



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Acute Pharyngitis in Children 3-18 Years Old](#)

Released: January 2019

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Etiologies

- Viruses account for 70-80% of pharyngitis in children. Group A β -hemolytic Strep (GABHS) accounts for 15-30%.
- Less common etiologies: Groups C and G Strep, Epstein-Barr Virus, N. gonorrhoeae, C. diphtheriae, Archanobacterium haemolyticum, mycoplasma, chlamydia, Fusobacterium necrophorum.

Diagnosis

- Signs and symptoms of Strep vs. non-Strep overlap broadly. Consider a scoring system, such as [Centor](#) to exclude low-risk patients.
- Suspected Strep must be confirmed by either Strep culture or Rapid Strep Antigen testing, swabbing both tonsils and posterior pharynx. [Note: In most cases, "Strep Culture" is all that is needed (GABHS vs. No Strep), rather than complete "Throat Culture".]

Treatment of GABHS

Preferred Treatment for Strep Pharyngitis (**must complete full course** to reduce Rheumatic Fever risk):

- Penicillin V, oral: Children: 250 mg twice daily or 3 times daily for 10 days; Adolescents: 250 mg 4 times daily or 500 mg twice daily for 10 days
- Amoxicillin: 50 mg/kg daily for 10 days (max = 1000 mg/day)
- Benzathine Penicillin G, IM: <27 kg: 600,000 U x 1; \geq 27 kg: 1,200,000 U x 1

If allergic to Penicillin, consider the following based on nature/severity of drug allergy and local antibiotic resistance:

- Cephalexin 20 mg/kg/dose (max = 500 mg/dose) twice daily for 10 days
- Azithromycin 12 mg/kg on day 1 (max = 500 mg/dose; then 6 mg/kg (max = 250 mg/dose) on days 2-5
- Clindamycin, oral, 7 mg/kg/dose (max = 300 mg/dose) 3 times daily for 10 days