

Pembroke Regional Hospital

MEMO

To: All Staff and Physicians
From: Infection Prevention and Control & Occupational Health and Safety
Date: Wednesday August 16th, 2023
Subject: Increased Invasive Group A Streptococcal Disease (iGAS) in Ontario

An increased number of Invasive Group A Streptococcal Disease (iGAS) cases have been reported recently in Ontario, at PRH we have had three confirmed cases this week alone. As a result, we wanted to share some important information.

Group A Streptococcus (GAS) is a bacterium found in the nose, throat, and on the skin of healthy people. When people have GAS but do not have any symptoms, they are referred to as carriers. GAS can cause a mild illness with symptoms such as a sore throat (commonly known as “strep throat”), scarlet fever, and impetigo or other skin infections, or a more serious illness due to invasive infections. GAS bacteria are spread by direct contact with secretions from the nose and throat of an infected person, or by direct contact with secretions from infected wounds or sores on the skin.

What is invasive GAS (iGAS)?

GAS infection is considered invasive when it is found in places in the body that are normally sterile, such as blood, the fluid surrounding the brain, or in the linings of the muscles or joints. It is also considered invasive if it causes the following severe infections:

- Necrotizing fasciitis, also known as “flesh-eating disease” (destruction of skin and fat tissue)
- Myositis (destruction of muscle tissue)
- Meningitis (inflammation of the membranes covering the brain)
- Streptococcal toxic shock syndrome (STSS), a life-threatening condition that causes low blood pressure and failure of multiple organs

What are early symptoms of iGAS?

- Early symptoms of necrotizing fasciitis and myositis include fever, severe localized pain, and in some cases, redness and swelling. Redness may spread quickly, up to 3 cm (1 inch) per hour.
- Early symptoms of meningitis include headache, stiff neck, sensitivity to bright lights, vomiting, and confusion.
- Early symptoms of streptococcal toxic shock syndrome include rapid onset of generalized or localized severe pain, dizziness, influenza-like symptoms, confusion, and sometimes, rash.

What is the treatment for GAS infections?

All confirmed GAS infections are treated with antibiotics (Note: most sore throats are caused by viruses, not GAS, and do not require antibiotics). In cases of iGAS, early medical treatment is critical to reduce the risk of complications and death.

Caring for a Patient with suspected or confirmed GAS

It is expected that all healthcare workers (HCW) routinely use routine practices in all direct patient care activities. Personal protective equipment (eg. medical grade mask and eye protection) must be worn for procedures where respiratory secretions may contact the mucous membranes of the healthcare worker (eg. patient coughing) or using gloves when the HCW's skin may contact the patient's non-intact skin.

Patient's who fail the Acute Respiratory Illness (ARI) screening or are suspected of GAS infection, must be placed on additional precautions (Droplet + Contact). **Additional precaution signage must be posted at the entrance to the patient's bed space and staff must comply with this required level of PPE for all interactions with the patient, this includes wearing a medical grade mask, eye protection, gown and gloves.** As always, when an aerosol generating medical procedure is performed on a patient, the level of precautions must be increased to **Droplet, Contact +N95** during the procedure.

In all situations, it is extremely important to ensure that a proper handover in care is provided to the receiving staff. This includes identifying the level of precautions required when providing patient care. This important safety alert must be identified on all handover documentation and during verbal transfer of care (ie. SBAR, DI requisitions, etc.)

What to do if you provided care to a patient with iGAS and are concerned about exposure or breaks in PPE when providing care

Contact a member of the Occupational Health and Safety department (ext. 8200) to discuss your concern.

Please note: Not all exposures to iGAS will require prophylactic treatment. The determination to offer prophylactic treatment to staff/ physicians with exposure concerns will be based on the severity of illness of the infected individual. Each case of iGAS within our patient population at PRH is reviewed by the Occupational Health and Safety and IPAC team, in collaboration with RCDHU (as indicated) to determine the severity of illness for each case. Staff and physicians who have had a low-risk exposure are advised to monitor for symptoms of a GAS infection for 30 days post exposure. This includes monitoring for symptoms of fever, localized pain, swelling, rash/ areas of redness on the skin, dizziness, flu like symptoms and confusion. If symptoms develop within the 30 days post exposure, the HCW should seek medical attention.