

# Sharp rise in children admitted to hospital with throat infections since 1999

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The number of children admitted to hospital in England for acute throat infections increased by 76 per cent between 1999 and 2010, according to new research published today in *Archives of Disease in Childhood*.

Acute throat infection (ATI), which includes acute tonsillitis and acute pharyngitis, is one of the most common reasons for consulting a GP. The majority of ATIs are self-limiting and can be managed at home or by the GP, but a small proportion may require hospital admission.

This study investigated admission rates for children up to age 17 with ATI alongside trends in tonsillectomy rates, between 1999 and 2010. The study was motivated by concerns that the decline in tonsillectomy rates in recent years has led to an increase in [hospital admissions](#) for tonsillitis of increased severity. It also investigated whether performing fewer tonsillectomies is associated with higher rates of complications such as quinsy, an [abscess](#) that can occur when an infection spreads from a tonsil to the surrounding area.

The research, which was funded by a fellowship from the National Institute for [Health Research](#), showed that the number of children admitted to hospital with ATI increased from 12,283 in 1999 to 22,071 in 2010 - a rise in admission rate of 76 per cent. Short hospital stays, lasting less than two days, increased by 115 per cent over the decade, and accounted for the majority of admissions. Stays of two or more days in hospital for ATI decreased slightly, while quinsy rates remained stable. The authors found no evidence of an association between tonsillectomy

trends and admission rates or the severity of ATI or quinsy.

The authors suggest that the dramatic increase in ATI admissions is probably explained by a large number of children being admitted for ATIs who would have formerly been managed in the community. The reasons for this may include changes in the provision of out-of-hours care in general practice and an increase in workload in Accident in Emergency departments. The four hour maximum waiting time in A&E, introduced in 2002, might have meant that doctors, who are under greater pressures, are more inclined to admit children to hospital with an ATI, the authors suggest.

Dr Elizabeth Koshy, from the School of Public Health at Imperial College London, who led the study said: "It is very concerning that there has been a major increase in hospital admissions for children with acute throat infections, particularly among those aged under five. We think this is likely to be due to problems at the primary care and secondary care interface. Our findings relating to short hospital stays suggest that many of the children admitted with acute throat infections could have been effectively managed in the community. Our study highlights the need to urgently address the issue of healthcare access, with improved models of integrated care within primary and secondary care, to avoid potentially unnecessary [hospital](#) admissions for relatively minor infections in the future."

Although these findings suggest that declining tonsillectomy rates do not appear to be associated with an increase in more [severe](#) ATI or quinsy rates, further research is needed to confirm this. Dr Koshy adds: "Tonsillectomy is a major and costly operation with potentially serious complications. So it seems sensible for clinicians to maintain a high threshold for referring children with recurrent throat infections for tonsillectomy and restrict it to those children who are most severely affected by these infections."

**More information:** E Koshy et al. (2012) 'Significantly increasing hospital admissions for acute throat infections among children in England: is this related to tonsillectomy rates?' Arch Dis Child [doi:10.1136/archdischild-2012-301755](https://doi.org/10.1136/archdischild-2012-301755)

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