Management of recurrent treated Group A streptococcal (GAS) positive sore throats in children and adolescents at high risk of rheumatic fever¹

Presenting with third (or more) consecutive symptomatic GAS-positive sore throat in a three-month period

A single dose of intramuscular (IM) benzathine penicillin or Directly Observed Therapy of oral amoxicillin once daily for 10 days (with emphasis on children and adolescents).²
In addition, for all recurrent sore throats:

- take throat swab from all household members (with emphasis on children and adolescents) and treat with IM benzathine penicillin or oral amoxicillin² if GAS positive
- discuss the importance of antibiotic adherence
- discuss basic hygiene practices, including cough and sneeze etiquette and the importance of washing and drying hands regularly.
- refer to local healthy homes initiative
- provide advice on keeping the home warm and dry (www.health.govt.nz/warmhomes)

Take throat swab 3-6 days after completing 10-day course of amoxicillin or one month after intramuscular penicillin

GAS-positive

Seek advice from paediatrician, adult infectious disease specialist or clinical microbiologist on appropriate management which may or may not include further antibiotic regimens

If GAS-negative, sore throat was due to GAS infection, now resolved

For any further sore throats, take throat swab and, if GAS-positive, treat with IM benzathine penicillin or oral amoxicillin²

- 1. High risk if personal, family or household history of rheumatic fever or have two or more criteria:
 - Māori or Pacific ethnicity
 - aged 3-35 years (particularly children and adolescents aged 4-19 years old)
 - living in crowded circumstances or lower socioeconomic areas of the North Island.
- 2. Refer to the Heart Foundation sore throat management guidelines for antibiotic regimens.





