

# Management of Sore Throat in Community Setting in Aotearoa / New Zealand

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**Sore Throat**

Consider ED

**Red Flags**

Septic / toxic appearing  
Quensy  
Immunocompromised  
Scarlet Fever

**High Risk Rheumatic Fever**

Māori / Pacific Islander (3-35yr)  
**or**  
PMHx/FHx RVHD/ARF  
**Consider**  
SE Deprivation / Q4-5  
Household Crowding

YES

NO

Aim is to avoid unnecessary swabs and abx

**Throat Swab AND Antibiotic**

**Centor Score**  
To help identify GAS in Low Risk Patients

Age: 3-14  
Fever  
Exudate  
Tender Nodes  
No Cough

≥ 2

High pre-test prob GAS (LR +2)

?

≥ 4

< 2

If unable to Followup / Risk of Poor compliance

**Abx Only**  
Consider IM abx

Low Clinical Concern  
No Outbreak  
Not recurrent

Likely Viral  
Most GAS is self limiting  
Abx only shorten illness by ~ 16 hrs  
Suppurative complications rare

**Swab Result**

**Swab No Antibiotic**

**Conservative Rx**

+ve for GAS

-ve

**Continue Antibiotics**  
Total 10 days

**Stop Antibiotics**

+ ve for GAS

15-45%

**Antibiotic 10d**

Symptom benefit  
Reduction in Community burden GAS  
Reduction transmission Rate

Consider

- ve  
55-85%

**Followup**

Ensure  
Abx Rx complete  
Asymptomatic Household Contacts  
?RF symptoms

**Antibiotic**

- Amoxicillin 50mg/kg (max 1g/dose) od 10d
- Phenoxymethylpenicillin (Pen V) 15mg/kg (max 500mg/dose) bid 10d
- EES 20mg/kg/dose (max 1.6g/d) bid 10d (pen anaphylaxis only)
- Benzathine penicillin <20kg → 600,000U IM / >20kg → 1,200,000U IM

Duration of antibiotic (10d) is more important than dose