

UPPER RESPIRATORY TRACT INFECTIONS

Pharyngitis / Sore Throat / Tonsillitis

The majority of sore throats are **viral** but there is clinical overlap between viral and streptococcal infections.

Organisms:

- **Viral:** Epstein Barr Virus, Enteroviruses, Adenoviruses, Cytomegalovirus.
- **Bacterial:** Group A streptococcus (*Streptococcus pyogenes*) (25-33% of cases), Group C and G streptococcus (role less clear).

NB consider **diphtheria** if recent foreign travel e.g. former USSR/ Africa/ Middle East/ South Asia.

Sore throat is a disease that remits spontaneously and symptoms can be relieved with simple analgesics such as paracetamol and ibuprofen. The fever pain score predicts the likelihood of Streptococcus as the causative organism.

Sore throat

- **FeverPAIN** is a **five-item score** based on: **F**ever, **P**urulence, **A**ttend rapidly (3 days or less), severely Inflamed tonsils and **N**o cough or coryza.
 - A **low FeverPAIN score 0-1**: only 13-18% have streptococcus, close to background carriage. **NO antibiotic** strategy is appropriate with discussion.
 - A **FeverPAIN score 2-3**: 34-40% have streptococcus. **A backup/ delayed antibiotic** is appropriate with discussion.
 - A **FeverPAIN score of ≥4**: 62-65% have streptococcus, consider **immediate antibiotic** if symptoms are severe, **or a short delayed prescribing strategy** may be appropriate (48 hours).
- Studies have also shown that antibiotic treatment of a simple sore throat is more likely to result in the patient returning for antibiotic treatment in the future.
- 90% resolve within 7 days and antibiotics only shorten the duration of symptoms by 16 hours.
- Evidence indicates that penicillin for 10 days is more effective than 3 or 7 days. A twice-daily higher dose should be used. QDS dosing may be more appropriate if severe.
- Antibiotics to prevent quinsy NNT >4000 and otitis media NNT 200.

Drug	Dose	Duration of TX
<i>First-line</i> Phenoxymethylpenicillin	<ul style="list-style-type: none"> • Child 1 – 11 months: 62.5mg QDS or 125mg BD • Child 1-5 yrs: 125mg QDS or 250mg BD • Child 6-11yrs: 250mg QDS or 500mg BD • Adult and child ≥12yrs: 1g BD or 500mg QDS when severe. 	10 days
<i>In penicillin allergy:</i> Clarithromycin	<ul style="list-style-type: none"> • Child 1 month to 11 years: Under 8 kg: 7.5 mg/kg BD 8 to 11 kg: 62.5 mg BD 12 to 19 kg: 125 mg BD 20 to 29 kg: 187.5 mg BD 30 to 40 kg: 250 mg BD • For child ≥ 12yrs and adults: 250-500mg BD 	5 days
In children, consider Erythromycin syrup: (preferred if pregnant)	<ul style="list-style-type: none"> • Child 1 – 23 months: 125mg QDS or 250mg BD • Child 2-7yrs: 250mg QDS or 500mg BD • Adult and child > 8yrs: 250 - 500mg QDS or 500 – 1000mg BD 	5 days

Scarlet fever

- Notifiable disease.
- Prompt treatment with appropriate antibiotics significantly reduces complications.
- Observe immunocompromised individuals (diabetes, women in puerperal period, chickenpox) as they are at increased risk of invasive infection.
- Treatment: See sore throat antibiotic choices above.

Version Control- Pharyngitis/ Sore Throat/ Scarlet Fever			
Version	Author(s)	Date	Changes
V2.1	Shary Walker, Interface and Formulary Pharmacist	19/08/21	<ol style="list-style-type: none"> 1. Updated children's and adult's doses, in line with the new updates from BNF 2. Clarithromycin children dosages added for children unable to tolerate erythromycin