Antibiotic recommendations for decolonization of asymptomatic people with Group A Streptococcus

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<th>Notes</th>
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<td>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.</td>
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<td>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.</td>
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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 >= 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.