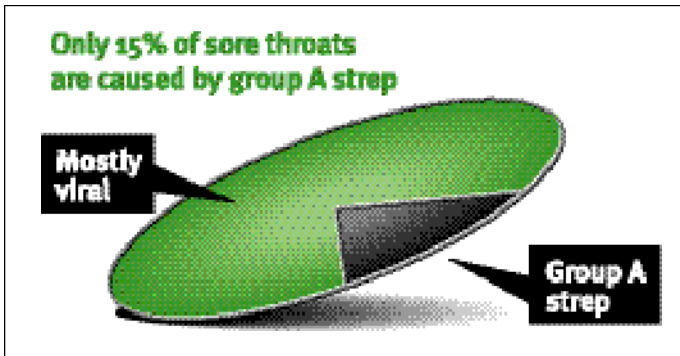


JUDICIOUS ANTIBIOTIC USE

*To avoid antibiotic resistance:
Treat only proven group A strep*

Pharyngitis

■ Most sore throats are caused by viral agents.¹



■ Clinical findings alone do not adequately distinguish Strep vs. Non-Strep pharyngitis.²

BUT, prominent rhinorrhea, cough, hoarseness, conjunctivitis, or diarrhea suggest a VIRAL etiology.³

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

Experts suggest confirming negative results on antigen tests with culture.⁴

Experts discourage treatment pending culture results⁴⁻⁵, but if you do...

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



If an antibiotic is prescribed:

■ Use penicillin as treatment for group A Strep.⁶

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.⁶

■ Use erythromycin if penicillin allergic.

“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

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

References

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4. American Academy of Pediatrics. Group A streptococcal infections. In: Pickering L, ed. 2000 Red Book: Report of the Committee on infectious Diseases. 25th ed. Elk Grove, IL: American Academy of Pediatrics; 2000:529.
5. Middleton DB, D'Amico FD, Merenstein JH. Standardized symptomatic treatment versus penicillin as initial therapy for streptococcal pharyngitis. *J Pediatr* 1988;113:1089-94.
6. Shulman ST, Gerber MA, Tanz RR, Markowitz M. Streptococcal pharyngitis: the case for penicillin therapy. *Pediatr Infect Dis J* 1994;13:1-7.

Save the Antibiotic. Don't Use It When You Don't Need It.