

**SEL Interim Prescribing Guidance for children aged 0 to 17 years for Group A
Streptococcus (GAS) Infection**



- There are high levels of demand for oral antibiotics (especially liquids) due to concerns over Group A Streptococcus (GAS) and other respiratory infections.
- Whilst on a national level sufficient stock exists for the NHS, some pharmacies are having temporary difficulties obtaining certain antibiotics.
- It is good clinical practice to annotate the indication on a prescription clearly.
- This guidance is based on the national clinical guidance published on 09/12/2022 available from [UK Health Security Agency report](#) and [Group A streptococcus communications to clinicians](#) but provides clarification on duration and choice of treatment based on local epidemiological data and expert consensus.

For patients with suspected scarlet fever – prescribe antibiotics for 7 days but clinically defaulting to 10 day course when high suspicion of GAS

Phenoxymethylpenicillin	1 st line option	Alt option if shortage	Notes
Child 1 -11 months	Use liquid ⁺	125mg (half a tablet) BD	*Tablets can be dispersed in 5-10ml of water or crushed & mixed with a small amount of soft food (e.g. jam, apple sauce, yoghurt).
Child 1-5 years	Tablets 250mg BD	Amoxicillin	
Child 6-11 years	Tablets 500mg BD	Amoxicillin	
Child 12 years & over	Tablets 1g BD	Amoxicillin	

For patients with sore throat – prescribe antibiotic for 5 days

Phenoxymethylpenicillin	1 st line option	Alt option if shortage	Notes
Child 1 -11 months	Use liquid ⁺	125mg (half a tablet) BD	*Tablets can be dispersed in 5-10ml of water or crushed & mixed with a small amount of soft food (e.g. jam, apple sauce, yoghurt).
Child 1-5 years	Tablets 250mg BD	Amoxicillin	
Child 6-11 years	Tablets 500mg BD	Amoxicillin	
Child 12 years & over	Tablets 1g BD	Amoxicillin	

For patients with LRTI symptoms – prescribe antibiotic for 7-10 days

Amoxicillin	1 st line option	Alt option if shortage	Notes
Child 1 -11 months	Use liquid ⁺	Co-amoxiclav	*The capsules can be opened and the contents tipped out and mixed with liquid or soft food.
Child 1-4 years	Capsules 250mg TDS	Co-amoxiclav	
Child 5 years & over	Capsules 500mg TDS	Co-amoxiclav	

For patients with suspected GAS skin infection – prescribed antibiotic for 7 days

Co-amoxiclav	1 st line option
Child 1 -11 months	Use liquid ⁺
Child 1-5 years	Use liquid ⁺
Child 6-11 years	Use liquid or tablets ⁺ if can swallow
Child 12 years & over	Tablets 375-750 mg TDS

For patients with penicillin allergy – prescribe antibiotic for 5 days Parents/carers with penicillin allergy should avoid involvement in preparing and administering penicillin therefore alternative antibiotics can be prescribed as below.

Clarithromycin	1 st line option	Alt option if shortage	Notes
1 month – 11 years up to 11kg	Use liquid ⁺	Azithromycin	Tablets can be dispersed in 5-10ml of water or crushed & mixed with a small amount of soft food (e.g. jam, apple sauce, yoghurt).
1 month – 11 years 12-19kg	125mg (half a tablet) BD	Azithromycin	
1 month – 11 years 20-29kg	Use liquid ⁺	Azithromycin	
1 month – 11 years 30-40kg	Tablets 250mg BD	Azithromycin	
Child 12 years & over	Tablets 250-500mg BD	Azithromycin	

Notes

⁺Refer to SEL Paediatric formulary [Clinibee](#) or [BNF for Children](#) for weight-related dosing information.

*Children should be encouraged to swallow oral solid dose forms (tablets and capsules) where possible: [Medicines for Children](#) has a useful patient information leaflet on how to give tablets or capsules

Phenoxymethylpenicillin dosage can be prescribed as a twice-daily dose rather than four-times-daily dose to aid adherence (ensure the same total daily dose). This is unlicensed.

Approval date: 15/12/2022

Review date: 15/02/2023 (or sooner when national guidance is available)