Noam was running a high fever and complained of a **painful throat** that made it difficult to eat

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Group A β-hemolytic streptococcus and Tonsillopharyngitis

GABHS or *Streptococcus pyogenes* is the most common bacterial cause of acute pharyngitis in children[1-3]

Among children of all ages who present with sore throat, the prevalence of **GABHS has been estimated to be 37%**[2,4*t]

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GABHS tonsillopharyngitis: Treatment Goals

- In tonsillopharyngitis, the primary outcome and antibiotic treatment goal of interest is eradication of **GABHS**[3,5]

- **Eradication is necessary**[5]
  - To prevent non-suppurative and suppurative sequelae
  - To eliminate contagion
  - To produce a more rapid symptomatic resolution of the illness

GABHS: group A ß-hemolytic streptococci

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Results of the Survey of Antibiotic Resistance

Susceptibility of *S. pyogenes to* **Cefuroxime axetil***

Country	No. of isolates	% Susceptibility[a]	Isolates collection period
India[6]	78	100	2012-14
Turkey[7]	222	100	2011-13
Pakistan[8]	95	100	2007-09

a: CLSI guidelines assume susceptibility to cephalosporins based on penicillin susceptibility.

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Cefuroxime axetil vs. Penicillin V in Group-A β-hemolytic Streptococcal Tonsillopharyngitis

Meta-analysis of randomized, controlled trials showed higher bacteriological and clinical cure rates with cefuroxime as compared to penicillin in treatment of group A ß-hemolytic streptococcal (GABHS) tonsillopharyngitis in children.[5]

Analysis of bacteriological cure rate

	Penicillin n/N	Favours Penicillin	OR 1	Favours Cefuroxime	Cefuroxime n/N	OR (95% CI Random)
Data from 4 clinical trials	61/109				99/114	5.19(2.68, 10.07)
	106/126				244/259	3.07(1.51, 6.23)
	29/33				51/60	0.78(0.22, 2.26)
	30/38				75/77	10.00(2.01, 49.83)
Total	**226/306**				**469/510**	**3.31(1.47, 7.45)**

GABHS: group A ß-hemolytic streptococci

Adapted from: Casey JR, Pichichero ME. Meta-analysis of cephalosporin versus penicillin treatment of group A streptococcal tonsillopharyngitis in children. *Pediatrics.* 2004;113(4):866-82.

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Analysis of bacteriological cure rate

	Penicillin n/N	Favours Penicillin	OR 1	Favours Cefuroxime	Cefuroxime n/N	OR (95% CI Random)
Data from 4 clinical trials	73/109				98/114	3.02(1.56, 5.86)
	102/126				238/259	2.67(1.42, 5.01)
	29/33				60/60	18.46(0.96, 453.33)
	38/38				77/77	Not Estimable
Total	**242/306**				**473/510**	**2.96(1.88, 4.64)**

GABHS: group A ß-hemolytic streptococci

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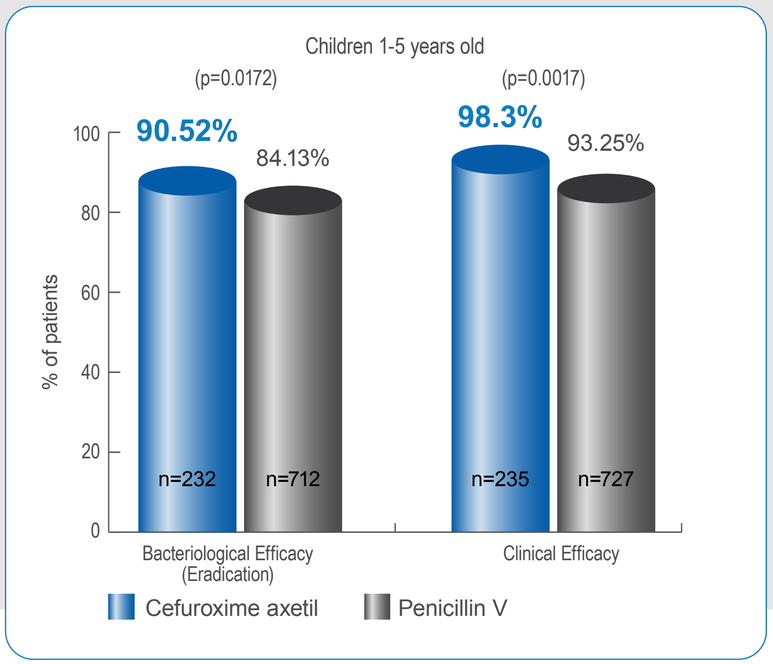
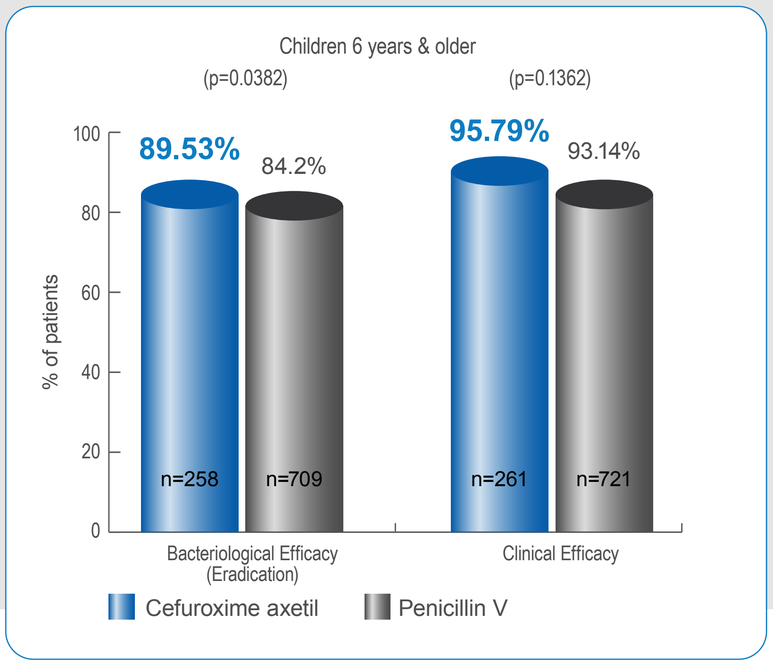
Bacteriological and clinical efficacy rates

