

ANMC Group A Streptococcal Pharyngitis (GAS) Treatment Guidelines 2018

(treatment for Group C & G are the same recommendations)

Symptoms	Physical Exam	Viral Features	
Abrupt onset of sore throat Headache Myalgia Occasionally nausea/vomiting/abdominal pain followed by spontaneous resolution in 2-5 days	Patchy tonsillopharyngeal exudate Anterior cervical adenitis (tender nodes) Tonsillopharyngeal inflammation Fever >100.4 F Palatal Petechia Scarlatiniform rash	Conjunctivitis Rhinorrhea Coryza Cough	Oral ulcers Hoarseness Viral exanthema Diarrhea
Test	Treat	Symptomatic Relief	
Rapid Diagnostic Test (RADT) ----- Throat Culture (age 3-15 only) ----- Symptoms highly indicative of GAS **It is not recommended to test for GAS under the age of 3	RADT positive (no back up culture needed) ----- Throat culture positive ----- Known exposure 2 weeks prior to symptom onset **See Attached Testing & Treatment Flow Diagram	Rest Adequate fluid intake Anti-pyretics (no ASA under age 2) Magic mouthwash Medicated throat lozenges/sprays (<i>not recommended in children/adolescents</i>) > <u>6yrs of age</u> : gargle with warm salt water > <u>3yrs of age</u> : sucking on hard candy	

Antibiotic Selection

	Adults	Duration	Pediatrics	Duration
Preferred Treatment	Pen VK 500mg PO BID Amoxicillin 1000mg PO daily OR 500mg PO BID Penicillin G Benzathine (>27kg) single IM dose 1.2 million units	10 days 10 days 1 dose	Pen VK 250mg PO BID (>27kg 500mg BID) Amoxicillin 50mg/kg PO daily (MAX 1gm/day) Penicillin G Benzathine (<27kg) single IM dose 600,000 units	10 days 10 days 1 dose
PCN allergic (non-anaphylactic response)	Cephalexin 500mg PO BID	10 days	Cephalexin 20mg/kg PO BID (MAX 500mg/dose)	10 days
PCN allergic (anaphylactic response)	Azithromycin (≥16 yrs of age) 500mg PO on day one, 250mg PO daily on days 2-5 Clindamycin 300mg PO TID	5 days 10 days	Azithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose) Clindamycin 7mg/kg PO TID (MAX 300mg/dose)	5 days 10 days

CONSIDERATIONS

Glucocorticoids: No evidence of benefit in children/adolescents; short term dose may be beneficial in adults

- Testing for GAS is NOT recommended for acute pharyngitis with clinical & epidemiologic features that strongly suggest a VIRAL etiology
- Routine use of back up throat cultures for those with a negative RADT is NOT necessary for adults; there is a low incidence of GAS pharyngitis in adults & risk of subsequent acute rheumatic fever is exceptionally low
- Individual will be contagious for 24 hours after starting antibiotic tx
- Treatment for non-symptomatic GAS carriers is NOT recommended; Testing or empiric tx of asymptomatic household contacts is NOT recommended

Antimicrobial Stewardship Program Approved 2018