CONDITION

Pharyngitis - viral

Viral pharyngitis is short-term throat inflammation caused by a viral infection.

WHAT IT IS
Short-term throat inflammation caused by a virus

BODY SYSTEM
Throat and upper airways

MAIN SYMPTOMS
Sore throat, painful swallowing, cough, runny nose

WHAT CAUSES IT
Infection with a respiratory or related virus

HOW IT IS DIAGNOSED
Clinical assessment; targeted viral tests when needed

MAIN TREATMENT
Fluids, rest, and symptom relief

CAN IT BE CURED?
Yes - most infections clear naturally

IS IT AN EMERGENCY?
Sometimes - trouble breathing or swallowing saliva

LONG-TERM OUTLOOK
Full recovery is typical without lasting effects

Overview

Viral pharyngitis is inflammation of the pharynx, the part of the throat behind the mouth. It is caused by a virus and usually happens as part of a cold or another respiratory infection.

The main symptom is a sore, dry, or scratchy throat. Swallowing may hurt. Cough, a runny nose, a hoarse voice, fever, or tiredness may occur at the same time.

Many viruses can cause pharyngitis. These include common cold viruses, influenza, COVID-19, adenovirus, and Epstein-Barr virus, which causes infectious mononucleosis, also called mono or glandular fever.

Most cases improve on their own within about a week. Treatment focuses on comfort, fluids, and rest. Antibiotics like amoxicillin or doxycycline do not treat viruses.

A sore throat can also come from strep throat, allergies, smoke, acid reflux, or other causes.

Symptoms sometimes overlap, so testing may be needed when a bacterial infection or a specific virus is suspected.

Symptoms

Symptoms may begin gradually or appear over several hours. The throat can look red, but redness alone does not show whether the cause is viral or bacterial.

Common symptoms include:

Some viral infections produce more distinctive symptoms. Adenovirus may cause red, watery eyes. Hand, foot and mouth disease can cause mouth sores and a rash on the hands or feet. Mono may cause marked tiredness, swollen glands, fever, and enlarged tonsils, sometimes for several weeks.

White patches on the tonsils do not prove that an infection is bacterial. They can also occur with viral infections, especially mono.

Young children may not describe throat pain clearly. They may refuse food or drinks, become irritable, drool more than usual, or complain of stomach discomfort.

- A sore, scratchy, or burning throat
- Pain when swallowing or talking
- Cough, runny nose, or blocked nose
- Hoarseness
- Fever or chills
- Headache, muscle aches, or tiredness
- Tender or enlarged lymph nodes, sometimes called swollen glands
- Reduced appetite

Causes and risk factors

Viral pharyngitis spreads mainly through respiratory droplets and small airborne particles released when an infected person talks, coughs, sneezes, or breathes. Some viruses also spread through contaminated hands or objects.

You may be more likely to catch a viral infection when you have close contact with other people, particularly in homes, schools, childcare settings, workplaces, or crowded indoor

spaces. Poor ventilation can make respiratory spread easier.

Risk is often higher during seasons when respiratory viruses circulate widely. The timing differs by virus and location.

Children commonly get viral sore throats because they have frequent close contact with others and have not yet developed immunity to many viruses. Adults who live or work with children may also have repeated exposure.

Smoking and second-hand smoke can irritate the throat and make symptoms feel worse, although smoke itself does not cause viral pharyngitis. A weakened immune system may increase the risk of more severe or prolonged infection.

Diagnosis

Viral pharyngitis is often diagnosed from your symptoms and a physical examination. A healthcare professional may look at your throat, nose, ears, and neck and ask about cough, fever, recent exposure, and how long you have been unwell.

There is no single test that confirms every type of viral pharyngitis. If symptoms clearly suggest a cold, such as cough, runny nose, hoarseness, or red eyes, further testing may not be necessary.

Symptoms and examination alone cannot always separate viral pharyngitis from group A strep throat. When strep is possible, a throat swab may be used for a rapid antigen test, a molecular test, or a throat culture. A culture checks whether bacteria grow from the sample.

Testing for COVID-19 or influenza may be useful when those infections are circulating, after a known exposure, or when the result could affect treatment or steps to protect others.

Blood tests may be considered if mono is suspected, especially when symptoms are severe, prolonged, or accompanied by marked tiredness and swollen glands.

Treatment and management

Most viral pharyngitis gets better without treatment aimed at the virus. The goal is to reduce pain, prevent dehydration, and support recovery.

Helpful measures include:

Paracetamol, also called acetaminophen, or an anti-inflammatory medicine such as ibuprofen may help with throat pain or fever. Follow the product label and check whether the medicine is suitable for you. A pharmacist can advise if you are pregnant, take other medicines, or have

kidney disease, liver disease, stomach ulcers, or another long-term condition.

Do not give aspirin to children or teenagers with a suspected viral infection because of its association with Reye syndrome, a rare but serious condition.

Antibiotics do not shorten viral pharyngitis, reduce viral spread, or prevent viral complications. They can cause side effects and contribute to antibiotic resistance. Antibiotics are used only when a bacterial infection is diagnosed or strongly suspected.

Specific antiviral treatment may be offered for influenza or COVID-19 in some people, particularly those at higher risk of complications. These medicines are not routine treatments for every viral sore throat and often need to be started within a limited time.

