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

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.

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).

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 amoxicillin 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 amoxicillin

1. Refer to the Heart Foundation sore throat management guidelines for antibiotic regimens.

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