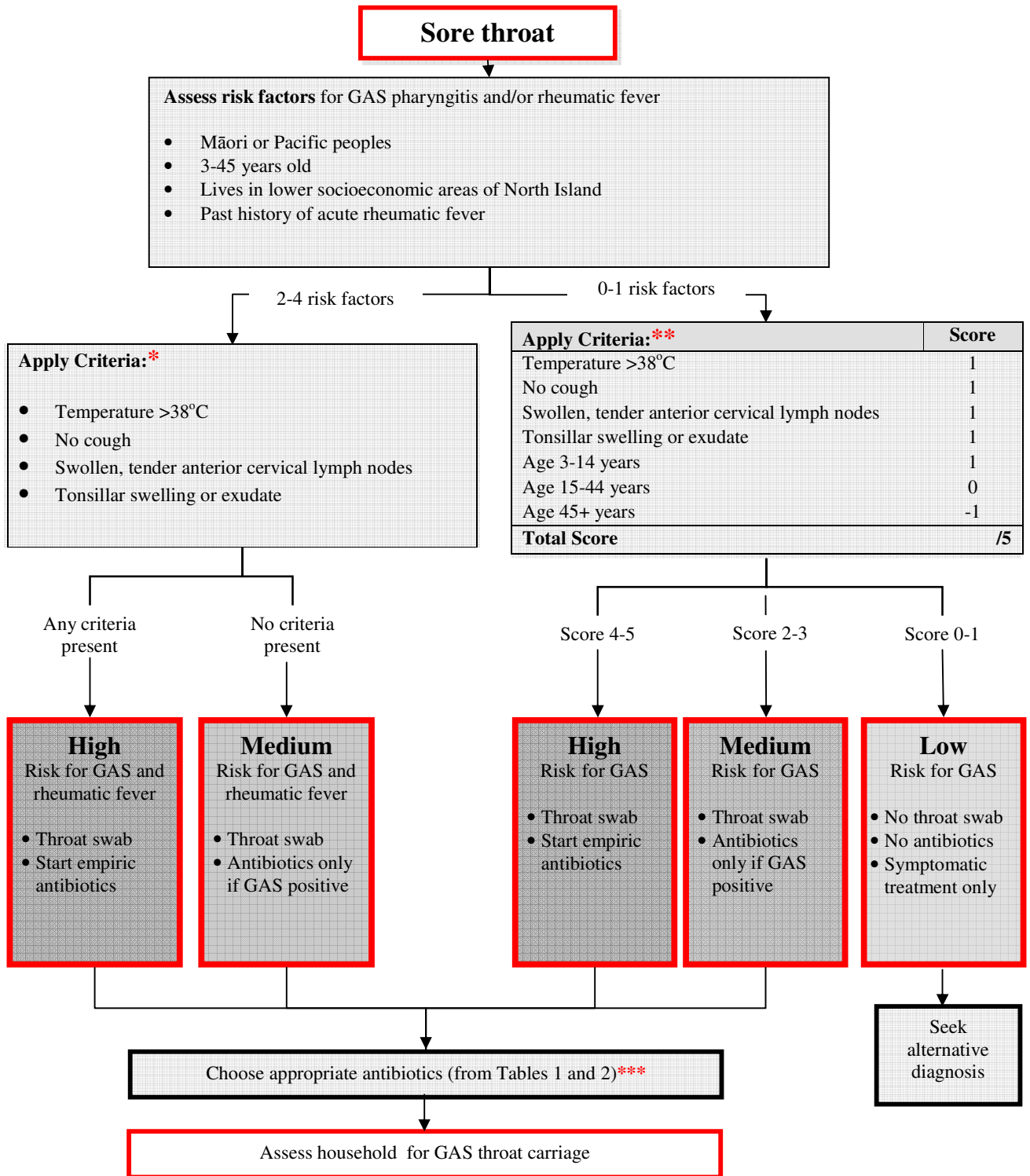


**Algorithm: Sore Throat Management in New Zealand (reflecting Rheumatic Fever Risk)**



\* **Centor criteria for GAS pharyngitis.** Centor RM, Witherspoon JM, Dalton HP, Brody CE, Link K. Med Decis Making. (1:3) pp.239-246, copyright (c) 1981 by (Copyright Holder). Reprinted by Permission of SAGE Publications, Inc.

\*\* **Modified Centor criteria fro GAS pharyngitis.** McIsaac, W. J., J. D. Kellner, et al. (2004). "Empirical validation of guidelines for the management of pharyngitis in children and adults." *Journal of the American Medical Association* 291(13): 1587-1595 Copyright © 2004, American Medical Association, All rights reserved.