Cefuroxime axetil b.i.d. for 5 days was superior to oral Pen V t.i.d. for 10 days in eradicating GABHS[9]





Cefuroxime axetil:
20 mg/kg/day (max 500 mg) in 2 doses x 5 days.

Penicillin V: 50,000IU/kg (30 mg/kg) daily in 3 doses x 10 days.

Shorter therapeutic course with cefuroxime axetil as compared to penicillin for GABHS tonsillopharyngitis may improve compliance in children.[9-11]

Efficacy Rates 2-4 days after completion of treatment

GABHS: group A ß-hemolytic streptococci

Adapted from: Scholz H. Streptococcal-A tonsillopharyngitis: a 5-day course of cefuroxime axetil versus a 10-day course of penicillin V. results depending on the children's age. *Chemotherapy*. 2004;50(1):51-4.

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Summary

- GABHS or *Streptococcus pyogenes** has high susceptibility to Cefuroxime axetil [6-8]
- Cefuroxime axetil has higher bacteriological and clinical cure rates as compared to penicillin in treating GABHS tonsillopharyngitis in children[5]
- Shorter therapeutic course with cefuroxime axetil as compared to penicillin for GABHS tonsillopharyngitis may improve compliance in children[9-11]

*Susceptibility patterns may vary with time and geography.
Kindly refer to local susceptibility patterns.

GABHS: group A ß-hemolytic streptococci

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Zinnat main safety information[12,13]

Contraindicated in patients with known hypersensitivity to cephalosporin antibiotics, and special care must be taken in patients with previous allergic reaction to penicillins or other ß-lactams.

Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening.

Prolonged use may result in overgrowth of *Candida* and other non-susceptible organisms (e.g. enterococci and *C. difficile*).

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Zinnat main safety information[12,13]

The most commonly reported adverse drug reactions (≥1/100 to <1/10) are headache, dizziness, eosinophilia, overgrowth of *Candida,* gastrointestinal disturbances including diarrhoea, nausea and abdominal pain; and transient increases of hepatic enzyme levels.

In patients with renal impairment the dosage will need to be adjusted.

Consideration should be given to local susceptibility data (where available) and official guidance on the appropriate use of antibacterial agents.

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Dosage and administration

The usual course of therapy is seven days (range five to ten days)[12,13]

Tablet[12]

Cefuroxime axetil tablets should be taken after food for optimum absorption.

Adults and children (≥40 kg)

MOST INFECTIONS: 250 mg twice daily

Children (<40 kg)

MOST INFECTIONS: 15 mg/kg twice daily,to a maximum of 250 mg daily.

Acute tonsillitis and pharyngitis, acute bacterial sinusitis the recommended dose is 10 mg/kg twice daily to a maximum of 125 mg twice daily

Suspension[13]

For optimal absorption cefuroxime axetil suspension should be taken with food.

Adults and children (≥40 kg)

MOST INFECTIONS: 250 mg twice daily

Children (<40 kg)

The usual dose of Zinnat Suspension is 10 mg/kg (a maximum of 125 mg) to 15 mg/kg (a maximum of 250 mg) twice daily depending on the severity and type of infection and the weight and age of the child.

Acute tonsillitis and pharyngitis, acute bacterial sinusitis the recommended dose is 10 mg/kg twice daily to a maximum of 125 mg twice daily

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4. Chiappini E*, et al.* Analysis of Different Recommendations From International Guidelines for the Management of Acute Pharyngitis in Adults and Children. *Clin Ther.* 2011;33(1):48-58.
5. Casey JR, Pichichero ME. Meta-analysis of cephalosporin versus penicillin treatment of group A streptococcal tonsillopharyngitis in children. *Pediatrics*. 2004;113(4):866-82.
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9. Scholz H. Streptococcal-A tonsillopharyngitis: a 5-day course of cefuroxime axetil versus a 10-day course of penicillin V. results depending on the children's age. *Chemotherapy*. 2004;50(1):51-4.
10. Gehanno P, *et al.* Tonsillopharyngitis: evaluation of short-term treatment with cefuroxime axetil versus standard 10-day penicillin V therapy. *Br J Clin Pract.* 1995;49(1):28-32.

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11. Mehra S, *et al.* Short course therapy with cefuroxime axetil for group A streptococcal tonsillopharyngitis in children. *Pediatr Infect Dis J.* 1998;17(6):452-7.

12. Zinnat Tablets MOH approved Prescribing Information.

13. Zinnat Suspension MOH approved Prescribing Information.

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