Classification: Official
Publishing Approval Reference: PN00058

Group A streptococcus in children

Summary

9 December 2022

To be read in conjunction with UKHSA/NHS England joint guideline.

Notifications of Group A streptococcal infections, including scarlet fever, invasive infections (iGAS) and severe pulmonary infections are higher than normal in England and causing significant public concern. Clinicians who may manage these patients should consider the following clinical guidance.

Clinical presentation

- Clinical presentation with Group A streptococcal infections is very variable, from mild to severe, and a high index of suspicion is essential.
- Skin, soft tissue and respiratory tract infections from GAS may result in tonsillitis, pharyngitis, scarlet fever, impetigo, erysipelas, cellulitis, and pneumonia.

Sore throat and non-severe symptoms

- **Throat swabs** for sore throat and non-severe symptoms are not required for all but may be considered where there is diagnostic uncertainty, or concerns regarding antibiotic resistance.
- Given the current higher prevalence of GAS, and the increased likelihood of GAS as a cause of sore throat in children, a lower threshold for prescription of antibiotics to children presenting with features of GAS infection should be considered, including when the presentation may be secondary to viral respiratory illness.
- A decision to treat tonsillitis with antibiotics in children can be guided by a **feverPAIN score** of 3 or more (this is a lower threshold in light of increased invasive

Group A Strep incidence and deviates from NICE guidance), in combination with clinical judgement.

- **Phenoxymethylpenicillin** remains first-line oral antibiotic of choice:
  - in the event of non-availability, amoxicillin, macrolides and cefalexin are alternative agents in decreasing preference
  - macrolides are to be used if penicillin allergic
  - antibiotic treatment length for sore throat should follow NICE guidance. In the current circumstances clinicians should be aware that a five-day course of phenoxymethylpencillin will be appropriate for many children, at the discretion of the treating clinician
  - tablets/capsules (rather than liquids) should be prescribed where possible. Guidance is available on encouraging children to swallow tablets/capsules, and where not possible, **advice on crushing tablets**.
- Safety netting as usual practice is required. Clinicians should have a low threshold for prompt referral to secondary care of any children presenting with persistent or worsening symptoms.

Invasive GAS

- Invasive GAS is rare and results in signs of severe sepsis. The following link highlights identification of risk of severe illness.
- Invasive GAS requires urgent referral and management in secondary care. Immediate treatment with IV antibiotics, even before transfer, should be considered.
- Rapid notification to Health Protection Teams of all cases of severe GAS infection is essential.

Prophylaxis Please refer to existing guidance for contacts of cases who are recommended for antibiotic prophylaxis due to higher risk of severe outcomes.