

Pharyngitis – Clinician Guide

Pharyngitis Causes

Cause	Notes
Respiratory viral pharyngitis ¹⁻²	• >90% of pharyngitis and caused by viruses (e.g., rhinovirus, adenovirus, COVID-19) and most cases are telemedicine appropriate • 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 • Self-resolving; improvement usually within 7–10 days • No antibiotics necessary
Epstein-Barr virus (EBV) (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 for a month • Refer to a commercial lab 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 will not treat the infection but can cause an erythematous, macular rash
Acute HIV ⁵	• Ask about recent sexual encounters and other HIV risk factors within the past month • Presents with pharyngitis without tonsillar exudate, fever, fatigue, lymphadenopathy, headaches, and myalgias • Refer for HIV testing
Group A <i>Streptococcus</i> ⁶⁻¹⁵	• Centor criteria help determine whether to refer for testing for group A <i>Streptococcus</i>, 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
<i>Neisseria gonorrhoeae</i> ^{1-2,16}	• Consider in sexually active adolescents or adults along with <i>Chlamydia trachomatis</i> • Typically presents with sore throat, pharyngeal exudates, and cervical lymphadenitis • Refer for diagnostic testing (i.e., throat swab for molecular identification) • Treat with one intramuscular dose of ceftriaxone 500 mg (or 1 gram if weight ≥150 kg)

Supportive Care and Followup¹⁷⁻¹⁸

- Symptoms of bacterial pharyngitis begin to improve within 48–72 hours of starting antibiotics; symptoms of viral pharyngitis typically improve within 7 days and mononucleosis typically improves after 2–3 weeks

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