

Invasive Group A Streptococcal (iGAS) Infection

There has been an increase in group A streptococcal (GAS) infections, including invasive group A streptococcal (iGAS) in Nova Scotia and across Canada. Invasive group A streptococcal infections include bloodstream infection, bone or muscle infection, meningitis, pneumonia, and streptococcal toxic shock syndrome (STSS).

GAS is primarily spread by large respiratory droplet and contact of the oral or nasal mucous membranes with infectious respiratory secretions; or from contact of mucous membranes or broken skin with drainage from infected sores on the skin. It is rarely spread through contaminated objects. The infection is communicable from 7 days before onset of symptoms until 24 hours of effective antibiotic treatment has been completed. All cases of iGAS must be reported to Public Health.

Signs & Symptoms

- Symptoms of sepsis include fever, chills, headache, feeling unwell, pale skin, lack of energy, rapid breathing, and increased heart rate.
- Early symptoms of necrotizing fasciitis include severe pain and swelling, often rapidly getting worse; fever; redness around a wound.
- Early symptoms of STSS include fever, sudden severe pain often in a limb, dizziness, confusion, feelings of having “the flu”, and a flat red rash over large areas of the body.

Back to the Basics!

It is important that all healthcare workers follow **Routine Practices** consistently with all patients at all interactions. This includes the performance of a **Point of Care Risk Assessment** consistently with ALL patients (regardless of their diagnosis) to determine which level of personal protection is necessary. Always wear a surgical/procedure mask and eye protection or face shield when contamination of the mucous membranes is likely, for example when doing wound irrigation, or intubation. Good hand hygiene practice is always a must!

Use Additional Precautions for suspect/confirmed iGAS infections:

- Immediately implement **contact and droplet precautions** until 24 hours after the initiation of effective antibiotic therapy and until wound drainage and secretions can be contained.
 - **Mask and eye protection along with gown and gloves are required.**

Occupational Health follow up/assessment is required for staff who meet the definition of exposure to a case of iGAS. They may benefit from chemoprophylaxis. Examples of exposure include performing an intubation without a mask and eye protection, mouth to mouth CPR, or if fluid from the mouth or nose or wound of the infected patient contacts an employee’s mucous membranes or non-intact skin. If appropriate PPE is worn, there is no risk of exposure.

Read more on [GAS/iGAS](#).

Thank you for your attention to patient and staff safety!
Infection Prevention & Control and Occupational Health, Safety, & Wellness

