

Antibiotic regimens for eradicating GAS carriage

Group A Strep (GAS) colonization/carriage is harder to treat than an acute infection and requires a different antibiotic regimen. Please use one of the following regimens to eradicate GAS carriage.

Table 4. Recommended regimens for chemoprophylaxis against group A streptococcal infection.

Drug	Dosage(s)	Comment(s)
BPG plus rifampin	BPG: 600,000 U im in 1 dose for patients weighing <27 kg or 1,200,000 U im in 1 dose for patients weighing ≥27 kg; rifampin: 20 mg/kg/day po (max. daily dose, 600 mg) in 2 divided doses for 4 days	Not recommended for pregnant women because rifampin is teratogenic in laboratory animals. Because the reliability of oral contraceptives may be affected by rifampin therapy, alternative contraceptive measures should be considered while rifampin is being administered.
Clindamycin	20 mg/kg/day po (max. daily dose, 900 mg) in 3 divided doses for 10 days	Preferred for health care workers who are rectal carriers of GAS ^a
Azithromycin	12 mg/kg/day po (max. daily dose, 500 mg/day) in a single dose for 5 days	Pregnancy category B: human data reassuring (animal positive) or animal studies show no risk ^a

NOTE. All regimens are acceptable for nonpregnant persons who are not allergic to penicillin. BPG, benzathine penicillin G; max., maximum.

^a Pregnancy category as defined in [30, p. 344]. Clindamycin or azithromycin is acceptable for persons allergic to penicillin. If administered to health care workers implicated in an outbreak or to their colonized household contacts, susceptibility testing should be performed.

Additional recommended regimen: Cephalexin 500mg twice daily for 10 days

From: Prevention of Invasive Group, A. S. I. W. P. (2002). "Prevention of invasive group A streptococcal disease among household contacts of case patients and among postpartum and postsurgical patients: recommendations from the Centers for Disease Control and Prevention." Clin Infect Dis **35**(8): 950-959.