

CAREFUL ANTIBIOTIC USE

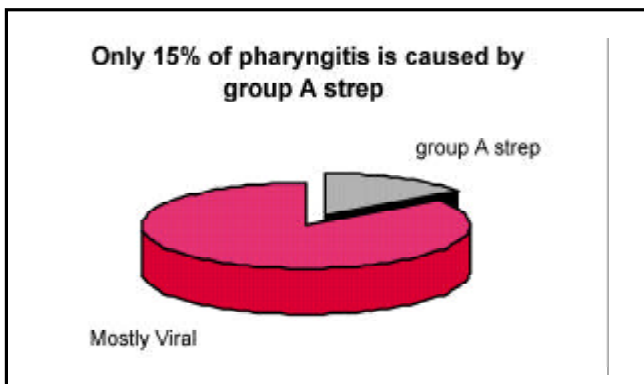
To avoid antibiotic resistance: treat only proven group A strep

PHARYNGITIS IN CHILDREN¹

"If you are entirely comfortable selecting which pharyngitis patients to treat 10 days with penicillin, perhaps you don't understand the situation."

- Stillerman and Bernstein, 1961

- **Most sore throats are caused by viral agents.²**



- **Clinical findings alone do not adequately distinguish Strep vs. Non-Strep pharyngitis.³**

BUT, prominent rhinorrhea, cough, hoarseness, conjunctivitis, or diarrhea suggest a VIRAL etiology.⁴

- **Antigen tests (rapid Strep kits) or culture should be positive before beginning antibiotic treatment.**

Experts suggest confirming negative results on antigen tests with culture.⁵

Remember that most cases with clinical signs of strep, like exudate and adenopathy, are viral.

Experts discourage treatment pending culture results⁵⁻⁶, but if you do...

- **Make sure to stop antibiotics when culture is negative.**
- **Discourage parents from saving antibiotics.**

If an antibiotic is prescribed:

- **Use a penicillin as treatment for group A strep.⁷**

NO group A strep are resistant to penicillin. Treatment is 90% effective at elimination of strep, and may be higher in the prevention of acute rheumatic fever (ARF). Carriers are at very low risk for both ARF and spreading infection.⁷

- **Use erythromycin if penicillin allergic.**

References

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3. Poses RM, Cebul RD, Collins M, et al. The accuracy of experienced physicians' probability estimates for patients with sore throat: implications for decision making. *JAMA* 1985;254:925-29.
4. Denson MR. Viral pharyngitis. *Semin Pediatr Infect Dis* 1995;6:62-68.
5. American Academy of Pediatrics. Group A streptococcal infections. In: Pickering LK, ed. 2000 Red Book: Report of the Committee on infectious Diseases. 25th ed. Elk Grove, IL: American Academy of Pediatrics; 2000:528.
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