# ANMC Group A Streptococcal Pharyngitis (GAS) Treatment Guidelines 2018
(treatment for Group C & G are the same recommendations)

## Symptoms
- Abrupt onset of sore throat
- Headache
- Myalgia
- Occasionally nausea/vomiting/abdominal pain followed by spontaneous resolution in 2-5 days

## Physical Exam
- Patchy tonsillopharyngeal exudate
- Anterior cervical adenitis (tender nodes)
- Tonsillopharyngeal inflammation
- Fever >100.4 F
- Palatal Petechia
- Scarlatiniform rash

## Viral Features
- Conjunctivitis
- Oral ulcers
- Rhinorrhea
- Hoarseness
- Coryza
- Viral exanthema
- Cough
- Diarrhea

## Test
- 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**

**See Attached Testing & Treatment Flow Diagram**

## Test
- RADT positive (no back up culture needed)
- Throat culture positive
- Known exposure 2 weeks prior to symptom onset

## Treat
- Rest
- Adequate fluid intake
- Anti-pyretics (no ASA under age 2)
- Magic mouthwash
- Medicated throat lozenges/sprays (not recommended in children/adolescents)

> 6yrs of age: gargle with warm salt water
> 3yrs of age: sucking on hard candy

## Antibiotic Selection

<table>
<thead>
<tr>
<th>Adults</th>
<th>Pediatrics</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Treatment</strong></td>
<td><strong>Duration</strong></td>
<td><strong>PCN allergic</strong></td>
</tr>
<tr>
<td>Pen VK 500mg PO BID</td>
<td>10 days</td>
<td>Pen VK 250mg PO BID (&gt;27kg 500mg BID)</td>
</tr>
<tr>
<td>Amoxicillin 1000mg PO daily OR 500mg PO BID</td>
<td>10 days</td>
<td>Amoxicillin 50mg/kg PO daily (MAX 1gm/day)</td>
</tr>
<tr>
<td>Penicillin G Benzathine (&gt;27kg) single IM dose 1.2 million units</td>
<td>1 dose</td>
<td>Penicillin G Benzathine (&lt;27kg) single IM dose 600,000 units</td>
</tr>
</tbody>
</table>

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<th><strong>Duration</strong></th>
<th><strong>PCN allergic</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cephalexin 500mg PO BID</td>
<td>10 days</td>
<td>Cephalexin 20mg/kg PO BID (MAX 500mg/dose)</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th><strong>PCN allergic</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<td>(non-anaphylactic response)</td>
<td>10 days</td>
<td>Azithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose)</td>
</tr>
<tr>
<td>Azithromycin (&gt;16 yrs of age) 500mg PO on day one, 250mg PO daily on days 2-5</td>
<td>5 days</td>
<td>Clindamycin 7mg/kg PO TID (MAX 300mg/dose)</td>
</tr>
<tr>
<td>Clindamycin 300mg PO TID</td>
<td>10 days</td>
<td></td>
</tr>
</tbody>
</table>

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

## CONSIDERATIONS
- 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