



## Fall 2025 Newsletter: Streptococcal Pharyngitis AAP Antibiotics Stewardship Guidelines

### Group A Streptococcal

- Sudden onset of sore throat
- Age 5–15 years
- Fever
- Headache
- Nausea, vomiting, abdominal pain
- Tonsillopharyngeal inflammation
- Patchy tonsillopharyngeal exudates
- Palatal petechiae
- Anterior cervical adenitis (tender nodes)
- History of exposure to strep pharyngitis
- Scarletiform rash

### Viral Illness

- Conjunctivitis
- Coryza
- Cough
- Diarrhea
- Hoarseness
- Ulcerative lesions
- Viral exanthema

### Diagnosis

- Streptococcal testing is recommended by the IDSA to confirm the diagnosis of streptococcal pharyngitis
  - Rapid Antigen Test (67–93% sensitive, 98% specificity)
    - Must obtain a back-up culture in all negatives
  - Rapid PCR Test (98% sensitivity/specificity)
    - Back up culture not needed
    - PCR can remain positive for up to 2 months
  - Wait at least 2 weeks after completion of treatment before considering repeat PCR.
- Consider sending a throat culture instead of using PCR for repeat testing
- Clinical scoring systems are not specific in children and should not be used to make the diagnosis (Mclsaac, Centor, etc)– 35–50% accuracy
- Do NOT test or treat the following:
  - Children < age 3: group A *Streptococcus* is an uncommon etiology, and sequelae are rare in patients <3 years old. Testing and treatment may be considered for some symptomatic children younger than 3 years who have an older sibling with GAS infection (**Red Book: 2024–2027 Report of the Committee on Infectious Diseases (33rd Edition)**)
  - Children with ≥ 1 viral symptom (cough, rhinorrhea)
  - Asymptomatic children (sick contact, etc.)



Consider implementing automatic swabbing protocol if patients meet the following criteria:

- ≥ 3 years old with a sore throat AND At least 1 of the following:
  - Absence of cough and other viral symptoms
  - Tender anterior cervical lymph node
    - Tonsillar exudate or swelling
    - Fever/reported fever > 38 C
- Do not swab if cough, rhinorrhea, hoarse voice or oral ulcers

## TREATMENT:

Table: Antibiotic Regimens Recommended for Group A Streptococcal Pharyngitis

Drug, Route	Dose or Dosage	Duration or Quantity
<b>For individuals without penicillin allergy</b>		
<b>Penicillin V, oral</b>	Children: 250 mg twice daily or 3 times daily; adolescents and adults: 250 mg 4 times daily or 500 mg twice daily	10 days
<b>Amoxicillin, oral</b>	50 mg/kg once daily (max = 1000 mg); alternate: 25 mg/kg (max = 500 mg) twice daily	10 days
<b>Benzathine penicillin G, intramuscular</b>	<27 kg: 600 000 U; ≥27 kg: 1 200 000 U	1 dose
<b>For individuals with penicillin allergy</b>		
<b>Cephalexin,* oral</b>	20 mg/kg/dose twice daily (max = 500 mg/dose)	10 days
<b>Cefadroxil,* oral</b>	30 mg/kg once daily (max = 1 g)	10 days
<b>Clindamycin, oral</b>	7 mg/kg/dose 3 times daily (max = 300 mg/dose)	10 days
<b>Azithromycin,* oral</b>	12 mg/kg once (max = 500 mg), then 6 mg/kg (max=250 mg) once daily for the next 4 days	5 days
<b>Clarithromycin*, oral</b>	7.5 mg/kg/dose twice daily (max = 250 mg/dose)	10 days