# Pharyngitis – Clinician Guide

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| **Cause** | **Notes** |
| Respiratory viral pharyngitis1-2 | * Represents vast majority of pharyngitis * Caused by viruses such as Rhinovirus, Adenovirus, COVID-19, etc. * Presents with other viral symptoms (e.g., rhinorrhea, cough, congestion) * Diagnostic testing generally not necessary; see “Best Practices in Managing COVID-19 Over Telemedicine” content for additional information on COVID-19 testing * Self-resolving; improvement usually within 7-10 days * No antibiotics necessary |
| Epstein Barr virus  (Infectious mononucleosis)3-4 | * Most commonly affects adolescents and young adults through contact with saliva * Typically presents with fever, exudative pharyngitis, fatigue, and cervical lymphadenopathy that could last a month * Refer for Monospot testing or EBV antibody testing * Avoid contact sports for ~6 weeks from onset of symptoms to avoid splenic rupture * No antibiotics necessary; amoxicillin can cause an erythematous, macular rash |
| Acute HIV5 | * Ask about recent sexual encounters and other HIV risk factors within the past month * Typically presents with pharyngitis without tonsillar exudate, fever, fatigue, lymphadenopathy, headaches, and myalgias * Refer for in-person HIV testing |
| Group A *Streptococcus*6-15 | * Centor Criteria helps determine whether to test for Group A Streptococcus, treat empirically, or do neither: * Fever of ≥100.4 degrees Fahrenheit (1 point) * Tonsillar exudates (1 point) * Tender anterior cervical lymphadenopathy (1 point) * Absence of cough (1 point) * Age (1 point if 3-14 years, 0 points if 15-44 years, subtract 1 point if ≥45 years). * Application of Centor Criteria: * 0-1 points: No action * 2-3 points: Refer for Strep throat testing * 4-5 points: Either refer for Strep throat testing or treat with antibiotics * Oral penicillin V or oral amoxicillin for 10 days are the preferred treatment * Severe allergies to penicillins: 10-days of clindamycin or 5-days of azithromycin |
| *Neisseria gonorrhoeae1-2,16* | * Consider in sexually active adolescents or adults * Typically presents with sore throat, pharyngeal exudates, and cervical lymphadenitis * Refer for diagnostic testing (i.e., throat swab for molecular identification of gonorrhea) * Treat with one intramuscular dose of ceftriaxone 500 mg (or 1 gram if weight ≥150 kg) |

**Supportive care and Followup17-18**

* Supportive care with over-the-counter analgesics (e.g., acetaminophen, ibuprofen) and local pain relief (e.g., warm tea, lozenges, hard candy, ice chips, throat sprays) should be suggested to improve symptoms, regardless of viral or bacterial.
* Regardless of viral versus bacterial etiology, fever and sore throat typically improve within 3 days; for Group A Strep pharyngitis antibiotics reduce duration of symptoms by about a day.
* If continued fevers after 3 days or worsening throat pain, patient should be seen in person.
* If symptoms include or progress to difficulty breathing or swallowing, confusion, or a bulging neck mass develops, patient should be advised to go directly to an emergency department.

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