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TESTING GUIDELINES AND RECOMMENDATIONS

GROUP A STREP PHARYNGITIS

The following are summaries of guidelines and recommendations for the detection of group A streptococcal (GAS) pharyngitis from multiple medical organizations.

INFECTIOUS DISEASES SOCIETY OF AMERICA® GUIDELINES[1]

- Test individuals ≥ 3 years old with bona fide GAS symptoms (without overt viral features); clinical features cannot reliably differentiate GAS from viral infections.
- Negative antigen test results in children and adolescents should be confirmed due to inadequate test sensitivity. Positive results do not need to be confirmed.
- Physicians preferring maximal sensitivity for adult patients may confirm negative rapid antigen tests.

A GUIDE TO UTILIZATION OF THE MICROBIOLOGY LABORATORY FOR DIAGNOSIS OF INFECTIOUS DISEASES

2018 Update by the Infectious Diseases Society of America® and the American Society for Microbiology®[2]

- Clinical and epidemiologic factors are insufficient to establish a definitive etiologic diagnosis.
- "Negative rapid antigen tests for *S. pyogenes* in children should be confirmed by culture or molecular assay."
- "Confirmation of negative rapid antigen test results by culture [in adults] should be used to achieve maximal sensitivity for diagnosis of *S. pyogenes* pharyngitis."
- "Laboratories accredited by the College of American Pathologists® are required to back up negative rapid antigen tests with culture."
- Rapid molecular tests for GAS "provide improved sensitivity and may not require culture confirmation, though they have not yet been incorporated into consensus guidelines."

RED BOOK®: 2021–2024 REPORT OF THE COMMITTEE ON INFECTIOUS DISEASES[3]

- Children with acute onset of sore throat and clinical signs and symptoms (e.g., pharyngeal exudate, pain on swallowing, fever and enlarged, tender anterior cervical nodes) should be tested.
- Testing or treating children with obvious viral symptoms (e.g., rhinorrhea, cough, hoarseness, oral ulcers) or testing children younger than 3 years old is not recommended.
- "Laboratory confirmation before initiation of antimicrobial treatment is required for children with pharyngitis without viral symptoms."
- "A positive result does not require culture confirmation, but negative results require a confirmatory test in children."
- Vigorously swab both tonsils and the posterior pharynx. A second swab specimen from a child with a negative rapid antigen test should be submitted for culture.
- Some molecular tests (i.e., PCR, isothermal) are cleared for the "detection of Group A Streptococci from throat swab specimens as stand-alone tests that, because of high sensitivity, do not require routine culture confirmation of negative test results. Some studies suggest that in addition to providing more timely results, these tests may be more sensitive than standard throat swab cultures on sheep blood agar, although the device labeling states that a culture is still required if the test result is negative and the patient's symptoms persist or in the event of an outbreak of rheumatic fever."

CANADIAN PAEDIATRIC SOCIETY: GROUPE A STREPTOCOCCAL (GAS) PHARYNGITIS[4]

- Clinical decision rules can assist in identifying patients with higher risk of GAS who require testing, but cannot be used alone as a treatment criteria.
- A negative result on a rapid antigen detection tests (RADTs) should be confirmed by culture.
- Children in Canadian Northern, Rural and Remote communities are at higher for ARF (Acute Rheumatic Fever) if GAS pharyngitis is untreated.

ID NOW™ STREP A 2

- Molecular accuracy to simplify the Strep A work-up without culture confirmation
- Results in 2–6 minutes[5] — the fastest Strep A test on the market[6] — for informed clinical decisions during the patient encounter

ID NOW™ MOLECULAR ASSAY MENU

ASSAY	TIME TO RESULTS
COVID-19	6–12 minutes
INFLUENZA A & B	5–13 minutes[7]
RSV	≤ 13 minutes
STREP A	2–6 minutes[5]

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1. Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2012;55(10):1279-82.
2. Miller JM, Binnicker MJ, Campbell S, et al. A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2018 Update by the Infectious Diseases Society of America and the American Society for Microbiology. *Clin Infect Dis*. 2018;67(6):e1-e94.
3. Kimberlin DW, Barnett ED, Lynfield R, et al. *Red Book: 2021–2024 Report of the Committee on Infectious Diseases*. 32nd ed. American Academy of Pediatrics; 2021.
4. Group A streptococcal (GAS) pharyngitis: A practical guide to diagnosis and treatment. https://cps.ca/en/documents/position/group-a-streptococcal
5. Abbott. ID NOW™ Strep A 2 Clinical Trial Data on File.
6. Abbott. Data on File. Rapid Test Times to Result Analysis.
7. Abbott. ID NOW™ Influenza A & B 2 Clinical Trial Data on File.

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