\*\*\* **If patient is on benzathine penicillin IM prophylaxis for acute rheumatic fever, and is GAS positive on throat swab, treat in the following way:**

- If GAS positive in the first 2 weeks after IM penicillin injection has been given, treat with a 10-day course of erythromycin (see Table 1 )
- If GAS positive in the 3<sup>rd</sup> and 4<sup>th</sup> weeks after IM penicillin injection, treat with a 10-day course of oral penicillin (see Table 1)

**Algorithm Table 1. Routine Antibiotics: standard treatment for GAS pharyngitis**

Standard treatment of group A streptococcus positive pharyngitis for patient's first or second case of GAS pharyngitis in a 3-month period.

ANTIBIOTIC	ROUTE	DOSE	DURATION
<b>Penicillin V</b> Give as first choice Give on empty stomach	PO	Children: 20 mg/kg/day in 2-3 divided doses Maximum 500mg 3 times daily (250 mg 3 times daily for smaller children) Adults: 500 mg twice daily	10 days
<b>Erythromycin Ethyl Succinate (EES)</b> Give if allergy to penicillin reliably documented	PO	Children: 40 mg/kg/day in 2-4 divided doses Maximum 1 g/day Adults: 400 mg twice daily	10 days
<b>Benzathine Penicillin G (BPG)</b> Give if compliance with 10-day regime likely to be a problem	IM	Children <20 kg: 600,000 U once only Adults and children >20 kg: 1,200,000 U once only	Single dose
<b>Amoxycillin</b> Useful alternative as can be given with food, may improve compliance	PO	Weight <30 kg: 750 mg once daily Weight >30 kg: 1500 mg once daily	10 days

**Algorithm Table 2. Recurrent Antibiotics: for a patient's third or more case of GAS pharyngitis in a three month period**

Recommendations for treatment of symptomatic persons with multiple, recurrent, episodes of group A streptococcal pharyngitis proven by culture or rapid antigen testing.<sup>12</sup> Use if this is the patient's third, or more, case of GAS pharyngitis in a 3-month period.

ANTIBIOTIC	REGIMEN	DURATION	RATING <sup>§</sup>
<i>Oral</i>			
<b>Clindamycin</b>	Children: 20-30 mg/kg/day in 3 divided doses	10 days	B-II
	Adults: 600 mg/day in 2-4 divided doses*	10 days	B-III
Amoxicillin; clavulanic acid	Children: 40 mg/kg/day in 3 divided doses****	10 days	B-II
	Adults: 500 mg twice daily	10 days	B-III
<i>Parenteral with or without oral</i>			
Benzathine penicillin G	For IM dosages, see <b>Algorithm Table 1</b> or refer to IDSA guidelines <sup>#</sup>	1 dose	B-II
Benzathine penicillin G with rifampicin	For IM dosages, see <b>Algorithm Table 1</b> , or refer to IDSA guidelines <sup>#</sup> Rifampicin: 20 mg/kg/day orally in 2 divided doses	4 days	

**Source:** Modified from Table 5 in the IDSA guidelines. Copyright © 2002 by the Infectious Diseases Society of America. All Rights reserved.<sup>12</sup>

Throat carriage in the household can be determined by taking throat swabs from all household members. Refer to the algorithm, Guide for Household Sore Throat Management, in the Sore Throat Management guidelines on the web, [www.heartfoundation.org.nz](http://www.heartfoundation.org.nz)

Macrolides (e.g. erythromycin) and cephalosporins are not included in the Table, because there is insufficient data to support their efficacy in this specific circumstance.

\* Adult doses are extrapolated from data for children. Use of this drug for this indication has not been studied in adults. Further references on clindamycin are available from: Tanz and Orling:<sup>48,49</sup>

\*\* Maximum dose, 750 mg of amoxicillin per day

\*\*\* Refers to amoxicillin component. Note that the amount of clavulanic acid may vary between formulations. Further reference from Kaplan:<sup>50</sup>

# Treatment with benzathine penicillin G is useful for patients in whom compliance with previous courses of oral antimicrobials is in question. Addition of rifampicin to benzathine penicillin G may be beneficial for eradication of streptococci from the pharynx<sup>51</sup> It has also been reported that addition of rifampicin (20 mg/kg/day, once daily) during the final 4 days of a 10-day course of oral penicillin V may achieve high rates of eradication.<sup>52</sup> The maximum daily dose of rifampicin is 600 mg; rifampicin is relatively contraindicated for pregnant women.

§ **Infectious Diseases Society of America. United States Public Health Service Grading System for Rating Recommendations in Clinical Guidelines<sup>12</sup>**

Category, grade	Definition
<b>Strength of recommendation</b>	
A	Good evidence to support a recommendation for use
B	Moderate evidence to support a recommendation for use
C	Poor evidence to support a recommendation
D	Moderate evidence to support a recommendation against use
E	Good evidence to support a recommendation against use
<b>Quality of evidence</b>	
I	Evidence from $\geq 1$ properly randomized, controlled trial
II	Evidence from $\geq 1$ well-designed clinical trial, without randomization, from cohort or case-controlled analytic studies (preferably from $>1$ centre), from multiple time-series, or from dramatic results of uncontrolled experiments
III	Evidence from opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

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