

ANMC Group A Streptococcal Pharyngitis (GAS) Treatment Guidelines

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

Signs and Symptoms	Testing
<ul style="list-style-type: none"> Sore throat (generally sudden onset) Painful swallowing Fever Tonsillopharyngeal erythema with or without exudates Anterior cervical adenitis (tender nodes) <p>Viral symptoms that make GAS Pharyngitis <i>less likely</i>: rhinorrhea, cough, oral ulcers, hoarseness.</p>	<p>Group A Strep PCR Testing “Strep A (Molecular)”[¶]</p> <ul style="list-style-type: none"> Follow-up testing with culture is not indicated with negative PCR result <p><i>Testing is NOT recommended for:</i></p> <ul style="list-style-type: none"> Pharyngitis with viral symptoms that make diagnosis of GAS less likely* Children < 3yo (except with risk factors) Asymptomatic contacts (unless at increased risk for ARF or acute glomerulonephritis)

Importance of Treatment for GAS	Treat
<ul style="list-style-type: none"> Prevention of acute rheumatic fever (ARF) - Antibiotic treatment can prevent ARF even when administered up to 9 days after illness onset. Must complete full course of antibiotics to prevent ARF. Prevention of suppurative complications Improve symptoms Decrease contagiousness 	<p>Indications for antibiotic treatment when symptoms/finding consistent with GAS pharyngitis and:</p> <ul style="list-style-type: none"> Rapid Diagnostic Test positive (no back up culture needed) Throat culture positive <p>Symptomatic Treatment:</p> <ul style="list-style-type: none"> NSAIDs/acetaminophen (avoid aspirin in children) Low dose corticosteroids: 1-2 doses may decrease symptom duration in adults

Antibiotic Selection

	Adults	Duration	Pediatrics	Duration
Preferred Treatment	Amoxicillin 1000mg PO daily <u>OR</u> 500mg PO BID <u>OR</u> Pen VK 500mg PO BID	10 days	Amoxicillin 50mg/kg PO daily (MAX 1gm/day) <u>OR</u> Pen VK <27kg: 250mg PO BID ≥27kg: 500mg PO BID	10 days
Option reserved for people unable to take PO[^]	Penicillin G Benzathine 1.2 million units IM	1 dose	Penicillin G Benzathine <27kg: 600,000 units IM ≥27kg: 1.2 million units IM	1 dose
PCN allergic (non-anaphylactic response)	Cephalexin 500mg PO BID	10 days	Cephalexin 20mg/kg/dose PO BID (MAX 500mg/dose)	10 days
PCN allergic	Azithromycin 500mg PO daily	5 days	Azithromycin 12mg/kg PO once daily (MAX 500mg/dose)	5 days

CONSIDERATIONS

- Return to school/child care: when well appearing and at least 12 hours after initiation of antibiotics
 - *Between 10-25% of school aged children who test positive are colonized with GAS. Children colonized with GAS are unlikely to spread GAS or have complications. Children who are GAS carriers are more likely to have URI symptoms at presentation than children with acute GAS illness.
 - ¶ If utilizing non-PCR based rapid strep testing, then culture may be necessary for confirmation of negative results.
 - [^]Benzathine penicillin should be prioritized for active rheumatic fever prophylaxis and those unable/struggling to take 10 days of oral therapy.
- Antimicrobial Stewardship Program Approved 2018; Updated February 2023*