

Abstract

BACKGROUND: According to the Centers for Disease Control and Prevention (CDC), approximately 5.2 million individuals in the United States experience pharyngitis each year, caused by a bacterial infection with Group A Streptococcus (GAS). When selecting medication therapy for pharyngitis, it is important to identify if providers are following the guidelines appropriately. Although the CDC recommends specific first-line therapies for pharyngitis management, conflicting data exists regarding trends in inappropriate antibiotic prescribing regimens.

OBJECTIVE: To determine if appropriate treatment from the 2024 CDC Clinical Guidance for Group A Streptococcal Pharyngitis was selected for patients who tested positive for GAS pharyngitis at SIUE Health Service.

METHODS: A retrospective chart review was performed using data from the electronic health record of the participants that tested positive with GAS pharyngitis at SIUE Health Service from January 1, 2024, through December 31, 2024. A report was generated with a list of patients who tested positive for GAS pharyngitis to evaluate the appropriateness of the therapy selected. A flowchart was created using the preferred therapies and penicillin-allergy alternative therapies from the 2024 CDC Clinical Guidance for Group A Streptococcal Pharyngitis to assess whether each participant received appropriate treatment. Nominal data was interpreted as percentages and means. In addition, the pharmacy prescription profile was reviewed to determine if the prescription was filled at the SIUE Health Service Pharmacy.

RESULTS: There were 63 patient charts with confirmed GAS pharyngitis from the SIUE Health Service were reviewed in total; 32 patients (51%) received treatment consistent with guideline

recommendations, including three patients (9%) with documented penicillin allergies who were prescribed appropriate alternatives. Additionally, 31 patients (49%) received inappropriate therapy; 29 patients (94%) were prescribed an incorrect medication strength but correct frequency and duration, one patient (3%) received the correct strength and duration but incorrect frequency, and one patient (3%) received an incorrect duration of therapy due to a concomitant infection.

CONCLUSION: Half of the participants received appropriate therapy for the management of pharyngitis. This supports the claim of inappropriate antibiotic prescribing therapies, thus supporting the importance of antimicrobial stewardship to successfully eradicate the infection and prevent antimicrobial resistance.