Group A Strep (GAS) Pharyngitis

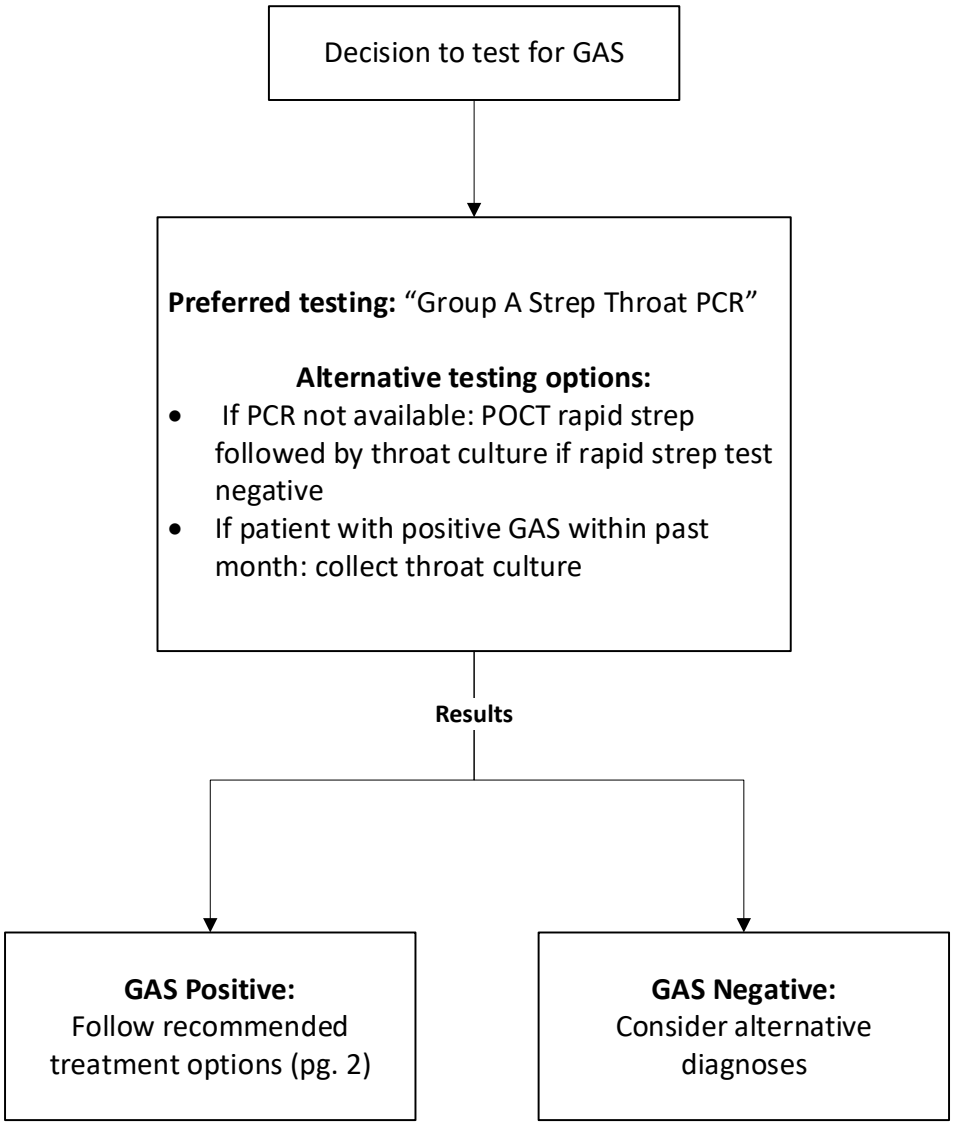
Consider testing in children ≥ 3 years old* with sore throat

- Other signs and symptoms may include:
  - Fever
  - Palatal petechiae
  - Cervical adenitis
  - Scarlatiniform "sandpaper" rash

*For children less than 3 consider testing if known family exposure

Testing not routinely recommended if any of the following present:

- Conjunctivitis
- Rhinorrhea
- Cough
- Diarrhea
- Viral exanthem



Reviewers:

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E. Keller, J McCarthy	Pediatrics, Ped Ed & ID	9/2024	4/2025

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Antimicrobial Treatment Options for GAS

Definitions

Active GAS pharyngitis: positive GAS testing and signs/symptoms consistent with GAS infection

Recurrent GAS pharyngitis: patient with active GAS pharyngitis who has also tested positive for GAS in the past month

GAS pharyngeal carrier: patient with frequently repeated positive GAS testing both during acute pharyngitis episodes and in "healthy" periods

Empiric Antimicrobial Selection and Duration		
	Antimicrobial	**Duration**
First line therapy	Amoxicillin or Penicillin VK	10 days
Non-anaphylactic penicillin allergy	Cephalexin	10 days
Anaphylactic penicillin allergy	Clindamycin Azithromycin[1]	10 days 5 days
Recurrent pharyngitis	Same antimicrobial as first episode[2]	Same duration as first episode
Pharyngeal carrier[3]	Clindamycin, *plus* Rifampin	10 days 4 days[4]

[1]Macrolides have high rates of resistance and should only be used when beta lactams are contraindicated.
[2]If azithromycin or clindamycin was used initially, consider obtaining throat culture for susceptibility testing.
[3]Most carriers do not require antimicrobial treatment. Consider Pediatric Infectious Diseases referral.
[4]Give rifampin on the last 4 days of clindamycin treatment.

Antimicrobial Dosing[1]				
Antimicrobial	**Weight Based Dose (mg/kg/dose)**	**Maximum Dose (mg)**	**Route**	**Interval (hr)**
Amoxicillin	50	1000	oral	Q24
Cephalexin	20	500	oral	Q12
Clindamycin	7	300	oral	Q8
Azithromycin	12	500	oral	Q24
Rifampin	20	600	oral	Q24
	Dose (mg)			
Penicillin VK	≤27 kg: 250 >27 kg: 500		oral	Q12

[1]For more information regarding recommended formulations, see MW Region Pediatric Antimicrobial Dosing Guidelines

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https://www.advocatechildrenshospital.com/healthcare-professionals/peds-pathways

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2. Gerber, MA, Baltimore RS, Eaton C, et al. Prevention of rheumatic fever and diagnosis and treatment of acute streptococcal pharyngitis: a scientific statement from the American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee of the Council on Cardiovascular Disease in the Young, the Interdisciplinary Council on Functional Genomics and Translational Biology, and the Interdisciplinary Council on Quality of Care and Outcomes Research: endorsed by the American Academy of Pediatrics. Circulation 2009: 119(11):1541-51.
3. Lan AJ, Colford JM, Colford JM Jr; The impact of dosing frequency on the efficacy of 10-day penicillin or amoxicillin therapy for streptococcal tonsillopharyngitis: A meta-analysis. Pediatrics; 2000, Feb; 105:E19.
4. Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. Clin Infect Dis. 2012;55(10):1279–1282.