

Antibiotic recommendations for decolonization of asymptomatic people with Group A Streptococcus

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.

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

1. Benzathine Penicillin G + rifampin:
 - a. Patients less than 27 kg: 600,000 Units IM injection x 1 dose, plus rifampin 20 mg/kg/day divided into 2 doses/day for 4 days
 - b. Patients \geq 27 kg: 1,200,000 Units IM injection, plus rifampin 20 mg/kg/day [max daily dose: 600 mg/day] divided into 2 doses/day for 4 days
2. First generation cephalosporins (cephalexin, cephadroxil, cephradine)
 - a. Adults: 500 mg PO twice daily for 10 days

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

Note: Many GAS isolates are resistant to Clindamycin and/or Azithromycin. Thus, for any person who is receiving Clindamycin or Azithromycin for decolonization of GAS, the isolate should be tested for antibiotic sensitivity.

1. Clindamycin 20 mg/kg/day PO [max daily dose: 900 mg/day] divided into 3 doses/day for 10 days
2. Azithromycin 12 mg/kg/day PO [max daily dose: 500 mg/day] once daily for 5 days

*For decolonization of pregnant or lactating women, please contact the Bureau of Epidemiology central office.