



Don't routinely prescribing antibiotics for URI in children, except in cases of suspected group A streptococcal (GAS) pharyngitis

The overuse of antibiotics is a major public health concern, contributing to the rise of resistant organisms. Most upper respiratory tract infections (URTIs) in children are viral, self-limiting, and commonly resolve without further complications, antibiotics are often prescribed inappropriately.

The Infectious Diseases Society of America (IDSA) and the American Academy of Pediatrics (AAP) clinical practice guideline recommends against routinely prescribing antibiotics for URI in children, except in cases of suspected group A streptococcal (GAS) pharyngitis which is associated with a higher risk of complications, such as rheumatic fever, and require antibiotic treatment. Patients with acute GAS pharyngitis should be treated.

with an appropriate antibiotic at an appropriate dose for the recommended duration. Distinguishing viral from bacterial respiratory tract infections based on symptoms alone can be quite challenging, therefore, to identify GAS pharyngitis, it is recommended to use a rapid antigen detection test or throat culture, rather than relying solely on clinical symptoms. This helps ensure antibiotics are only prescribed for bacterial infections that truly require them.

Appropriate antibiotic stewardship, including judicious use of antibiotics for URIs in children, is crucial to combat the growing threat of antibiotic resistance. Educating healthcare providers and families on this topic is an important step in promoting more prudent antibiotic prescribing practices.

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