Chirag Patel, B n n D n n
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B n
B n on

Background and objectives

E p n o o
n o o n
p n n o p on o o p A
β o p o o n on
po n
o n n n o
p po n o
o n n o
p n o on op n n
on o o pon n o o
C n o C CC o n n
on on o

Methods

An o o A n n
p p o n n
n n o A o
o on op n on
p n n on on

Results

An o p n q n
n on n n
o o n n o
o n n on o n CC
o pon n o o
n o p n
P o o
on n n P 4

Discussion

o on n
o n on n p n
A op n n o n n CC
p o pp op p p on n
p n n n n
n o p p on

ACUTE TONSILLOPHARYNGITIS is a common cause of sore throat that is most often caused by a viral infection. Group A β-haemolytic streptococcus (GABHS) is a common cause of bacterial tonsillopharyngitis.[1] Studies have reported that approximately 5–17% of tonsillopharyngitis in adults is caused by bacteria, most often GABHS.[2,3] In children, the incidence is between 15% and 30%.[3–5] Studies have shown that the rate of prescribing for GABHS is unnecessarily high.[6]

Clinical assessment and treatment for streptococcal tonsillopharyngitis

Differentiating between viral and bacterial aetiologies of tonsillopharyngitis can be difficult.[7,8] Taking an appropriate history and using physical findings are suitable but these methods are not sufficiently specific or sensitive.[4]

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variables in the multivariable model and the random effects (Table 3). The odds of being prescribed antibiotics when there was no MCC documentation were 2.4 times that of patients for which full documentation was recorded after adjusting for sex, age, clinic and clinician (OR: 2.445; 95% confidence interval: 1.80, 3.32; P

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Guidelines from NICE recommend considering three-day delayed prescription or immediate antibiotics for those with an MCC of >3.[11,12] This was

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