

# ANMC Group A Streptococcal Pharyngitis (GAS) Treatment Guidelines

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

## Background Information

- Most common in school aged children and adolescents. (Rare in children <3 years old)
- Prevalence of GAS carriage is up to 25% of healthy asymptomatic school aged children (positive test with low risk of infectious/post infectious complications and low risk of transmission)
- Acute Rheumatic Fever (ARF) is an immune mediated sequelae of untreated GAS. Alaska Native people experiencing household crowding and without access to running water may be at increased risk of ARF. Antibiotic treatment can prevent ARF even if started up to 9 days after symptom onset. (Must complete full course of antibiotics).

## Indications for Testing

### When to Test

- Symptoms: Sore throat (generally sudden onset), painful swallowing, fever.
  - Additional symptoms (more common in children): headache, nausea/vomiting, abdominal pain
- Exam findings: pharyngeal and tonsillar erythema, tonsillar hypertrophy (with or without exudates), palatal petechiae, anterior cervical lymphadenopathy
- Additional findings: scarlatiniform rash

### When NOT to Test

- Pharyngitis with viral symptoms that make diagnosis of GAS less likely including rhinorrhea, cough, oral ulcers, hoarseness, diarrhea, viral exanthem
- Children < 3yo, unless they are symptomatic **AND** there is a household contact with confirmed GAS
- Asymptomatic contacts (unless history of ARF or acute glomerulonephritis)
- Test of cure

## Testing & Treatment

**Testing:** Group A Strep PCR Testing "Strep A (Molecular)"<sup>¶</sup> -- Follow-up testing with culture is **not** indicated with negative PCR result

**Indications for treatment:** Symptoms consistent with GAS pharyngitis **AND** positive test

## Antibiotic Selection

	Adults	Duration	Pediatrics	Duration
<b>Preferred Treatment</b>	<b>Amoxicillin 1000mg</b> PO daily <u>OR</u> <b>500mg</b> PO BID <u>OR</u> <b>Pen VK 500mg</b> PO BID	10 days	<b>Amoxicillin 50mg/kg</b> PO daily (MAX 1gm/day) <u>OR</u> <b>Pen VK</b> <27kg: <b>250mg</b> PO BID ≥27kg: <b>500mg</b> PO BID	10 days
<b>Option reserved for people unable to take PO<sup>^</sup></b>	<b>Penicillin G Benzathine</b> <b>1.2 million units</b> IM	1 dose	<b>Penicillin G Benzathine</b> <27kg: <b>600,000 units</b> IM ≥27kg: <b>1.2 million units</b> IM	1 dose
<b>PCN allergic</b> (non-severe response)	<b>Cephalexin 500mg</b> PO BID	10 days	<b>Cephalexin 20mg/kg/dose</b> PO BID (MAX 500mg/dose)	10 days
<b>Beta-lactam allergic</b>	<b>Azithromycin 500mg</b> PO one-time daily on Day 1, followed by <b>250mg</b> PO one-time daily on Day 2-5	5 days total	<b>Azithromycin 12mg/kg</b> PO (MAX 500mg/dose) one time daily on Day 1, followed by <b>6mg/kg</b> PO (MAX 250mg/dose) one time daily on Day 2-5	5 days total

## CONSIDERATIONS

- Return to school or childcare when afebrile, well appearing, and at least 12-24 hours after initiation of antibiotics
- Clinicians may recommend tonsillectomy for recurrent throat infection with a frequency of at least 7 episodes in the past year, ≥5 episodes per year for 2 years, or ≥3 episodes per year for 3 years with documentation in the medical record for each episode of sore throat and ≥1 of the following: temperature greater than 38.3°C (101°F), cervical adenopathy (swollen nodes in the neck), tonsillar exudate (white coating or pus on tonsils), or positive test for group A streptococcus
- <sup>¶</sup> If utilizing non-PCR based rapid strep testing, then culture may be necessary for confirmation of negative results.
- <sup>^</sup> Benzathine penicillin should be prioritized for active rheumatic fever prophylaxis and those unable/struggling to take 10 days of oral therapy.

ANMC Associated Powerplan: AMB Group A Strep Pharyngitis (GAS)

Antimicrobial Stewardship Program Approved 2018; Updated February 2023, April 16, 2025

REFERENCES: Shulman et al. CID 2012; 40:1748-55, AAP Red Book 2024, Sadeghirad et al. BMJ 2017; 358:j3887, Rick et al. PIDJ 2020; 39(6): 483-488. AK State Epi Bulletin 8/9/2016, CDC Clinical Guidance for Group A Streptococcal Pharyngitis accessed 3/30/25