pennsylvania
DEPARTMENT OF HEALTH

Antibiotic recommendations for decolonization of asymptomatic people with Group A *Streptococcus*[1]

Notes
These recommendations are only for non-pregnant* asymptomatic people who have been identified as positive for Group A *Streptococcus* (GAS). Anyone who is symptomatic for GAS infection should be treated by their primary provider per his or her preference.
Decolonization of GAS is much more difficult than treating an active infection, therefore these guidelines are based on what is currently known to be effective against colonized GAS. GAS is universally susceptible to beta-lactam antibiotics, including penicillin and cephalosporins.

For decolonization, either of the following treatments may be prescribed for non-pregnant* people:

Antibiotic regimen	Dosage(s)
Benzathine penicillin G (BPG) plus rifampin; or	**BPG:** 600,000 units for patients <27 kilograms (kg) or 1,200,000 units for patients ≥27 kg intramuscular (IM) in a single dose **Rifampin:** 20 mg/kg/day (maximum daily dose 600 mg/day) oral in 2 divided doses for 4 days
First generation cephalosporins such as cephalexin	**Cephalexin:** 25-50 mg/kg/day (maximum daily dose 1000 mg/day) in 2-4 divided doses for 10 days

The following alternatives may be considered if one of the above medications cannot be tolerated by the patient:

Note: Among invasive disease isolates in 2020, 30% of GAS isolates were macrolide resistant and 29% of isolates were clindamycin resistant[1]. Thus, for any person who is receiving Clindamycin or Azithromycin for decolonization of GAS, the isolate should be tested for antibiotic sensitivity.

Antibiotic regimen	Dosage(s)
Clindamycin	20 mg/kg/day (maximum daily dose 900 mg/day) in 3 divided doses for 10 days
Azithromycin	12 mg/kg/day (maximum daily dose 500 mg/day) in a single dose daily for 5 days

*For decolonization of pregnant or lactating women, please contact the Bureau of Epidemiology central office at 717-787-3350.

[1] Antibiotic Regimens | Group A Strep | CDC