- Drinking water and other fluids regularly
- Choosing cool drinks, warm drinks, or soft foods according to comfort
- Gargling warm salt water if you can do so safely
- Using throat lozenges or hard sweets if there is no choking risk
- Resting and avoiding smoke or other throat irritants
- Using a clean humidifier if dry air worsens symptoms

Complications

Complications are uncommon, and most people recover fully.

Dehydration can occur when throat pain makes it difficult to drink. Signs include a dry mouth, dark urine, passing urine less often, dizziness, or unusual sleepiness.

A bacterial infection can occasionally develop during or after a viral illness. This is a separate infection rather than the virus "turning into" bacteria. New fever, worsening pain after initial improvement, or increasing swelling may need assessment.

A peritonsillar abscess is a pocket of infection beside a tonsil. It can cause severe pain on one side, difficulty opening the mouth, a muffled voice, drooling, or swelling that pushes the uvula-the small structure at the back of the mouth-to one side. It needs urgent care.

Some viruses have their own possible complications. For example, mono can cause prolonged tiredness and, less commonly, enlargement of the spleen. Medical advice about activity may be needed if mono is diagnosed.

Prevention

Viral pharyngitis cannot always be prevented because many different viruses cause it and people may spread them before they know they are ill.

You can lower the chance of catching or passing on respiratory viruses by:

Vaccination can reduce the risk of influenza and COVID-19, including sore throats caused by those infections. There is no vaccine that prevents all viral pharyngitis.

Avoiding smoking and second-hand smoke will not prevent every infection, but it can reduce throat irritation.

- Washing your hands regularly
- Covering coughs and sneezes
- Avoiding shared cups, bottles, utensils, and toothbrushes
- Improving indoor ventilation where practical
- Staying away from others while you have a fever or feel acutely unwell
- Following local advice about masks, testing, and returning to work or school

Living with it and what to expect

Most uncomplicated viral sore throats begin to improve within several days and settle within about a week. Nasal symptoms or a cough may last longer than the throat pain. Recovery can take more time with influenza, COVID-19, or mono.

During the first few days, it may help to plan lighter activities, drink frequently, and choose foods that are easy to swallow. You do not need to force solid food if your appetite is low, but getting enough fluid is important.

How long you are contagious depends on the virus. In general, spread is more likely while you have active symptoms, especially fever, coughing, sneezing, or a runny nose. COVID-19, influenza, and mono have different patterns of contagiousness, so follow advice for the specific infection if it is identified.

Routine follow-up is not usually needed when symptoms improve steadily. A sore throat that keeps returning, lasts longer than expected, or occurs without cold-like symptoms should be assessed for other causes. These may include allergies, acid reflux, ongoing smoke exposure, medication effects, or a bacterial infection.

Viral pharyngitis does not usually cause permanent throat damage. Having it once does not provide protection against all future sore throats because many different viruses can cause the condition.

When to get medical help

Seek emergency help now if you or someone in your care:

Get urgent medical advice the same day for severe one-sided throat pain, a muffled voice, difficulty opening the mouth, or worsening neck swelling. These may be signs of a deeper infection.

Prompt assessment is also appropriate if you cannot drink enough, have signs of dehydration, develop a widespread rash, or become much worse after starting to improve.

Contact a healthcare professional for routine advice if the sore throat is not improving after about a week, keeps returning, or is accompanied by prolonged fever, marked tiredness, or persistently swollen glands. Seek advice earlier if you have a weakened immune system or another condition that increases the risk of complications.

For babies and young children, get advice if feeding or drinking drops noticeably, wet nappies become less frequent, or the child seems unusually sleepy or distressed.

- Has trouble breathing, noisy breathing, or blue or grey lips
- Cannot swallow saliva or is drooling because swallowing is impossible
- Has rapidly increasing swelling of the tongue, throat, face, or neck
- Is difficult to wake, confused, or has collapsed

Common questions

How can I tell viral pharyngitis from strep throat?

Cough, runny nose, hoarseness, or red eyes make a viral cause more likely. Strep often causes sudden throat pain, fever, tender neck glands, and no cough. These patterns are not certain, however. A throat swab may be needed to confirm strep.

Do antibiotics help a viral sore throat?

No. Antibiotics treat bacteria, not viruses. They do not make uncomplicated viral pharyngitis clear faster. Taking antibiotics when they are not needed can cause side effects and make bacteria more resistant to treatment.

How long does viral pharyngitis last?

Many cases improve within three to seven days. A cough or blocked nose may continue after the throat feels better. Influenza, COVID-19, or mono can cause symptoms that last longer.

How long am I contagious?

There is no single answer because different viruses spread for different lengths of time. You are often most likely to spread infection while fever and active respiratory symptoms are present. Follow virus-specific public health advice if you test positive for COVID-19 or influenza.

Can viral pharyngitis turn into strep throat?

A virus does not change into strep bacteria. However, a separate bacterial infection can occasionally occur during or after a viral illness. Worsening symptoms after initial improvement should be assessed.

Can I go to work or school with a viral sore throat?

Stay home if you have a fever, feel too unwell for normal activities, or cannot manage coughing and sneezing around others. Return guidance may differ for COVID-19, influenza, schools, childcare settings, and workplaces. Follow local rules and take steps to reduce spread while symptoms continue.

Sources

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