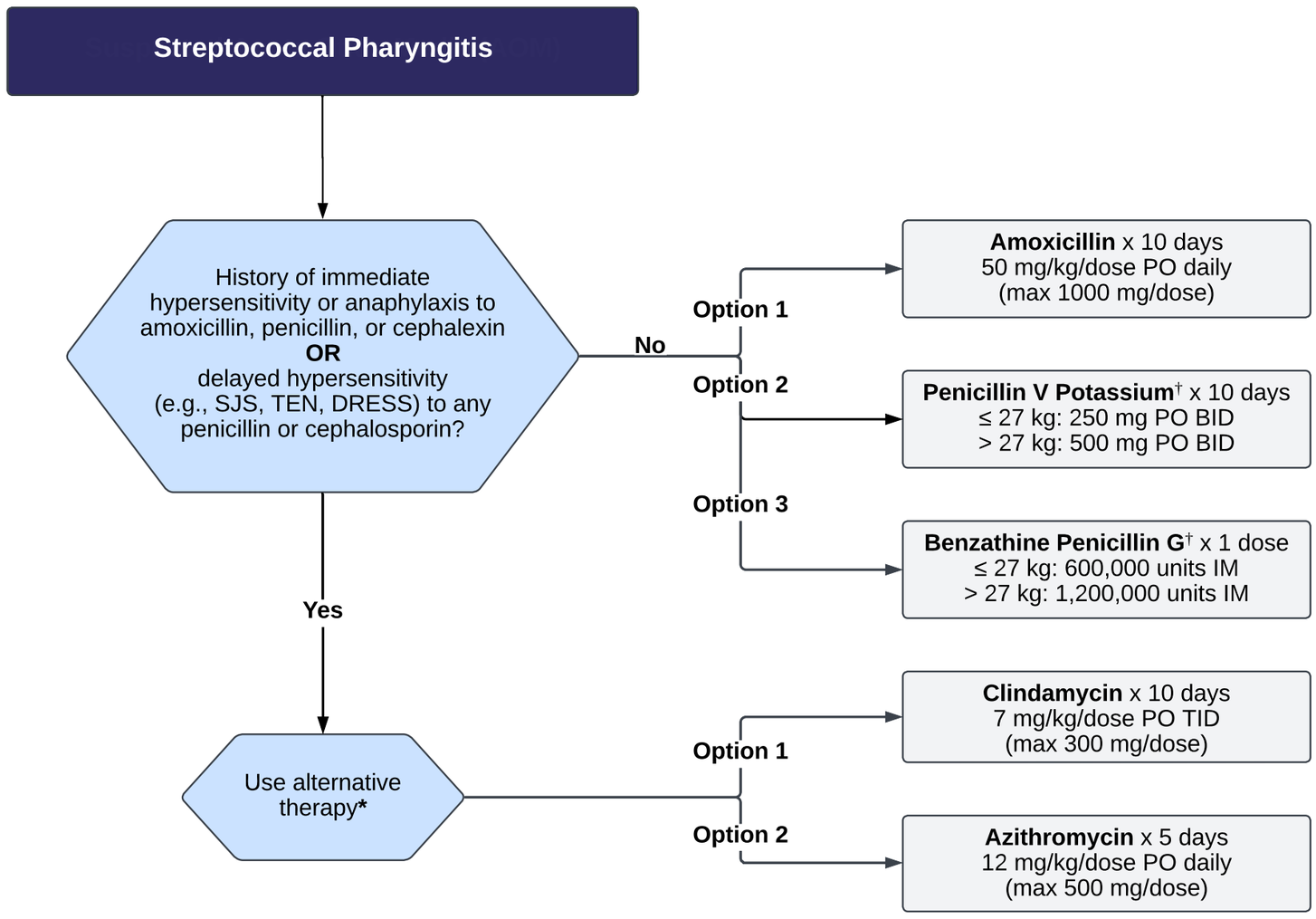
Streptococcal Pharyngitis



Allergy Guidance

- *Amoxicillin or penicillin is the recommended first-line agent for Group A Streptococcal pharyngitis.*
- *Although 10% of the population reports a penicillin allergy, < 1% of the population is truly allergic. Correctly identifying if your patient is actually penicillin-allergic can reduce unnecessary use of broad-spectrum antibiotics.*
- *Due to its similar R1 side chain, cephalexin is not a suitable alternative for patients with a history of immediate hypersensitivity or anaphylaxis to amoxicillin or penicillin.*
- *For patients with a history of delayed hypersensitivity reaction (e.g., SJS, TEN, DRESS) to penicillins or cephalosporin, use clindamycin or azithromycin.*

† Conflicting dosing recommendations exist between CDC, IDSA, and AHA guidelines. Dosing referenced here is from 2009 AHA Guidelines.

* Group A *Streptococcus* resistance to clindamycin and macrolides (e.g., azithromycin) is commonly reported and on the rise. Use of alternatives is strongly discouraged unless absolutely necessary. Consider culture with susceptibility testing if using these agents.

References

1. Gerber MA, Baltimore RS, Eaton CB, et al. Prevention of rheumatic fever and diagnosis and treatment of acute Streptococcal pharyngitis: a scientific statement from the American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee of the Council on Cardiovascular Disease in the Young, the Interdisciplinary Council on Functional Genomics and Translational Biology, and the Interdisciplinary Council on Quality of Care and Outcomes Research: endorsed by the American Academy of Pediatrics. *Circulation*. 2009;119(11):1541-1551. doi:10.1161/CIRCULATIONAHA.109.191959
2. Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America [published correction appears in Clin Infect Dis. 2014 May;58(10):1496. Dosage error in article text]. *Clin Infect Dis*. 2012;55(10):1279-1282. doi:10.1093/cid/cis847