



Guidance for Mitigation of Group A Streptococcus (GAS) in Congregate Residential Settings (May 2023)

Background

Group A Streptococcal (GAS) infections are caused by the bacteria *Streptococcus pyogenes* and can cause a range of illnesses that fall into two categories: non-invasive GAS and invasive GAS (iGAS).

What is the Difference between Non-invasive and Invasive GAS?

Non-invasive GAS is an infection causing disease with GAS bacteria identified in a non-sterile body site. Non-sterile sites on the body are those with ready access to the environment like mouth, throat, nose and skin. GAS infections in these body sites can cause a wide range of common infections, including “strep throat”, scarlet fever, and impetigo. These more common infections typically **do not** require hospitalization. Invasive Group A Streptococcus (iGAS) infection is a more severe disease that **does** require hospitalization where GAS bacteria are identified in sterile sites, including the blood, lungs and other internal body sites. Examples of invasive Group A Streptococcal infection include bloodstream infections, pneumonia, and toxic shock syndrome, and can be potentially life-threatening. GAS bacteria are usually transmitted from person to person.

GAS infections within congregate settings raise concern of possible transmission among those living and/or working in the facility, either via direct contact with an infected resident/staff member or indirectly via contaminated hands/surfaces. Along with enhanced hand hygiene, early detection and mitigation of outbreaks can prevent further spread of disease within your facility.

Clinical onset of GAS or iGAS:

What illnesses are associated with GAS infections?

Group A *Streptococcus* can cause a variety of different diseases ranging from minor illness to serious and deadly disease. Most commonly GAS causes strep throat (infection of the throat) but is also known to cause other diseases including scarlet fever, impetigo, necrotizing fasciitis, cellulitis, Streptococcal toxic shock syndrome, rheumatic fever, and post-Streptococcal glomerulonephritis. Symptoms of illness range by disease and severity of infection.

What are the Reporting Requirements for Non-invasive GAS and Invasive GAS in Congregate Settings?

Instances of 10 or more epi-linked persons with lab confirmed non-invasive GAS (from a non-sterile site) with onset within a 10-day period in a non-skilled, congregate setting are should be reported to the Chicago Department of Public Health here: <https://redcap.link/specpopreport>

All cases of invasive GAS identified (from a sterile site) will be reported to the Chicago Department of Public Health within 24 hours by the diagnosing provider.

Risk Factors Associated with Contracting Invasive GAS:

Invasive GAS can occur when the bacteria enters a typically sterile site (blood stream, spinal fluid, etc.) and causes an infection. These infections can be severe and lead to significant illness or death, if not treated properly. Those at risk for contracting iGAS include those who are elderly, immunocompromised, and individuals residing in a long-term care facility. Persons experiencing homelessness, those that use injection drugs or persons with untreated wounds may also be at increased risk for iGAS.

Immediate Next Steps upon identification of a Non-invasive GAS/Invasive GAS Infection

Upon the identification of symptoms consistent with GAS/GAS:

1. Notify your healthcare provider immediately so that the suspected case can be diagnosed and treated appropriately.
2. Screen all other residents and staff daily for signs and symptoms of infection; give priority to residents that have shared living spaces with the identified case.
3. Exclude all ill staff members and request them to follow up with a healthcare provider prior to return to work if GAS is suspected.
4. Suspected/confirmed resident cases should promptly be referred to a healthcare provider for diagnosis and treatment and should be excluded from the general population of the facility ideally for 24 hours from start of antibiotic treatment. However, the case may be allowed back after 12 hours from start of antibiotic treatment if adequate isolation for 24 hours is not available.
5. Proper PPE should be worn by all ill residents and staff caring for an ill resident should follow droplet/contact precautions (resident should remain masked if around others and staff should wear a mask, eye protection, gown and gloves.)

Management of Close Contacts in Response to a Case of GAS

Generally, contacts to a case of non-invasive GAS do not need to be excluded from the general population but should continue to be monitored to ensure they do not develop signs or symptoms. Close contacts of specific invasive GAS infections, including necrotizing fasciitis or toxic shock-like syndrome, may be offered antibiotics to ensure no secondary cases develop. Follow-up with your healthcare provider and CDPH Special Populations team contact if a resident is diagnosed with an invasive GAS infection for more details on managing contacts.

Prevention of Group A Streptococcus Infections

Group A Streptococcus infections can be prevented through:

1. The practice of good hand hygiene among all residents, staff and visitors, including ready access to alcohol-based hand rub.
2. Promoting proper cough etiquette (covering all coughs/sneezes).
3. Asking anyone who is ill to refrain from coming into the facility, including facility staff.
4. Ensuring all staff are wearing proper PPE when caring for ill residents.
5. Specific care should be made maintain effective infection control practices during wound treatment.

More information on Group A Streptococcal Infections and Prevention can be found here:

<https://www.cdc.gov/groupastrep/>

Chicago Department of Public Health Contact Information:

After the identification of an outbreak of non-invasive GAS or a single case of invasive GAS has been identified in your facility, please report the case both to the Special Populations team and Communicable Disease team at CDPH here: <https://redcap.link/specpopreport>

Organization	Email
CDPH Special Populations Team	SpecialPops@cityofchicago.org