

Group A Streptococcus: reinstatement of NICE sore throat guidance for children and young people and withdrawal of NHS England interim guidance

16 February 2023

This is an update following the group A Streptococcus interim clinical guidance summary for case management, released on 9 December 2022, that is being retired on 15 February 2023.

The interim clinical guidance summary was aimed at clinicians involved in the diagnosis and treatment of children up to the age of 18 years, and followed a briefing note issued by the UK Health Security Agency (UKHSA) on 2 December 2022 highlighting rapidly increasing rates of group A strep infections in children.

It was developed by the NHS England Group A Streptococcus Clinical Reference Group and UKHSA Incident Management Team. It was endorsed by the:

- Royal College of General Practitioners (RCGP)
- Royal Pharmaceutical Society (RPS)
- Royal College of Emergency Medicine (RCEM)
- Royal College of Paediatrics and Child Health (RCPCH)
- National Institute for Health and Care Excellence (NICE).

Background

Following a period of exceptionally high circulating rates of group A strep (GAS) infection during the winter of 2022-2023, UKHSA issued guidance asking health care professionals to have a lower threshold to consider and empirically prescribe antibiotics to children presenting with features of GAS infection, including when the presentation may have been secondary to viral respiratory illness.

This was in direct response to the rising number of invasive group A strep (iGAS) infections notified, including those with lower respiratory tract iGAS infections.

The latest data from UKHSA shows that notified cases of group A strep infection are in line with [levels of circulation](#) comparable with previous high reported seasons. This includes a reduction in notification rates of scarlet fever in children, reductions in reporting of iGAS infections lower respiratory tract iGAS infections, and reduced healthcare utilisation.

Reversion to NICE guidance

In light of the decrease from exceptionally high rates, a review was undertaken by the NHS England Clinical Advisory Group, professional bodies and UKHSA Group A Strep Incident Management team which assessed the overall clinical risk-benefit, including antimicrobial utilisation and potential for resistance and harms.

A decision was made to retire the interim clinical guidance with reinstatement of the NICE Sore Throat (Acute) NG84 guideline for all age groups. This decision has been endorsed by RCEM, RCPCH, RCGP, and NICE.

Clinicians should revert to NICE guidance for the management of sore throat but can continue to be alert to the severe complications of GAS and maintain a high degree of clinical suspicion when assessing patients, particularly those with preceding viral infection (including chickenpox) or close contacts of scarlet fever/iGAS.

NHS England, UKHSA, and relevant bodies will continue to monitor the situation closely and will communicate this change and any further changes, if required.

Relevant NHS and NICE links

- [Overview | Sore throat \(acute\) in adults: antimicrobial prescribing | Guidance | NICE](#)
- [NHS guidance on group A streptococcal infections](#)
- [NHS guidance for parents of babies or toddlers who may be seriously ill](#)
- [NHS guidance on looking after sick children](#)
- [Overview | Fever in under 5s: assessment and initial management | Guidance | NICE](#)

FAQs for prescribers

Why the change in guidance now?

Following a period of exceptionally heightened circulation of group A strep over winter 2022-2023, the threshold for recommending an antibiotic prescription was reduced.

The latest data from UKHSA suggest that cases of group A strep infection are now in line with [levels of circulation](#) observed during the last comparably high season, and thus a decision has been made to revert to prior guidance.

The NICE Sore Throat (Acute) NG84 guideline has been in use for several years, is currently the most up-to-date guidance available, and sets out an evidence-based antimicrobial prescribing strategy that includes the FeverPAIN clinical score. The FeverPAIN clinical score can help prescribers to determine if a patient's sore throat is more likely to benefit from antibiotics.

Patients should be re-assessed at any time if symptoms are rapidly or significantly worsening, taking account of alternative diagnoses such as scarlet fever or glandular fever, any symptoms or signs suggestive of a more serious illness or condition and previous antibiotic use, which may lead to resistant organisms.

Caution should be advised in using the FeverPAIN score to determine need for treatment in patients with worsening symptoms beyond three days. Beyond this point, the clinician should consider the possibility of a more serious or invasive infection.

How do you know if a child doesn't need antibiotics for an acute sore throat?

Most sore throats are caused by viral infections. The reinstated Sore Throat (Acute): NICE NG84 guidance contains recommendations regarding assess which patients are more likely to have a sore throat secondary to group A strep infection, and which patients would thus most benefit from antibiotics. Clinicians may wish to take a swab of the throat in some circumstances to aid diagnosis.

Young children are unlikely to present with sore throat symptoms alone. Children under five who present with fever should be assessed and managed as outlined in the NICE guideline on fever in under-fives.

Parents may be concerned about the potential for further deterioration if their child is not prescribed antibiotics

Clinicians should revert to usual practice. NICE guidance allows for the provision of a back-up antibiotic prescription. It is very rare that a child will go on to become more seriously ill,

but parents know better than anyone else what their child is usually like, so they'll know when their child is not responding as they would normally.

If parents remain worried, they should seek medical assistance from a pharmacist, their GP, NHS guidance for parents of babies or toddlers who may be seriously ill, or by calling 111 as a first port of call.

Parents should be offered guidance for signs of severe illness or deterioration regardless of previous consultations, including to call 999 or go to A&E if their child is having difficulty breathing, pauses in breathing, blueness around the tongue or lips, or if their child is floppy and will not stay awake.