
- Rhinorrhea
- Diarrhea
Supportive Measures:
- Analgesics/antipyretics
- Saline gargle
- Room humidifier
- Increased fluid consumption

Treatment: Principal bacterial pathogens of acute Pharyngitis is *Group A beta-hemolytic Streptococcus pyogenes*. Confirm diagnosis with throat culture, rapid antigen detection or obvious exudate.

**Goals of Treatment**
- Prevent rheumatic fever
- Prevent suppurative complications
- Reduce transmission to close contacts
- Minimize potential adverse effects of inappropriate antibiotic therapy

**Adults**
- Cephalosporins
- Augmentin
- Macrolides
- Erythromycin
- Clindamycin

**Pediatrics:**
- Cephalosporins
- Augmentin
- Macrolides
- Erythromycin
- Clindamycin

**NOTE:** Penicillins and 1st generation Cephalosporins are not recommended due to the high rate of resistance.

**McIsaac Decision Rule**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature &gt; 38°C</td>
<td>1</td>
</tr>
<tr>
<td>No cough</td>
<td>1</td>
</tr>
<tr>
<td>Tender anterior cervical adenopathy</td>
<td>1</td>
</tr>
<tr>
<td>Tonsillar swelling or exudates</td>
<td>1</td>
</tr>
<tr>
<td>Age 3-14 years</td>
<td>1</td>
</tr>
<tr>
<td>Age 15-44 years</td>
<td>0</td>
</tr>
<tr>
<td>Age ≥ 45 years</td>
<td>-1</td>
</tr>
<tr>
<td>Total score</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from McIsaac WJ et al. CMAJ 2000; 163:811-5
Short Clinical Guidelines: Pharyngitis, Diagnosis and Management

Pharyngitis

Apply McIsaac Decision Rule

Score ≤ 1
2-6% GAS

Unlikely GAS

Patient counseling
Symptom relief

Score 2-3
10-28% GAS

Antigen testing, Culture

Negative

Patient counseling
Symptom relief
Consider alternatives

Score 4-5
39-63% GAS

Severity?
Logistics?
Patient preference

Positive

Penicillin allergic?

No

Augmentin or 2\textsuperscript{nd} / 3\textsuperscript{rd} gen. Cephalosporin

Yes

Immediate hypersensitivity?

No

Cephalosporins Short course

Yes

Macrolides Short course

Adapted from CMA AWARE Foundation and AAFP by the Riverside Physician Network Medical Practice Committee

Effective date: June, 2010