predict the presence or absence of GAS with sufficient accuracy and avoid prescribing antibiotics to patients who are unlikely to have strep throat. Although there is a role for testing (see “Evaluation,” below), most adults with sore throat do not need to have a GAS test.

About 10% of adults with sore throat are infected with GAS. Among children with sore throat, the prevalence of GAS can be as high as 35%, with rates peaking from 5 to 15 years of age. The prevalence of GAS is higher in winter and early spring. The risk of streptococcal pharyngitis is elevated among health care and child care workers, teachers, parents of young children, and patients exposed to individuals with strep throat. Clinicians need to be aware of local outbreaks of GAS infection, particularly in military and institutional settings, where the prevalence of GAS and the risk of acute rheumatic fever may be elevated.

Evaluation The Centor criteria consist of four findings, each of which is assigned 1 point: (1) history of fever, (2) absence of cough, (3) tender anterior cervical lymphadenopathy, and (4) tonsillar exudate or swelling. The Centor criteria are easy to assess and accurately stratify adult patients with suspected streptococcal pharyngitis. Patients with no points have a 2% probability of being infected with GAS, whereas those with 4 points have a probability of 41% **(Table 35-4)**. The Centor criteria have an area under the curve of 0.79. Other clinical decision algorithms similar to the Centor criteria may not perform as well, are not as simple, or have not been as rigorously evaluated.

TABLE 35-4 The Centor Criteria and the Probability of Streptococcal Pharyngitis for Adults[a]