

Protocol Review Evidence Used and Rationale

Protocol Name:

Sore Throat in Kids

Lead Writer:

Gavin Cleland (Regional Paediatrician)

Consultation:

Dr Lorraine Anderson (Medical Director, KAMS), Dr Jim Ramsay (Paediatric Cardiologist (Perth Children's Hospital), Dr Asha Bowen (Paediatric Infectious Diseases Consultant, Perth Children's Hospital), Dr Pippa May (Public Health Physician, KPHU), Dr Rebekah Ledingham (GP, WACHS), Dr David Woodward (SMO, Broome Hospital), Roxanne Hutchinson (Paediatric Nurse Practitioner, WACHS), Aaron Bodestyne (Regional Clinical Nurse Rheumatic Heart Disease Programme, WACHS), WACHS Kimberley Regional Paediatric Team, WACHS Kimberley RHD Regional Clinical Governance Subcommittee, KAHPF MCYF Subcommittee.

Rationale for New Guideline:

Acute rheumatic fever and rheumatic heart disease remain common among Aboriginal children in the Kimberley. Early treatment of Strep throat with appropriate antibiotics can avoid progression to ARF/RHD. A recent clinical incident has highlighted that existing guidelines are unclear and may result in under-use of antibiotics in high-risk groups including Aboriginal children.

A new edition of the Australian Guideline for Prevention, Diagnosis and Management of Acute Rheumatic Fever and Rheumatic Heart Disease was released in February 2020. The KAHPF Sore Throat in Kids Guideline has been written to accurately reflect recommendations in this new national guideline.

Points of Discussion Raised in Consultation:

“Should every sore throat be treated with antibiotics, or only those that are clearly Strep throat?”

- This guideline follows the RHD Australia recommendation that all sore throats in high-risk populations should be treated with antibiotics to cover Strep throat. This is consistent with clinical experience that ARF and RHD can develop after a relatively mild illness.

“Should everyone treated for sore throat have a throat swab?”

- This guideline follows the RHD Australia recommendation that all sore throats in high-risk populations should have a throat swab performed. This is not just to help with treatment, but is to help with diagnosis in those who subsequently develop clinical signs of ARF, RHD or APSGN. A previous positive swab for Strep A is helpful in diagnosing these cases, particularly when the streptococcal serology tests are negative or equivocal.
- Treatment of sore throats should not be delayed while awaiting the result of the throat swab.

“Should this guideline promote the use of IM Benzathine Penicillin?”

- This guideline uses the same recommendation as the RHD Australia guideline, which is that IM Benzathine Penicillin is the treatment of choice, and that oral penicillin for 10 days can be used

where IM Benzathine Penicillin is not possible. This is because of the risk of non-adherence with the full 10-day course of oral antibiotics that is required to reduce the risk of ARF/RHD.

Protocol Review Timeline

- Review at Maternal, Child, Youth and Family Subcommittee Meeting:
- Approval through Maternal, Child, Youth and Family Subcommittee:
- Submission to KAHPF for inclusion on agenda: 27 October 2022

Resources/Evidence Used in Producing This Guideline

1. RHD Australia (ARF/RHD writing group). *The 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (3rd edition)*; 2020.
2. Remote Primary Health Care Manuals. (2017). CARPA Standard Treatment Manual (7th edition). Alice Springs, NT: Centre for Remote Health.
3. Sore throat [published 2019 Apr]. In: eTG complete [digital]. Melbourne: Therapeutic Guidelines Limited; 2019 Apr.

Endorsed by the Kimberley Aboriginal Health Planning Forum: 28 October 2022