Group A Streptococcus pyogenes Pharyngitis Guidelines

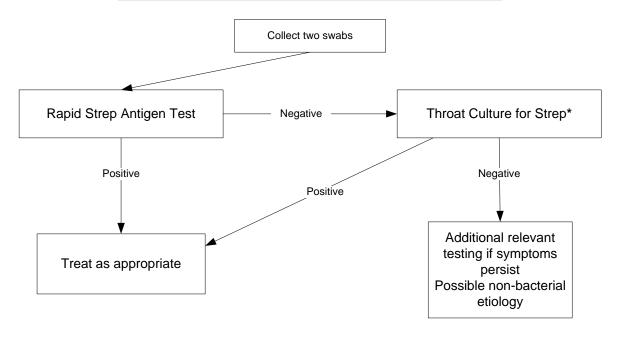
Washington State Clinical Laboratory Advisory Council Originally published: Oct. 2002; Reviewed/Revised:Jan 2005/April 2007/Jan 2010/Sept 2013/Oct 2015

FOR EDUCATIONAL PURPOSES ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

Patient Characteristics:

Sudden onset of sore throat
Tonsillitis with or without exudate
Tender anterior cervical adenopathy
History of fever, headache and/or abdominal pain



^{*}It is <u>not</u> recommended to do throat cultures on patients that have a negative rapid strep screen if their age is <3 or >15.

NOTES:

- 1. Routine culturing for asymptomatic family members are not indicated unless:
 - a. History of Rheumatic Fever;
 - b. "Ping Pong" spread of Group A Strep has been occurring within the family.
- 2. Other organisms such as Group C Strep, Group G Strep, and *Arachanobacterim haemolyticum* also can cause acute bacterial pharyngitis and are also beta hemolytic.

REFERENCES:

- 1) Practice Guideline for the Diagnosis & Management of Group A Streptococcal Pharyngitis. Clinical Infectious Disease 2002 June 19; 35: 113-125.
- 2) Acute Pharyngitis. Institute for Clinical Systems Improvement; 2000 June 24.
- 3) Pharyngitis (in adults and children). University of Michigan Health System: 1996 8p.
- 4) Acute Pharyngitis, Bisno, A.L., 2001 NETM, 344(3):205-11.
- 5) Clinical Practice Guideline for the Diagnosis and Management of Group A Streptococcal Pharyngitis: 2012 Update by the Infectious Diseases Society of America. Published September 9, 2012 Clinical Infectious Diseases Advance Access