



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Interim Guidance for Management of Group A Streptococcal Infection (GAS) and Scarlet Fever in Children

These interim guidelines are produced in response to increased demand for antimicrobials for the treatment of Group A Streptococcal infections and potential shortages in supply. They are drawn from the existing primary care guidance from AWMSG (<https://awttc.nhs.wales/files/guidelines-and-pils/primary-care-antimicrobial-guidelines-2022-v5-pdf/>) NICE and the Children's BNF.

The guidelines give alternative antibiotics with appropriate dose and duration information.

Recommendations for Primary Care

- Given the unusually high level of GAS and viral co-circulation in the community, health care professionals are asked to have a low threshold for prompt referral to secondary care of any children presenting with persistent or worsening symptoms. Early signs and symptoms of invasive Group A Streptococcal Infection include:
 - High Fever
 - Severe muscle aches
 - Localised muscle tenderness
 - Pain in one area of the body
 - Redness at the site of a wound
 - Rash
- GAS infections presenting as Scarlet Fever are notifiable (tel: 0300 00 300 32). Antibiotics should be prescribed for cases presenting with Scarlet Fever (refer to local antimicrobial guidance via the MicroGuide App). Diagnosis can often be made clinically but for confirmation a charcoal throat swab can be submitted for bacterial culture.
- Local clinical and antimicrobial guidelines (including Micro Guide App) should be referred to when assessing other GAS infection, including pharyngitis/ tonsillitis. Whilst GAS is circulating in communities, clinical signs are likely to have a higher predictive value for GAS disease.
- Patients and parents should be made aware of features suggestive of secondary bacterial infection, such as clinical deterioration, and when and how to seek further help.

First Line Therapy:

Phenoxymethylpenicillin

Child 1–11 months

62.5 mg 4 times a day for 10 days

Child 1–5 years

125 mg 4 times a day for 10 days

Child 6–11 years

250 mg 4 times a day for 10 days

Child 12–17 years

500 mg 4 times a day for 10 days

OR - If Phenoxymethylpenicillin unavailable, prescribe amoxicillin (Caution: please be aware of possible skin reactions, especially in adolescents with possible Glandular Fever / Epstein Barr Virus (EBV) infection)

Amoxicillin

Child 1–11 months

125 mg 3 times a day for 10 days

Child 1–4 years

250 mg 3 times a day for 10 days

Child 5–11 years

500 mg 3 times a day for 10 days

Child 12–17 years

500 mg 3 times a day for 10 days



Penicillin allergy OR Second Line Therapy where first line agents unavailable:

Current resistance rates in Wales

Agent	All ages (n-6,802)	<20 years (n-3,212)	<10 years (n-2,555)
Clarithromycin, Erythromycin, Azithromycin	11%	7.90%	4.30%

Clarithromycin

Child 1 month–11 years (body-weight up to 8 kg)

7.5 mg/kg twice daily for 5 days

Child 1 month–11 years (body-weight 8–11 kg)

62.5 mg twice daily for 5 days

Child 1 month–11 years (body-weight 12–19 kg)

125 mg twice daily for 5 days

Child 1 month–11 years (body-weight 20–29 kg)

187.5 mg twice daily for 5 days

Child 1 month–11 years (body-weight 30–40 kg)

250 mg twice daily for 5 days

Child 12–17 years

250–500 mg twice daily for 5 days

OR

Erythromycin

Child 1–23 months

125 mg 4 times a day, alternatively 250 mg twice daily, for 5 days

Child 2–7 years

250 mg 4 times a day, alternatively 500 mg twice daily, for 5 days

Child 8–17 years

250–500 mg 4 times a day, alternatively 500–1000 mg twice daily, for 5 days

OR

Azithromycin

Child 6 months–11 years

12 mg/kg once daily (max. per dose 500 mg) for 5 days

Child 12–17 years

500 mg once daily for 5 days

**Third line Therapy where other agents unavailable.
DO NOT USE in severe penicillin allergy**

Cefalexin

Child 1–11 months

125 mg twice daily for 10 days

Child 1–4 years

125 mg 3 times a day for 10 days

Child 5–11 years

250 mg 3 times a day for 10 days

Child 12–17 years

500 mg 3 times a day for 10 days

Additional resources:

[Using solid oral dosage form antibiotics in children – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

[Medicines guidance for healthcare professionals - Welsh Medicines Advice Service \(wales.nhs.uk\)](#)

<https://what0-18.nhs.uk/parentscarers/worried-your-child-unwell/teaching-your-child-swallow-tablets>

References:

[BNFc](#)